

Essay:

SANKOFA¹: LOOKING BACK AT MY PRACTICE ENCOUNTER WITH WITCHCRAFT, HIV/AIDS AND DISABILITY IN GHANA

by

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¹ Sankofa is a bird with its head turned backwards taking an egg from its back. It is a Ghanaian symbol that indicates the importance of learning from the past. It is associated with a proverb which says that it is not wrong to go back for that which you have forgotten ('se wo were fi na wosankofa a yenkyi').

Abstract

Social work students are trained to develop and maintain a professional sense of integrity, particularly when working in environments beyond their control. Using critical reflection as an example, students are encouraged to pause and reflect during practice encounters, which entails a reassessment of the situation. The aim is to help transform taken for granted ways of thinking and doing things into best practices. In this sense, students are provided with perspectives on theoretical frameworks and encouraged to appreciate the essence of maximizing practice through a culture of learning and reflection. Through the approach of critical reflection, students are also encouraged to understand how power functions in society, especially through ways in which an individual attempts to maintain unequal social relations. Critical reflection therefore helps students to fill knowledge gaps on how to discover and address inequalities in practice situations.

Following course work on critical reflection, this article uses Jan Fook's (2002) critical incident technique to explore personal and professional struggles that can arise when these aspects of an individual's life collide. Through the process of deconstruction, key themes of professional boundaries and social justice are explored. At the stage of reconstruction, guidelines were developed to challenge new ways of thinking that promote professional values of participation and self-determination.

Keywords: critical reflection, disability, HIV/AIDS, professional boundary, witchcraft

Introduction

Humanitarian aid service providers are expected to champion social change through values such as professional integrity and competence. But behind these noble values are practice situations in which the struggle between remaining professional and personal becomes a reality. During such moments of struggle, it becomes necessary for students and practitioners alike to critically reflect on what to do.

Critical reflection is indebted to Argyris and Schon (1976), and later to Donald Schon (1983, 1987), all of whom observed that knowledge and practice theory are related in complex ways, and that theory is not a separate enterprise, but instead implicit in all

actions and interactions (Napier, 2006, cited in Tseris, 2008). Thus, critical reflection can be seen as a process that enables social work practitioners and students to explore actions and feelings, while also examining evidence-based literature to bridge the gap between theory and practice.

Ghana is one of the most peaceful countries in Africa, which earned it the name, "Island of Peace". But behind this veil of peace, there are some people who do not experience peace. In certain parts of Northern Ghana, the failure of crops or the death of children from mysterious illnesses is attributed to acts of witchcraft, though ironically, such accusations usually come from within the family. In effect, the same familial spirit that binds a village together can be turned heartlessly against its members suspected of witchcraft. Accusations of witchcraft are very intense and it only takes the blink of an eye for the accused witch to face death at the hands of a lynch mob.

In order to avert such practices, a number of organizations, mostly non-governmental, attempt to support the alleged witches. However, the dilemma of dealing with cultural values and perceptions vis-à-vis notions of social justice are not straightforward. In the following story, I will discuss a critical incident I encountered as an aid worker providing services for poor people in a rural community called Kpatinga in Northern Ghana. I will then use the process of critical thinking to explore my struggle between a sense of conflict of avoidance and the meaning of remaining professional and personal. The essay will draw from Jan Fook's (2002) critical incident technique framework. Fook (2002) proposed three stages in critical reflection, which involve describing the incident, deconstruction and considering how theory could be redeveloped after analysing the incident. Pseudonyms have been used in this article to conceal anonymity.

What's in a name? The incident considered critical

I was given the most arduous task in life on the day I was born when my parents named me Vyda, meaning "Giver of life". According to Ghanaian culture, I have to "live" this name by giving life to every situation I come across in life. I managed to do this from a tender age by being very helpful to people, thus earning the name "junior

Mother Theresa". The desire to help others continued in my adult life as I started working non-governmental organizations (NGOs), which in my country are synonymous with providing services for people in need. After graduation, I joyfully accepted an opportunity to serve with CARE International (an NGO) and I was very excited because I would be working for one of the alleged witch camps in the northern region of Ghana. My excitement stemmed from the fact that I would be fulfilling my philanthropic passion of serving homeless and vulnerable women faced with abject poverty. Women in witch camps experience deep social injustices, while at the same time the witch camps are controversial places with dozens of strange stories. They are mostly "no-go" areas for young people like me who were born and bred in the city for fear of being bewitched, although I have always seen myself as someone who will push beyond boundaries for real social change in the most challenging environment. Hence, in spite of warnings from family and friends, I was up for the task, and dressed in my "saviour Mother Theresa" clothing, I headed for my 18-hour drive to a witch camp called Kpatinga.

My first experience in Kpatinga began with a meeting on project updates facilitated by Ibrahim, a field officer working at the witch camp. The next encounter that set the scene for my critical incident occurred during a tour around the witch camp. Under the shade of a mango tree, right outside the witch camp was Amina and her angelic five-month-old son, Bashiru. They may have seemed an odd couple at first sight, but the firm eyes of the mother revealed a woman deeply protective of her child, and she was a woman who looked older than her years. Amina and her son had been ostracized by the rest of the family because of allegations of being a witch who killed her stepson and used her powers to cripple her own son in her womb. Worst of all, she has been denied access to the witch camp because of further allegations of having HIV/AIDS and the fear of spreading it. Amina's predicament made me numb, and I felt completely helpless. I experienced the strongest "wind" in my life, stronger than the tidal waves of the Norwegian salstraumen, which was strong enough to make me change my name from Vyda to Davy, meaning that I could no longer give life.

Why is the incident critical?

The literature exploring social worker's experiences with difficult practice moments has traditionally been limited to critical incidents, where the term refers to an incident significant to a social worker's professional practice. Fook et al. (2000) defined a critical incident as *"an observable human activity, complete enough to permit conclusions and predictions to be made about the person performing the act"* (Fook, Ryan, & Hawkins, 2000, p. 226). According to Stepney (2006), a critical incident encourages the social worker to *"stop and think"* (p. 1302), which supports Fook et al.'s (2000) assertion that critical incidents prompt reflection and mark a turning point in a practitioner's thinking. It is an incident involving conflict, hostility, aggression or criticism, and an analysis of the incident is used as a practice tool for redeveloping practice (Fook & Cooper, 2003). I agree with Fook's (2002) assertion that critical incidents mark a turning point in a practitioner's thinking, as in my case my experience with Amina generated an internal debate within me and forced me to unpack assumptions I took for granted. The incident was much more critical because it allowed me to examine and surrender my superficial saviour complex in exchange for a humble awareness of working in partnership with people I considered vulnerable.

One approach to critical reflection is the use of critical incident analysis. This has been defined as an approach to dealing with challenges in practice situations that requires the application of pertinent theory, knowledge, practice concepts, principles and consideration of values and ethical issues (Gitterman & Germain, 2008). Based on this, I will draw on relevant theories to explore how I worked with Amina and discovered my own strengths, doubts and fears during the incident. To continue embarking on my voyage, I find it necessary to provide some background on witch camps in Ghana.

Background to the incident - witch camps in Ghana

A belief in witchcraft throughout Sub-Saharan Africa cuts across all social lines. Even though many educated individuals within Africa may not believe that witches have all the powers traditionally ascribed to them, they nevertheless believe in the notion that witches do exist (Quarmyne, 2011; Onyinah, 2002; Adinkrah, 2004). Steeped in the

belief that witchcraft or “juju” has powerful effects, some people in northern Ghana attribute ailments such as infertility, an outbreak of meningitis, crop failure, accidents, sickness and even death to acts of witchcraft (ibid). Fearing for their lives, hundreds of elderly women in Northern Ghana have banded together for protection in sanctuaries known as “witch camps”. The witch camps are therefore the last resort for such vulnerable women, but what happens when a witch camp rejects a “fellow witch” for fear of spreading HIV/AIDS? This is the story of Amina, a frail young woman with a disabled child accused of witchcraft and HIV/AIDS. Amina’s ordeal is particularly poignant, as it was an encounter that left me with multiple thoughts and sleepless nights, testing my ability to do something out of the ordinary to restore the dignity of an innocent woman - something I had never done before in my over six years of working life. As a matter of principle, my organization works with groups, not individuals. Therefore, Amina could only benefit from our resources by being a member of a group and in this case, the witch camp that had rejected her. When I heard Amina’s story, I instantly wanted to help, but I could only do that after the witch camp accepted her. My struggle was like a clash of the titans between standard practice, intuition, values of doing good and reflection on the consequences. However, in my state of confusion, I decided to get closer to acquire a better view of the woman and her child.

The scene and impact of the incident: The power of a name

As I stepped closer, the woman, who I later came to know as Amina recognized me, jumped from the floor, hugged me and said, “sister Mamley wa mi” (meaning sister Mamley, help me). A twist to the incident is that Amina was a former maid to a neighbour at my birthplace. Mamley is my local name, though very few people refer to me as such, and the mention of it creates a natural bond of intimacy. When I heard my name, my soul instantly revolted against the cruel tyranny she had experienced and I could not help but cry. But suddenly, it dawned upon me that I was at work and that it was unprofessional to be seen having a close relationship with people I was working with. Consequently, I quickly pushed her out of my embrace and wiped away my tears. Nevertheless, before the day ended, I managed to get her an accommodation and gave her money for basic needs. To me, this incident is critical because my action confused my sense of personal and professional boundaries, and

I found it difficult to separate my personal from my professional self. The incident also challenged me to question my desire to help in ways that do not reinforce structural oppression and power imbalance. This was highly critical because I am not sure whether I acted in the best way possible at that time. Upon reflection, I asked myself if it was out of the norm to openly express emotions with service users. As Fook (2002) encouraged, a critical analysis of an incident calls for questions. Thus, I also questioned myself about the ideas that forced me to think that my actions were unacceptable. Moreover, I have been wondering why I considered professional and personal boundaries vital and how my “saviour” identity influenced how I acted. I also wondered if there were things I could have done better that would have been more effective.

The point of no return: A clash between the professional and personal

In the incident, my struggle for boundaries emerges as a major theme, which is based on my assumptions that maintaining professional distance is crucial for practice. Professional distance, ethics of conduct and objectivity are key concepts I was taught during my education and they remain concepts that I value in my practice. To me, *“professional objectivity was valued as the quality that allowed the helper to divorce him or herself from subjective feeling, attitudes and beliefs”* (Shulman, 1991, p. 15). Furthermore, my commitment to my organization’s conflict of interest policy (CARE Int. Conflict of Interest Policy, 1995) requires me to distance myself from service users in order to remain professionally objective. Therefore, following the hug and the ensuing emotional tears, the binary opposition of separating the personal from the professional was challenged in my incident. Additionally, my own positioning as a friend to the service user blurred the boundary between professional and personal practice. Yet, another question worth exploring is what I mean by professional boundary and what made me feel I acted unprofessionally. As presented by Fook (2002), exploring my understanding of such terms helps to unearth my assumptions and discover power relations. Most literature on professional boundaries argues that boundaries are linked to professional competency and function to protect both the worker and the client (Russell & Peterson, 1998 as cited in Evans, 2008). For me, a professional boundary was necessary because any close relationship with service users would reduce my capacity to objectively serve them.

According to Healy and Meagher (2004), professionalism implies the acquisition of some form of knowledge and skills not possessed by untrained workers. Ife (1997) also argued that identifying as a professional has remained a strong aspect of social workers' self-definition, and that it is "*a part of the socialization of every social worker*" (Ife, 1997, p. 8). My interpretation of these discussions on professionalism is that as a trained worker, some minimum standards are required of me, and this includes keeping a certain distance and controlling my emotions during practice. As a result, my conceptualization of a professional role emphasized my desire to maintain a professional distance in my working life, which was challenged in my critical incident when the service user doubled as a friend who wanted me to see her as a "sister". I then realized that she had more expectations of me, and her problems could not only be solved with professional technical tools. From my perspective, Amina was not aware of the boundary I tried to maintain. Yet, as a trained person, I was expected to detach and control my emotional involvement. Thus, in hindsight it seems as if I acted unprofessionally when I allowed the boundary to be crossed. In addition, the above literature seems to reveal gaps in my approach since I did not control my emotions and openly cried with a "client". But this is where my confusion set in. What happened to my long held ideals of being equal with people I work with? Why could I not let Amina know I empathized with every aspect of her ordeal?

Fook (1993) asserted that maintaining a professional distance may be counterproductive to good practice in some situations. Clark (2006) further agrees with Fook (1993) by stating that social workers, like teachers and other human service professionals, cannot pretend to be neutral because of the nature of the contact and the issues of work with service users. Perhaps this strengthens claims that practice is not always "objective", thereby setting the scene for more confusion in my mind. In my incident, I found it difficult to reconcile my values on equality with perceptions of myself as a professional. Reflecting over the incident, I realized that I lacked self-awareness and knowledge on how to appropriately deal with emotional situations. In the incident, I was confused between distancing myself as a professional. while at the same time wanting to be seen as a professional at work. Looking back, I have asked myself what I could have done differently. Healy (2005) observed that social work theories provide guidance to practitioners on whom/what

the focus should be in a practice situation. Proponents of this belief contend that in this approach the social worker “...becomes a skilled technician, who, understanding the ‘laws’ can ‘intervene’ appropriately to bring about change” (Ife, 1997, p. 45). Nonetheless, my attention is drawn to the fact that I was not aware of social work theories during the incident, nor did I act in the capacity of a social worker. To me, I was just providing a humanitarian service to make someone’s life better. This paradox falls in line with the observation by Healy (2000), namely that the desire to close the social distance between the social worker and the “client” is highly debated, along with an inherent mistrust of the way the relationship between the two is conceptualized.

The giver versus the receiver: Who is mighty?

A further hurdle in the incident was to support Amina insofar as enrolling in my organization’s project for women at the witch camp. This implied requirements such as getting a witness to endorse that she had been accused of being a witch and taking an HIV/AIDS test to prove to the “magadzia” (female head of witch camp) and the “Ya-Na” (chief) that she was not a threat. The first requirement was easily fulfilled but when I mentioned the HIV/AIDS test, though Amina was reluctant and said, “What if I am positive? I am not the only wife to my husband and if I’m positive, the whole village will know. Please, I don’t want to tarnish the family’s image.” At that instance, I retorted, “No, you must take the test. This is the best thing to do to get support and you must do it.” Amina suddenly went numb and started staring at the ground. According to Fook’s (2002) framework, it is necessary to ask questions during the process of deconstruction, and in my reflection, I have been wondering why I tried to be in a position which showed that I had more knowledge by telling Amina that taking the HIV/AIDS test was the best thing to do. Why did I ignore her idea on how she would be perceived by the community if the result was positive? Could it also be that I felt I had expert knowledge and hence felt superior? My experience reminds me of Tesoriero’s (2010) discussion on how community workers take on expert roles and view community members as ignorant. My interpretation of Tesoriero’s (2010) work is that community workers value empirically generated knowledge over the value of local knowledge. Maybe this helps to further explain my snappy reaction. I failed to accept Amina’s ideas because I thought she was ignorant

and I believed the medical report (a scientific approach) was the only way to prove her innocence, which could be attributed to the fact that the people I worked for are mostly illiterate. I was considered an expert in my field of work and I felt good knowing that people in the community looked up to me and my organization for relief services. Thus, even though I wanted Amina to accept me as a sister and friend, I also wanted her to see me as a skilled professional with expert knowledge. I did not acknowledge her local knowledge and experiences, which essentially is also about power. Together with my own interpretation of what it means to be a professional aid worker, the culture of professionalism in development work influenced my reaction.

My experience with rural work confirms that community members hardly challenge the word of service providers, which makes us feel very powerful. They do not necessarily agree with everything we say, but they do not dare challenge us for fear of losing support. For this reason, in as much as we (service providers) live with community members as a big family, they see us as powerful and treat us with caution. Major challenges for rural community workers include managing professional and personal role boundaries, although boundaries blur and roles overlap when professionals live and work in small communities. According to Mellow (2005), professionalism is an urban concept and “...*rural life problematizes the notion of professionalism*” (Mellow, 2005, p. 50). My experience as a community worker also confirms that there is an expectation that if something needs doing, it must be done, which often means that community workers extend their roles into areas not formally recognized. Relating this to the incident, it is possible that I decided to “push” for results because I realized something needed to be done and I had to do it. Nonetheless, I insisted on what must be done, and upon reflection I have been wondering if my approach was appropriate. Drawing from social work theories in relation to the challenge, one of the perspectives to approach this is through a strengths perspective. Healy’s (2005) discussion on a strengths approach mentioned the need to focus on the potential of service users by enabling them to articulate and work towards their hope for the future instead of seeking to provide a remedy for past and present problems. A key advantage of this approach is its recognition of optimism on the part of both service users and service providers to improve the quality of life for the service user. From this perspective, it seemed appropriate to

consider Amina's strengths in seeking a remedy to her challenge. Reflecting from this theory, I notice that I did not act in a way that would help to unearth Amina's potential. Instead, I offered a short-term remedy to her problem by instantly providing her with shelter and food. Thinking back on it, I now feel part of the system that worked against Amina's self-determination. Still, as Healy (2005) argues, a key challenge to the strengths perspective is that it appears *"naïve in relation to the barriers, particularly the structural obstacles, that many service users experience in realizing small goals, let alone their hopes and dreams"* (Healy, 2005, p. 168). I agree with Healy because structural obstacles in Amina's community render the strengths approach cumbersome if not impossible.

Coming out of the shadows: An interplay of power and self-preservation

Another theme arising from my narration is that of power and a discovery of my emphatic tone, both of which I now consider inappropriate. I therefore consider a discussion on power necessary owing to its impact on the incident. Also, as stated by Fook (2002), critical reflection involves examining deep-seated assumptions regarding power, the sources of these constructions and how the individual participates in the discourses that shape power relations. Throughout my working life, I have always been personally committed to removing the barriers of unequal power relations between people I serve and myself. Even so, I held the idea that as a professional, I should be able to direct the terms under which working relationships are constructed. As stated earlier, this perhaps stems from the fact that I mostly worked with "illiterates" who rarely if ever challenged the views of professionals. As a result, I experienced a strong sense of personal discomfort when Amina challenged my views by indicating that she did not want to take the HIV/AIDS test. Through a process of critical reflection, I have now realized that there are certain aspects of my work in which I cannot exercise "power", as Amina's words rendered me powerless and I was afraid of the consequences if she decided to terminate the process.

In a discussion on power, Hugman (1991:1) affirmed that power is an integral aspect of the daily working lives of professionals. It is indisputable that the centrality of power in professional work has been increasingly recognized, yet the interconnection between theory and power is often regarded as an essentially contested concept

(Lukes, 2005). There is no doubt that the literature on power is marked by disagreements over how the term “power” should be understood. Foucault analyses power as a constantly shifting set of force relations that emerge from every social interaction. As he stated, “Power is everywhere, not because it embraces everything, but because it comes from everywhere” (Foucault, 1978, p. 93). It is important to acknowledge that one of the power dynamics inherent in my incident is the notion of social work as “the saviour” and clients and communities as the “saved.” The belief that I had power to help and Amina does not is shaped by my perception of vulnerable people. According to Fook (2001), this is coupled with a modernist way of thinking about power in which *“power is seen as a commodity which can only be transferred from powerful to powerless people”* (Fook, 2001, p. 193). Reflecting over my incident from the theory on power, there are multiple positions from which the operations of power may be deconstructed. Firstly, if I had been told during the incident that I used power or forced Amina to take the HIV/ADIS test, I would have vehemently disagreed and possibly said I was only encouraging her. But upon reflection, I now realize that I applied “force” at that time. Secondly, the description of myself as someone in a position to help Amina also reflects my position in relation to power. Conversely, power was bestowed to Amina when she assumed a position to either continue with the process for assistance or not. Lastly, my desire to be seen as a professional with explicit knowledge in my field of work reflects my struggle for power and the denial that overlaps between the professional and the personal.

Pease (2002) opined that knowledge and power are inseparable, and that value placed upon professional knowledge marginalizes local knowledge. It is worth mentioning that in most rural community work, clients such as Amina are in “disempowered” positions and that the structures and formality needed to enable them to enroll for support renders them powerless. Regardless of her intentions, Amina’s proposition of *“what if I’m positive, I don’t want to tarnish my family image”* subverted the power balance, as at that moment, I noticed that I was no longer in charge. Throughout the incident, I perceived Amina as a vulnerable woman needing help, which strengthened my position as someone who is powerful. According to Graham (2002), this creates an environment in which the worker is able to control and direct a course of action by excluding the experiences, values, ideas and

interpretations of marginalized groups. From my professional perspective, I presumed Amina's life would be much easier if she received support through the project. Maybe this explains why I was dominant and ignored her values and ideas. Lukes (1974), however, discusses powerlessness and argues that consensus may be a result of the social structure of power. In other words, a person may agree to an action, but this may be due to the social position of the professional rather than to the agreement of the person. My interpretation of Lukes' (1974) idea indicates that Amina agreed to take the HIV/AIDS test not through voluntary consent, but through the legitimacy of the power I possessed, which also reveals the unequal terms on which the relationship was based. From this perspective, my actions did not reconcile with my professional ideals of working on equal terms to improve the lives of vulnerable people. Rather, I used my dominant position to enforce an action in spite of the client's opposition. As a result of reflection, I have realized that my commitment to social justice and the ideals I sought to promote were easier said than done, but this is not to say that I never promoted social justice in my work. My concern is the authoritative manner in which I reacted to Amina and my indifference to her fears in the chosen incident, which brings me to the next stage of Fook's (2002) framework, namely that of resistance and challenge.

Moving towards change: Resistance and challenge

The ideas of Fook (2002) related to resistance involve questioning the dominant construction of power. Barbalet (1985) recognized the connection between resistance and power by saying that resistance imposes limits on power, and that this limitation allows us to question power relations, thus contributing to its outcome. Foucault (1980) describes this inherent possibility of resistance by saying that, "*where there is power, there is resistance*" (Foucault, 1980, p. 95). Based on these propositions, I acknowledge that everything narrated in my critical incident represents my perspective and like dice, there could be several angles from which the situation could be viewed. As Silverman (1992), as well as Schutz and Baumeister (1999), explains, an account that represents one's own self (the "I") only explains outcomes that will help the speaker maintain a favourable relationship with the audience. So far, I have reflected on my assumptions relating to professionalism and perceptions that the service provider has absolute power and that the service user has little or no

power. At this stage, my task is to “challenge dominant discourses”, question them and name and label missing perspectives by valuing and accounting for them (Fook, 2002, p. 95). As noted by Fook (2002), the process of revealing assumptions that are implicit in the operations of power is in itself an act of resistance. In my incident, one of the acts of resistance could be understood in my shift towards a position that attempted to place my privileged professional position over my personal self. My notion of professionalism is dominant, and has been captured as one which attempts to maintain a boundary without any emotional or personal involvement with service users. However, the story is solely told from my perspective and how I reacted. Even though Amina’s voice is somehow included, her interests are not wholly represented. In the account, I gave little attention to her potential frustrations, how she interpreted the situation, her perceptions of me and the impact of these on her disabled child. Throughout the incident, Amina’s voice has been somewhat silenced, though for her this is highly relevant. My failure to capture her perspective exposes the lack of coherence between my espoused values of equality and the reality of my practice. Given Amina’s life experience of abuse and neglect, it could be that “compliance” is her greatest communication tool, and maybe I could have done better by reading her non-verbal communication lines.

Reconstruction: My changed theory of practice

Reconstruction aims to change existing constructions and create new ways of seeing and practicing, while also seeking to develop theory along more empowering lines (Fook, 2002). As such, reconstructions must act to change dominant power structures, give voice to silenced and marginalized perspectives and renegotiate how perspectives are expressed in relation to each other. In my experience, there are various intersecting and interwoven challenges, but perhaps the most critical for me is the issue arising from professional and personal boundaries. In searching for assumptions that dominated my thinking and approach at that time, I have found that my actions were based on simple notions of professionalism and naïve assumptions of power. My story represented me as someone who identifies as a professional, yet has a wish to be seen as a friend and “sister” with my client. This conflict of interest led to my feelings of confusion. In reconstruction, I need to reconsider my view of professionalism, establish reasons for seeing myself as a professional and find out if

my reasons were in the “best interest” of the client (Fook, 2002). Prior to this exercise of critical reflection, my views of professionalism were related to trained personnel who strictly practice according to an accepted code of conduct. Upon critical reflection, I have observed that professionalism is more than that, as it also entails the application of relevant theories within a local context to bring out the best in a practice situation. According to Fook, (2002), further steps in reconstruction relate to how I could respond to my limitation and redevelop practice theory along more empowering lines. The challenge for developing practice theory is not to see tensions as contradictory, but rather to find ways in which they can be integrated to clearly address challenges related to unclear boundaries and encourage discussions on how such practice issues can be addressed (Fook, 2002). For me, reconstructing practice theory relates to how I can integrate my confusion between wanting to be identified as a professional, my social justice value of being equal with service users and my desire to be seen as a friend with the people I serve. A first way forward is to ensure that my practice is consistent with social work’s core values of respect and self-determination and principles of mutual clarity. Relating this developed theory to the incident, I could explore Amina’s ideas and values and include her suggestions in solving the problem. Additionally, I could also focus on reducing tensions as a result of a power imbalance by seeing Amina as an equally powerful agent whose inherent personal resources are needed for the solution.

Through the process of reflection, I now feel that should I be in a similar situation, insofar as being more responsive to my “client’s” need, clarifying processes and creating a participatory environment in which the client’s view would be respected. Even though I uphold the principles of professional boundaries and ethical practice, I need to acknowledge that in my working life, my professional and personal lives will occasionally collide. No matter how hard I try, I will always have a personal being embodied within my professional self. This leaves me with multiple identities, and reconstruction entreats me to not see this as contradictory, but to find a way of integrating or balancing it. I acknowledge that professional boundary is necessary, and through critical reflection I feel confident that should my professional and personal lives clash in the future, I would react calmly and handle it responsibly. Perhaps my second developed practice theory in this direction relates to self-

awareness and working towards an environment in which the service user's interest is always prioritized. According to Fook (2002), a key component in reconstruction is the practitioner's ability to redefine conceptual perceptions and challenge power relations between the worker and the client. I therefore deem it vital to develop a practice theory that creates a useful interpretation of my role as a professional in an empowering way. To this end, my newly developed practice implies creating an environment that links a responsible use of power to achieve social justice by pursuing participatory practices with clients. Hence, professionalism is not about strictly enforcing organizational policies and ethical codes of conduct. Instead, it entails a joint partnership and actions to arrive at the best solutions for service users. In examining the theme of professionalism through reconstruction, I have also identified the need to redevelop a practice theory in which the realities of a collision between the professional and the personal worlds can be openly acknowledged, particularly in rural community work. This means that, I should be able to challenge and avoid practices that reinforce service users as powerless and vulnerable people. I need to see service users as people with potential whose abilities are vital for achieving results. According to Fook (2002) and Corey (2005), a practice theory that can help professionals is one which is client-focused, which entails relationship building in which the practitioner has the responsibility to *"create a climate in which (clients) can examine their thoughts, feelings and actions and eventually arrive at solutions that are best for them"* (Corey, 2005; as cited in O'Hara, 2006, p. 49). To this end, my new theory relates to one in which I would build quality relationship with clients, respect their ideas and not impose my views on them in the name of helping them. It is my hope that this new reformulated understanding of my role will allow rural community aid workers to become more pragmatic regarding the realities of professional values. When developed further, this practice theory can make professionals practice accountably while striving for professional goals and commitments in the client's best interest.

Critical reflection has also helped me to revisit my use of language in addressing clients. As Butler et al. (2007) argued, *"We are aware that currently social workers have the power through statute, language and perspective, to define the experiences of others"* (Butler et al., 2007, p. 287). Healey (2011) agreed with Pease and Fook

(1999) by observing that some linguistic terms help reinforce prevailing power structures around race, class, gender, poverty, sexuality and so on. *“As social workers, we can collude with this or attempt to shift discourses and their outcomes for individuals”* (Pease & Fook, 1999, p. 171). In their contribution, Rapp, Saleeby and Sullivan (2005) emphasized that professionals need to acknowledge their own cognition and reflect on how their actions stress stereotypes. In my critical incident, I used words such as “disempowered”, “witches”, “witch camps”, “vulnerable” and “marginalized” when referring to service users. My exposure to social work theories and elderly homes in Norwegian society has made me rework my understanding of the aged. In fact, the “witch camps” can be compared to care homes in Norway, where most elderly people suffer from ailments such as dementia, schizophrenia, Alzheimer’s, etc. Yet, owing to illiteracy, old women going through such experiences are referred to as witches since it is awkward for the rural folk to accept that an old person suddenly cannot remember anything and starts behaving weirdly. This new realization is important for me to move beyond the use of discriminatory and stigmatizing language that places service users in pre-defined categories such as “witches”. Lastly, I need to constantly update my vocabulary and use “non-judgmental” and “neutral” words when addressing service users.

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