

Emotional Intelligence, Emotion and Social Work: Context, Characteristics, Complications and Contribution

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Summary

Emotional intelligence (EI) has become one of the new management 'buzz' terms. It is suggested that this is the missing ingredient that separates average from top management or performance. However, despite its potential relevance for social work practice, there has been little investigation and few reports about its application in social work settings. This paper seeks to stimulate debate about the role of EI in social work practice by considering its development, definitions and problematics. Whilst the empirical evidence supporting the existence of a separate and measurable EI is ambiguous and emergent, the role of emotion in the organization of human behaviour is more firmly established. The paper examines the role of EI and emotion in relation to five core social work tasks: engagement of users; assessment and observation; decision making; collaboration and co-operation; dealing with stress. The paper situates itself in the rapidly changing context of social work: the merger of social services departments with larger more powerful bureaucracies; the movement towards integrated service delivery; and the new social work degree. It is argued that social work needs to identify its claims to professional competence at a time of such change, one of which is the ability to use relationships to address users' needs. This requires the capacity to handle both one's own and others' emotions effectively.

Keywords: emotional intelligence, emotion, social work practice, relationships, change

Introduction

Emotional intelligence (EI) has been defined as ‘Being able to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one’s moods and keep distress from swamping the ability to think; to empathize and to hope’ (Goleman, 1996). Given the centrality of emotions and power relationships in the social work task, the exponential growth of academic and popular literature about EI suggests that the need for a discussion of the potential relevance of EI to social work is overdue.

Additional impetus for this discussion arises from two sources. The standards underpinning the new social work degree include requirements for practitioners to ‘to develop and maintain effective working relationships; reflect on your own background experiences and practice that may have an impact on the relationship’ (Training Organisation for Personal Services Services, 2002). Second, the *Common Core of Skills and Knowledge for the Children’s Workforce* (Department for Education and Skills, 2004) provides a multidisciplinary framework of competence targeted at all those working with children and young people. The framework stresses the intra and inter-personal skills required of practitioners, including:

- listening and building empathy;
- understanding the effects of non-verbal communication;
- self-awareness about how working with children may affect you emotionally and how to seek help.

This paper seeks to stimulate and inform debate at all levels about the role and contribution of emotion in general, and EI in particular, within the practice of social work. To date, the voice of social work, which, in theory at least, has extensive experience of working intelligently with emotions has been largely silent. The intention of this paper is thus to begin to identify the potential applications of EI for social work. The contention of this paper is that EI is, alongside professional values, one of the cornerstones for effective social work, which current social work teaching, practice, management and research can ill afford to ignore.

Following a brief reflection on the rationale and stimulus for writing this paper, the opening section provides a description of the origins and characteristics of EI models. The complications and limitations of existing models which have, to date, been largely American and corporate in nature will be discussed. The paper goes on to explore the relevance of EI to five core social work activities. The paper concludes with some cautionary notes about possible pitfalls that should be avoided.

Although the primary context for this paper is children’s social work in England, the challenges and changes facing social work in general, across jurisdictions both within and beyond the UK (Eire, Canada, USA, Australia and New Zealand), share many similarities. These include uncertainties about its professional

identity; relocation of social work services within integrated service delivery systems (Ehrle *et al.*, 2004; Cm 5860, 2003); problems of recruitment and retention (Gibbs, 2001); ambivalent and confused public understanding of its role (Davidson and King, 2005); and negative perceptions particularly with regards to its competence in child protection work (Scottish Executive, 2002). It is therefore hoped that readers operating in other service contexts or jurisdictions, and indeed in other social or health care contexts, will find much in the paper to which they can relate. Indeed, my own experience of teaching EI principles to practitioners and managers as far apart as Canada and New Zealand confirms the universality of much that is contained within this paper.

Connections and context

It is often the case that interest and conviction about the relevance of a theory come alive when a connection is made with lived experience. Indeed, it would be somewhat incongruent to write a paper on the relevance of EI without some individual reflection. As a social work trainer, mentor and external examiner who has been following the emergence of EI over recent years, three situations provide compelling evidence about the relevance of EI in social work.

As an external examiner for a masters-level advanced social work course, it has become clear that the best dissertations describing, evidencing, explaining and reflecting upon effective social work interventions in complex care settings are characterized by candidates who display a congruence of professional, academic and personal mindfulness that sets them apart from their competent colleagues. These candidates, whilst highly conscientious and well organized, also bring a level of unconscious competence, expertise and effortlessness that sets them apart. These are fluent practitioners who 'fly'. Moreover, these candidates frequently refer to the role of EI in their practice. Finally, they demonstrate, under the same pressures and constraints as their 'competent' colleagues, an ability to make a positive impact above and beyond their competent colleagues. By contrast, candidates at the borderline levels of advanced competence find individual reflection difficult, and often fail to take into sufficient account the views, wishes or feelings of users and colleagues. Interestingly, whilst some of these may have also have struggled academically, this is not always the case.

Second, as a mentor for managers and supervisors dealing with difficult staff management situations, it is increasingly apparent clear that the most troubling and intractable situations exist when performance difficulties occur in the context of staff who lack accurate empathy, self-awareness and self-management skills. This lack of emotional competence renders the specific performance problems, such as poor recording practice, all but unmanageable. In the worst cases, these become almost 'toxic' in such a way that whole teams or even agencies can become enmeshed in the distorting dynamics surrounding the individual staff member.

It was such situations that stimulated a link between the EI literature (Goleman, 1998; Bar-On, 2000; Cherniss and Goleman, 2001; Caruso and Salovey, 2004;) and social work practice. The third powerful stimulus was Benner's research on competence and expertise in nursing practice (Benner, 2001). This research was conducted during the mid-1980s at a point of crisis in US nursing services. Shortages in nursing staff and the need to train new nurses quickly resulted in the development of technical competences against which nurses could be trained and easily measured—a context wholly familiar to contemporary British social work.

Benner's analysis of critical incident interviews with experienced nurses identified that, in acute medical or care situations, the expert nurse had a level of anticipatory, observational, analytical and inter-personal patient care skills that were both care enhancing and frequently life-saving. In part, this was achieved by intervening speedily during medical crises, but equally it was by making powerful emotional contact with the patient during such crises that motivated the patient's self healing determination. This is borne out by other research in which it was found that cardiac patients nursed by staff with depressed mood had a mortality rate four times higher than expected (Goleman *et al.*, 2002). It is clear, then, that the handling of emotion and the process of care are inextricably connected. Yelloly and Henkel (1995) strike a similar vein about the nature of the best social work practice using a musical analogy to describe the art of social work:

There are laws of harmony which the musician must follow. But the act of musical creation is in no way determined by these laws, and at times they clearly do not apply, and a new musical language may be introduced. It is likely that the effective worker, like the accomplished musician, combines an informed understanding of principles and theories with an intuitive gift which enables her to tune in to the experience of troubled people (Yelloly and Henkel, 1995, p. 7).

However, Benner (2001) argues that unless such expert or intuitive practice can be described and articulated, it will be lost in the context of the pursuit of a purely technical set of competences in which such expertise is neither described nor valued:

Narrative accounts of nursing practice reveal major aspect of the nursing role that cannot be captured in formal descriptions of techniques and procedures or task analysis approaches to job descriptions (Benner, 2001, p. ix).

Similar unease has been expressed about the adoption of competency based models in social work training. Joss and Hey (1991), quoted in Yelloly and Henkel (1995), comments on the way in which 'competence' denies the holistic nature of the work, shows what people must do, but not how or why. These comments fit into a much wider debate about the recent direction of social work (Jordan, 2001; Parton and O'Byrne, 2000). As far back as 1996, Howe observed that the competence movement was in danger of developing practitioner technicians:

... confined to performing surface responses according to pre-coded procedures. Practice no longer responds to the inherent meaning of the case. Rather meaning is imposed according to the skills, resources and interests of the organization . . . Relationships between social workers and their clients change from inter-personal to economic, from therapeutic to transactional, from nurturing and supportive to contractual and service oriented. The personal relationship once a central feature of social work practice is stripped of its social, cultural, emotional and inter-personal dimension (Howe, 1996, p. 92).

Gregson and Holloway (2005) echo previous voices (e.g. Banks, 1995) in identifying the trend from a professional towards a managerial culture and language in social work, driven by the public policy imperatives of risk prediction, public protection, consumerism and care management. It is not surprising in such a context that many social workers no longer believe or see themselves as change-agents for their users (Platt, 2003).

Despite these trends, writers such as Trevithick (2003) maintain that relationship-based practices remain at the heart of social work. Gregson and Holloway (2003) place the conversation between worker and user at the core of social work practice, and the essential tool for the formation of a relationship within which any movement or change can take place. The healing power of such relationships is recognized by Fosha (2003, p. 223), who states: 'Through just one relationship with an understanding other, trauma can be transformed and its effects neutralized.' The International Federation of Social Work (IFSW, 2000) similarly lays emphasis on the centrality of relationship skills, defining the social work profession as one which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.

Trevithick (2003) identifies a number of areas of social work activity in which relationship-based practice is relevant. These include: assessment; help and care for people experiencing difficulties relating to self and others; advocacy and mediation for people experiencing discrimination; holding and containing anxiety in times of transition or crisis; and creating a foundation for capacity building.

But the importance of relationship skills extends beyond practitioner-user interactions, to working with other colleagues, disciplines and systems. Relationship competence is equally important for supervisors, administrators, leaders and managers. Indeed, evidence from the emerging science of quantum physics identifies relationships as the basic building blocks to all life. Such thinking is being increasingly adopted by organizational theorists such as Margaret Wheatly in writing about leadership. Quoting Jantsch (1980), Wheatly (1999) writes: 'In life the issue is not control, but dynamic connectedness' (p. 25).

It might be suggested that the future health of social work rests, in part, on restoring a sense of dynamic connectedness with both its task and those whom social workers seek to assist. It is therefore precisely at a time of professional and occupational turbulence that an understanding of relationship-based practice

and the contribution of EI to social work can make their most important contribution. In the next section, the origins, nature and emerging schools of EI are explored.

Emotional intelligence: definitions and complexities

The notion that there are forms of intelligence, not captured by IQ and which are important in life skills and life chances, has long been established. For instance, Thorndike (1921) coined the term ‘social intelligence’ to describe the idea of acting wisely in human relationships. Wechsler (1940) proposed that the non-intellectual abilities were essential for predicting the ability to succeed in life. More recently, Gardner (1983) developed the idea that humans possess multiple intelligences, including inter-personal, intra-personal, physical, visual, special, artistic, environmental and kinesthetic in addition to cognitive intelligence. He argued that inter- and intra-personal intelligences were as important as IQ. However, it was Salovey and Mayer (1990) who first used the term ‘emotional intelligence’ to describe a form of social intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action.

These writers were among a growing group of researchers who were becoming concerned with the inability of traditional tests of cognitive intelligence to predict performance, whether in life or in jobs. Hunter and Hunter (1984) estimated that, at best, IQ accounts for about 25 per cent of the variance. Others such as Sternberg (1996) suggested that whilst studies vary, 10 per cent may be a more realistic estimate. An example of the limits of IQ as a predictor of life chances is a forty-year longitudinal investigation of 450 boys who grew up in Sommerville, Massachusetts (Snarey and Vaillant, 1985). Two-thirds of the boys were from welfare families, and one-third had an IQ below 90. However, IQ bore little relation to how well they did at work or in the rest of their lives. What made the biggest difference were childhood abilities, such as being able to handle frustration, control emotions and get along with other people.

Rosenthal (1977) discovered that people who were best at identifying others’ emotions were more successful in their work as well as in their social lives. Thus, empathy is particularly important in contributing to occupational success.

However, it was Goleman’s publication (1996), *Emotional Intelligence: Why It Matters More than IQ*, that brought ‘EI’ into the public arena and spawned an explosion of media, business, popular and academic interest. Although his first book (Goleman 1996) focused on the role of EI in parenting, Goleman’s subsequent books (Goleman, 1998; Cherniss and Goleman, 2000; Goleman *et al.*, 2002) have largely focused on the application of EI in the field of leadership in the American corporate sector. Goleman (1996) claimed that EI was twice as predictive of the best leaders as IQ or technical knowledge.

The basic EI paradigm within which all the main schools mentioned below broadly fit comprise four domains, which are visually represented by Figure 1.

There are two intra-personal domains—self-awareness and self-management—and two inter-personal domains—awareness of others/empathy and relationship skills. The arrows indicate the interrelationships that exist between all four domains.

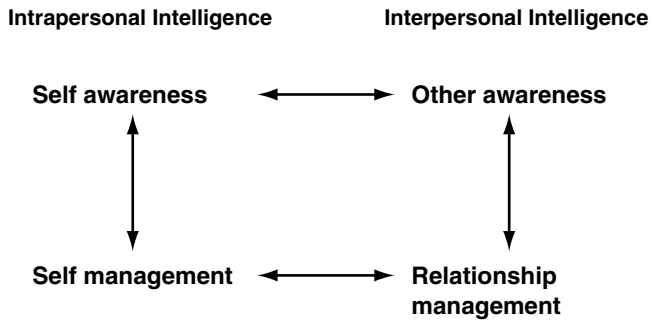


Figure 1 The Emotional Intelligence Paradigm

The arrows indicate the interrelatedness across the four domains, particularly between self-awareness and empathy for others as a basis for managing self and relationships. Shulman (1999, p. 156) encapsulates the relevance of this for practitioners when he states: ‘The capacity to be in touch with the client’s feelings is related to the worker’s ability to acknowledge his/her own. Before a worker can understand the power of emotion in the life of the client, it is necessary to discover its importance in the worker’s own experience.’

A decade later, three broad schools, each with its own assessment instrument, have emerged. These are Goleman and the ECI: Emotional Competence Inventory (Goleman, 1998); Bar-On and the EQ-i (1997) and the MSCEIT Mayer Salovey and Caruso Emotional Intelligence Scale (2002). Goleman’s definition of EI is the widest ranging, and most performance orientated, encompassing abilities beyond the specific processing of emotions including:

- self-awareness;
- emotional resilience;
- motivation/drivers;
- empathy/sensitivity;
- influence/rapport;
- intuitive re: decisions;
- conscientiousness.

These abilities are assessed using the Emotional Competence Inventory, which is a 360-degree instrument in which colleagues are asked score the individual on a range of EI measures, following which a composite EI profile is constructed.

Bar-On’s EQ-I (1997) is a self-report instrument evolved in a clinical rather than an occupational context. It was designed to assess those personal qualities

that enabled some people to possess better ‘emotional well-being’ than others, and includes an additional scale measuring general mood.

In contrast to both the above, Salovey and Mayer’s definition (1990) focuses on a discrete set of emotion processing abilities:

- perceiving and identifying feelings in self/others;
- emotional integration and facilitation of thinking;
- emotional understanding: thinking about feelings;
- emotional management.

Moreover, their MSCEIT Scale is an ability test based on ‘objective’ criteria rather than a self-report or 360-degree measure. The test-taker performs a series of tasks that are designed to assess the person’s ability to perceive, identify, understand and work with emotion. One other framework deserves mention. Schutte *et al.* (1998) developed a self-report measure based on Salovey and Mayer’s (1990) early work, which has been used to rate the ability of student counsellors working at mental health agencies.

It will be noted that all of the above define EI as an individual phenomenon. An interesting departure from this is found in the work of an organization called Antidote, which has been using EI principles in work with troubled schools. Antidote offers a collective definition of EI:

EL is the practice of thinking individually and *collectively* about how emotions shape our actions and of using emotional understanding to enrich our thinking. EL involves using whatever relationships are available to help transform feelings that incapacitate to feelings that empower (Antidote, 2003, p. v).

Significantly, this definition places emotions alongside thinking and action. In other words, EI is not an end in itself; it is means to enrich thinking, action, service delivery and outcomes.

In summary, the main differences between these EI approaches and their respective measures lie in whether EI is seen as a personality-type trait or an ability; the range of human functioning (narrow versus broad) covered by the definition; whether it describes individual or collective phenomena; and the degree to which EI is claimed as a distinct type of intelligence. The question as to whether EI is a measurable and separate form of *intelligence* has been subject of a robust critique by Matthews *et al.* (2004). Nonetheless, despite their reservations about the concept of EI, they conclude:

There is a growing realisation that psychological processes considered to be purely cognitive or intellectual in fact depend on a synergy between cognition and emotion. Whether or not programmes are actually fostering EI competence, various useful skills are learned. These include: labelling and describing emotions, appraising basic emotions in oneself and others, conflict management, taking perspective of others, decision making and problem solving techniques, effective peer relation trainings (p. 542).

Petrides *et al.* (2004a, p. 577) summarize the current state of EI research as follows: 'We believe that the future of EI lies in its conceptualization as a personality trait.' Petrides *et al.* (2004b) also claim that there is emerging evidence that trait-based EI is implicated in academic performance in that pupils with lower-trait EI have been found to be likely to have unauthorized absences and to have been excluded. However, in recognizing some of the difficulties with the concept of 'intelligence', the same authors suggest that emotional 'self-efficacy' or emotional competence may be a more appropriate terminology. However, regardless of the degree to which a separate and measurable EI exists, research on the role of emotion, rather than EI, in human behaviour is compelling. Panksepp (2000) describes emotion as a central organizing system responsible for the co-ordination of behavioural, physiological, affective and cognitive responses to major adaptive problems.

Thus far in this paper, the broad relevance of EI/competence to the practice of social work has been argued. The emerging concept of EI has been presented as a potential framework around which emotional competence can be articulated, enhanced and assessed.

The point has been made that emotional responsiveness and capacity are not merely a product of individuals, but are powerfully influenced by collective and contextual processes, including workplace, professional and socio-cultural factors. Bearing this in mind, the paper now considers five core aspects of social work practice and considers the contribution of emotional competence to these activities.

Social work and emotional competence

Engagement

Whilst assessment is commonly described as the first stage of the care or intervention process, in fact, assessment cannot be effective unless there has first been attention to a process of engagement and rapport building with the service user. We all know how the demeanour and language of the family doctor have a powerful and immediate effect on the manner in which our health concerns are presented and the details we offer about them. Gask and Usherwood (2002, p. 1567) state: 'The success of any consultation depends on how well the patient and doctor communicate with each other. There is firm evidence linking the quality of this communication with clinical outcomes.' Furthermore, the pattern of interaction is established very early in the consultation so that once a doctor has interrupted, patients rarely introduce new issues.

Given that emotions are often generated around power and status interactions (Kemper, 2000) and the presence of anxiety (Morrison, 1997), social workers also need to pay particular attention to both their own and their user's emotional states. The degree to which vulnerable users have suffered multiple experiences of dysregulated emotions, inconsistent care and unpredictable danger, in response to which they have developed emotional antennae which are highly attuned to the emotional demeanour of those on whom they may

have to depend, must not be forgotten. Their life experiences have imprinted on them the potential dangers of misreading the emotional demeanour of a carer/helper. It is likely that many users can detect the practitioner's emotional state faster than the practitioner can elicit the emotions of the user.

Spratt and Callan (2004) examined twelve parents' experiences of their families' first contact with their social worker. Whilst five of the parents felt the first encounter had been positive, three were ambivalent and four were left concerned and very anxious parents. Spratt and Callan concluded:

Irrespective of the nature and source of referral and the families' previous attitude to social workers, it was their relationship with their particular social worker that parents were to return to again and again . . . in particular their ability to empathize and communication skills (Spratt and Callan, 2004, p. 217).

Assessment and observation

Assessment practice should serve to reinforce, rather than reduce the importance of both intra and inter-personal skills. This is borne out by McKeown's (2000) review of key change factors in family support work with vulnerable families. He found that four main factors accounted for the change process:

- characteristics of the user (IQ, history, socio-economic status and social support) (40 per cent);
- relationship between worker and client (especially empathy and planfulness) (30 per cent);
- method of intervention (family therapy, cognitive behavioural therapy, etc.) (15 per cent);
- verbal hope expressed by the client (15 per cent).

Thus, the combination of understanding the characteristics of the user and their context (assessment) combined with establishing a purposeful and attuned relationship together account for 70 per cent of the change effort, out-scoring method by over four to one. This is echoed by Brandon *et al.*'s (2000) study of 105 children who had suffered significant harm. This study found that the depth of the problems, the determination of the key worker and the comprehensiveness of services, rather than any particular method of work, were related to positive outcomes. There is a clear link between the quality of the worker's relationship and comprehensiveness of assessment information. In particular, information about emotionally or morally laden material such as trauma, loss or problem drinking, is hugely influenced by the degree to which the assessor is empathic and non-judgemental. Insensitive assessment practices can result in a failure to elicit crucial aspects of the details, feelings, context and meaning of the user's story, leading to inadequate plans, reduced user commitment and ineffective services.

Current assessment frameworks in children and youth justice services (Department of Health, 2000; Youth Justice Board, 2000) give limited attention to the significance of history, or understanding of the interaction between current problems and experiences of loss, trauma and bereavement. Brandon *et al.* (2000, p. 205) argue that insufficient attention has been paid to the ‘many dimensions of biography . . . and that such an understanding could lead to differential patterns of intervention’. A survey of 1,000 young offenders supervised by Youth Offending Teams found that 90 per cent of the young people under supervision had significant experience of loss or rejection, and identified emotional literacy as a key variable affecting change. In short, the report stated: ‘This is an awareness and acknowledgement that emotions play an important part in behaviour’ (Youth Justice Trust, 2003, p. 31).

It may be that the limited attention paid to the role of emotion in assessment frameworks also stems from an inadequate understanding about ‘feelings’. Emotions are more than feelings (Siegal, 1999). They are deep level signals about information that demands attention, as to whether a situation is to be approached or avoided. The rapid appraisal of such signals conveys the *meaning* of the situation and is often a trigger for action. Emotion, meaning, perception and action cannot be neatly segregated. Needs cannot be elicited or addressed without an appreciation of their emotional and cultural meaning. The result is that workers may see the need, but not the meaning of the need. In failing to elicit the meaning, well intentioned plans may fail.

Assessment requires both accurate observation and recall. Research has identified recall about emotional events is reduced when we try to suppress emotion (Richards and Gross, 2000, quoted in Caruso and Salovey, 2004; Baumeister *et al.*, 2000, quoted in Caruso and Salovey, 2004). The suppression of emotional information may stem from either personal discomfort or cultural, organizational and professional beliefs which fail to distinguish ‘being emotional’ from using emotion. Attachment theory (Siegal, 1999) would suggest that emotion is information, and that discomforting emotions provide signals of possible danger which require attention and appraisal. A lack of self-awareness or suppression of emotion may result in important information being missed, either about the presence of external dangers or about intrusions from the worker’s own experience which may distort observation and assessment. Additionally, the capacity to accurately identify one’s own and others’ emotions also enables one to spot false emotions (Ekman, 1985). Practitioners need to make sense of not only the meaning of emotions in others, but, equally, the meaning for emotions in themselves, in order to make and interpret observations.

Decision making

Mood and the management of emotions play a significant role in decision making. For instance, Isen (2000) found that positive affect is associated with a range of mental capacities that have a direct impact on judgement and

decision making. These include: expanded and creative thinking; ability to link between different sources and types of information or ideas; better elaboration about information; greater flexibility in negotiation situations; improved diagnostic/assessment ability. For example, doctors in whom positive affect had been induced (via a gift of sweets!) identified the nature of the medical problem more quickly, were more open to information than the controls and were less likely to distort information that did not fit their hypothesis (Isen, 2000). Clore and Schwartz (1988) and Frederickson (2001) have demonstrated that feelings influence what we pay attention to and how we think, remember and make decisions. Caruso and Salovey (2004) argue that emotional awareness increases the ability to predict the future—either our own or others’, e.g. the potential consequences of our interventions on service users: ‘If we can generate an emotion or set of emotions that mimic some future or possible event we can transport ourselves and walk around in this future world’ (p. 46).

Taken together, this research suggests that the boundary between feeling and thinking, and the oft-heard call for the removal of emotions from so-called objective or professional decision, needs re-assessment. The notion that emotion does not employ reasoning is weakened by the emphasis on the role of cognition in emotional appraisal (Frijda, 2000). Emotions play a central role in decision making. The illusion that they can be somehow removed or put on ice whilst rational decision making is in progress is neither helpful nor possible. Equally, the failure to manage feelings compromises the balance between thought, feeling and action. Perception and receptivity become distorted and people become less able to make effective use of evidence and information that do not fit with their view (Schofield, K., personal communication, 2005). What is required, instead, is the ability to harness all emotion as sources of information, and to seek to promote a positive climate within which the best decisions are likely to be made. Thinking devoid of emotional knowledge is as problematic as emotion devoid of thought.

Collaboration and co-operation

Emotion is not simply an expression of individual experience. It is also an expression of collective and institutional experience. Social care organizations carry considerable stresses due to the emotionally charged nature of the work, and the institutional anxiety resulting from the politically and publicly exposed context in which it is undertaken (Morrison, 1996, 1997; Menzies, 1970). Reynolds and Vince (2004) comment on the centrality of emotion in the workplace:

Every organization is an emotional place because it is a human invention, serving human purposes and dependent on human beings to function Emotion is what creates and sustains a system in its current form. Individuals and groups continually organize themselves both on the basis of their

emotional responses to organizational issues, and on the basis of avoiding emotion (p. 447).

Long ago, Menzies (1970) identified the presence of social defence systems which are unconsciously reflected in organizational rituals, processes and systems designed to avoid feelings and experiences that are too deep and dangerous to confront. These protect the institution from its worst fears. Fineman (2005) notes that organizations are shaped by members' unconscious desires, hopes and fantasies for attention, security and order, which replicate early family experiences. Through these mechanisms, it is possible to see how individuals' feelings and relationship capacities are intertwined with the emotional needs and rules of the organization in its struggle for survival. Thus, problematic micro-level interactions between staff often act out unspoken macro-level tensions within and between organizations.

Social work is a collaborative practice. It is not enough for social workers to be able to work individually with their service users, if they are unable to make and sustain constructive within and outside their organizations. In particular, social workers operating within statutory roles will act as care managers or key workers responsible for commissioning services, and co-ordinating multidisciplinary assessment and planning processes. Both *National Occupational Standards* (Training Organisation for Personal Social Services, 2002) and the *Common Core of Skills and Knowledge for the Children's Workforce* (Department for Education and Skills, 2004) emphasize the importance of the ability to work co-operatively with others, including colleagues, supervisors and other agencies. However, the organizational and inter-agency context in which social workers must make and maintain these collaborative relationships is particularly demanding. There are often hidden organizational dynamics that that complicate and undermine the regulation of feelings and relationships in the workplace.

Goleman *et al.* (2002) uses the ideas of resonance and dissonance to describe the contagious nature of emotions, which can be particularly powerful phenomena in organizations. Contagion occurs through a process of mirroring in which emotions spread amongst people who are in proximity to each other, leading to not only a sharing of mood, but also to an alignment of body posture and even heart rates. Friedman and Riggio (1981) suggest that the person who is most emotionally expressive transmits his or her mood to those around. Thus, positive resonance occurs when two people's moods align around positive feelings which create optimism, mental efficiency, fairness and generosity (Goleman *et al.*, 2002). In contrast, dissonance occurs when one person is out of touch with the feelings of another, putting that person off-balance and on-guard. Just as resonance is part of what makes work meaningful, dissonance leads to defensive pre-occupation, inefficiency and poor decision making.

Isen (2000) found that positive affect reduces inter-group hostility and discrimination, enables people to identify shared commonalities and enables members to treat other groups as members of their own group. In support

of this, Wells (2004) has identified a positive association between EI and openness to differences. This has obvious implications for the ability of workers to practise in an anti-discriminatory manner. Values and knowledge about discriminatory forces have to be integrated with inter-personal skills, if practitioners are to be able not only to identify, but also challenge, such forces appropriately. This also has implications for workers located in multidisciplinary settings who need to be able to work across boundaries with a range of different groups and disciplines. In short, the ability to understand and manage one's emotions and to be aware of the power of both resonant and dissonant emotions is an important element of the practitioner's role.

Dealing with stress, building resilience and coping strategies

The emotionally and morally demanding nature of social work requires that practitioners give thought to issues of resilience and coping strategy. High workloads, increased bureaucracy and the nature of decisions that social workers have to make have resulted in rising levels of stress within the workforce (Stevens and Higgins, 2002). In a survey of 151 child welfare staff in Kentucky, Anderson (2000) found that 62 per cent scored in the high range both for emotional exhaustion and depersonalization—appreciably higher than a comparison group surveyed in 1986.

A survey by Gerits *et al.* (2005) found that symptoms of burnout amongst female nurses caring for people with severe behaviour problems were greatest amongst those with low EI and low social skills, but that those with high EI and high social skills could also be vulnerable. From the perspective of the user, it is desirable both to avoid recruiting those with low EI but also to ensure that those with higher emotional competence possess positive coping strategies and personal resilience. The benefits of a highly emotionally competent worker are lost if the worker is regularly off sick. Isen (2000) has identified that positive effect increases intrinsic motivation, enables people to work harder, raises positive expectancy that effort can lead to improved performance and also that the outcome will be one that is valued. In addition, Isen (2000) suggests that positive effect enables people to deal more directly with stressful situations.

Rudowicz and Au (2001) argue that although social workers' own help-seeking attitudes and behaviours are likely to influence their perception of users who seek help, little attention has been paid to professional helpers' attitudes to help seeking. In their view, social worker training should give students the opportunity to examine their own attitudes and feelings related to help-seeking experiences and how these may affect their relationship building with clients. This also suggests that assessment of a worker's resilience and coping mechanisms should be included in recruitment and selection processes.

Shapiro (1999) distinguishes between engaged and disengaged coping styles. Engaged coping styles involve planful problem solving as opposed to avoidance; cognitive appraisal rather than wishful thinking; seeking support rather than withdrawal; expressing rather than suppressing emotions. Wolgien and Coady (1997) report that when nurses, psychologists and social workers were asked to peer-rate the best practitioners, the top practitioners were all individuals who, in addition to their professional knowledge, had experienced and resolved difficult personal issues and utilized these skills and insights in their practice. They were also practitioners who actively worked to create positive social and professional support networks and pursued their own professional development. The best practitioners are not only technically proficient; they also possess maturity in their help-seeking skills and attitudes. This is reinforced by other studies (Yoo, 2002; Grasso, 1994) which have found that the key buffers to stress for social workers include personal commitment to their work, and the support received from supervisors and co-workers. Indeed, these buffers have been identified as more powerful than general organizational characteristics (Yoo, 2002).

Conclusion

This paper has argued that understanding and handling one's own and others' emotions is a critical aspect at every stage of the social work task: engagement, assessment, observation, decision making, planning and intervention. It is also an essential skill for managers who need to 'develop and maintain a practice which is self aware and critically reflective' (Training Organisation for Personal Social Services, 2004) but that must be the subject of another paper. Emotional intelligence or competence is also pivotal to gaining the co-operation of other colleagues and services on which social workers depend to achieve their outcomes, and to surviving and thriving in a very tough occupation. It seems ironical in a profession so steeped in relationship-based theories that such arguments need to be re-stated. But the place of relationships and emotion in social work is in danger of becoming increasingly marginalized. If it takes the concept of EI, despite its limitations, to refresh and re-engage with emotion as a central concern in the social work task, then this can only be beneficial.

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