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EXPERTISE AND HUMANITY: THE SUPPORTIVE PROFESSIONAL RELATIONSHIP FROM THE PERSPECTIVE OF CLIENTS IN DRUG TREATMENT

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ABSTRACT

Expertise and humanity: the supportive professional relationship from the perspective of clients in drug treatment

The importance of the relationship between professional and client is strongly highlighted in research that deals with psychotherapy as well as clinical social work and counselling. The aim of this article is to explore the characteristics of supportive professional relationships. The main question is what, from the clients point of view, constitutes such a relationship in psychosocial drug treatment. The study was performed in Sweden. The empirical data consist of qualitative

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interviews and focus groups with clients in four residential treatment centres where compulsory treatment takes place. On the basis of this data we identify five interactive and partly overlapping themes that together constitute the supportive professional relationship: (1) "A perfect match" – the professional as a person; (2) Physical and psychological presence; (3) Like friendship – but still not; (4) Trustful cooperation; and (5) Vehicle for flexible and multifaceted support.

Keywords

Professional relationship, drug treatment, social support, clients' perspective

SAMENVATTING

Expertise en menselijkheid: de ondersteunende professionele relatie in de verslavingszorg vanuit het perspectief van de cliënt

In onderzoek op het gebied van psychotherapie en sociaal werk wordt het belang van de relatie tussen professional en cliënt onderstreept. Het doel van dit artikel is om de kenmerken van ondersteunende professionele relaties vanuit het perspectief van cliënten binnen de verslavingszorg in kaart te brengen. Het onderzoek vond plaats in Zweden en omvatte kwalitatieve interviews en focusgroeps gesprekken met cliënten in vier residentiële instellingen. Uit de analyse van dit kwalitatieve materiaal kwamen vijf interactieve en elkaar deels overlappende thema's, tezamen kenmerkend voor een ondersteunende professionele relatie, naar voren: (1) "De perfecte match" – de professional als persoon; (2) Fysieke en psychische aanwezigheid; (3) Net als vriendschap – maar toch niet helemaal; (4) Betrouwbare samenwerking; (5) Een voertuig voor flexibele en meervoudige ondersteuning.

Trefwoorden

Professionele relatie, verslavingszorg, sociale steun, perspectief van de cliënt

INTRODUCTION

The importance of the relationship between professional and client is strongly highlighted in research that deals with psychotherapy as well as clinical social work. Its central role is connected with the character of the work and change process and is a prerequisite for a situation that enables the clients' personal growth and development. The aim of this article is to explore the

characteristics of the *supportive professional relationship* between clients and professionals within the context of drug treatment. The main question is what, from the clients point of view, constitutes such relationships? That client's experiences are considered as an important source of knowledge is also central for clinical practice, and in line with recent discussions of evidence-based practice (e.g. Mullen, Bledsoe & Bellamy, 2007). Regardless of how much the professionals intend to provide support the preferential right of interpretation is that of the clients. It is only the clients who can judge what approaches and interventions from the professionals that are perceived supportive.

Previous research shows that the relationship to a professional helper has fundamental importance both for positive treatment outcome and for how clients perceive and value the help (Frank & Frank, 1991; Bernler, Johnsson & Skårner, 1993; Topor, 2001; Wampold, 2001; Borg & Kristiansen, 2004; Denhov & Topor, 2012). A therapeutically helpful relationship is described as more "understanding and accepting, empathic, warm and supportive" (Norcross, 2002, p. 26) in which the therapist engages in less negative behaviour as "blaming, ignoring or rejecting". Ottosson (1999, p. 366) highlights "authenticity, receptiveness, empathy and not to be prestigious" as the personal characteristics of the therapist which positively affect the relationship regardless of what form of psychotherapy that has been studied. Another literature review, carried out by Ackerman and Hilsenroth (2003, p. 1), shows similar characteristics of the therapist: "being flexible, honest, respectful, trustworthy, confident, warm, interested and open". Other relevant factors are the professionals' education and social skills (Holm, 2001).

Studies in the field of substance misuse further confirm these results, which indicate, "it seems likely that the variability among treatment professionals is more important than treatment variability" (Bergmark, 2008, p. 705). Meier, Barrowclough and Donmall (2005, p. 304) highlight the importance of the therapeutic alliance in predicting drug treatment process outcomes, but they also point out the need for more profound knowledge because "too little is known what determines the quality of the relationship between drug users and counsellors".

METHODOLOGICAL APPROACH

The article draws on empirical material from a larger research project on psychosocial drug treatment. The project, conducted in Sweden during 2005–2009 (Billquist & Skårner, 2009), investigated the factors that influence and form the treatment relationship based on organization,

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staff as well as client perspectives. The study took place at four residential treatment centres where compulsory care takes place. Multiple methods were used: observations, interviews with management staff, focus groups and qualitative interviews with clients and professionals (separately). This article is focused on clients' experiences.

The empirical material in this article consists of data from six focus groups with clients, including 27 participants, and from qualitative interviews with 16 clients (four from each centre). Overall, we interviewed 43 clients – 26 women and 17 men.

The interviewees are a heterogeneous group of people. Age-wise, they are between 20 and 70 years. Most of them are over 35 years. Also the social situation varies, from those with good living and working conditions to socially marginalized people who are unemployed and homeless. In common for the group is that they have developed an extensive and often long-standing substance misuse.

Data collection was in each centre performed in two steps with a few months apart. At the first step focus groups were used in order to get a broad picture about the client's experiences of treatment and relationships with professionals. A key topic was the clients' perception of their relationships to the professionals at the centre. Another topic was, from the basis of their personal experiences, what characterizes a supportive professional relationship. The focus groups lasted one to two hours. Secondly, through qualitative semi-structured interviews with clients (Silverman, 2000) we wanted to deepen and better understand the themes we found in the focus groups, especially what particular aspects of the professional relationship the clients perceived as *more* and *less* supportive. During the interviews we tried to create a good climate for a reflexive dialogue and spontaneous stories and we gave out space for associations. The aim was to allow the clients to describe their perceptions and experiences in one's own words and from their own point of view. The interviews lasted between 45 minutes and two hours. Both before, but also in connection with our observations, clients have been invited to participate in the interviews. They were informed, orally and in writing, about the main topics of the study, about voluntaries, anonymity and that the study was conducted by independent researchers¹. Especially important was to emphasize that their participation would not affect or have negative consequences on their treatment. Both focus groups and individual interviews were recorded and thereafter transcribed verbatim. In the quotes, used in this text, some editing has been done, and names and biographical data have been changed.

The findings in this article are based on a further and deepened analysis of the client's statements in focus groups and interviews as well as previously reported results (Billquist & Skårner, 2009). The analysis was permeated by a reflective approach. We have consistently added various images next to each other, searching for similarities and differences both within and across transcripts. The empirical data were compiled and analysed thematically starting from the clients – both positive and negative – experiences of professional relationships. The transcripts were first read and reread by the two authors separately in order to identify the ideas and meanings being expressed. The preliminary themes from each interview were compared and discussed. They were listed, and themes related to each other were combined, resulting in five interactive and partly overlapping themes that aimed to capture the essences of the clients' accounts from their own perspective which constitutes the supportive professional relationship: (1) *"A perfect match" – the professional as a person*; (2) *Physical and psychological presence*; (3) *Like friendship – but still not*; (4) *Trustful cooperation*; and (5) *Vehicle for flexible and multifaceted support*.

An interactionist perspective, where a person is seen as an intentional acting social human being in interaction with other people, constitutes a fund for the analysis (Berger & Luckman, 1991). Our starting point for the analysis is that professional relationships are characterized by a special complexity. The relationship itself is a central part of the treatment because the client gets someone who cares. However, it is also a prerequisite for treatment by providing a medium for interventions, which are mediated in the relationship (Rogers, 1961; Vaux, 1988; Bernler & Johnson, 2001). The professional relationship is also complicated by the fact that it is unequal (Foucault, 1979; Billquist, 1999; Holmes, 2002). First, asymmetry is about the balance of power in the relationship where the client is in a dependent position, and where the professional has a superior position. Secondly, there is a more fundamental complementarity where the client receives help and the professional is assumed to provide help through his or her professional knowledge and position in the organization (Lipsky, 2010).

RESULTS

The study's informants often have a long and somewhat various experience of contacts with professionals. From their stories it becomes apparent that they shared many positive and negative experiences that together show the meanings they assign the supportive professional relationship. We will now present and discuss the identified themes listed above.

“A perfect match” – the professional as a person

“We call it *personal chemistry*, but it's something that should match between two people, if you should dare to confide in someone when you feel bad”. The words are Elsa's, 51, and like other informants she uses the common but elusive concept of “personal chemistry” to describe the emotional coherence and trust that characterizes a supportive professional relationship. The concept highlights the *interpersonal dimension* of the relationship between client and professional – fundamental for the clients is to meet a person who they like and feel comfortable with and that they perceive this appreciation as mutual.

When the informants express their views the professional, as a person, will be in focus. The informants are experienced consumers of professional help and based on their diverse experiences they are remarkably consistent about what is meant by “a true professional”. Magda, 47, describes this as follows: “Genuine human love and genuine interest, this positive curiosity”. Supportive professionals are recurrently described through words as warmth, acceptance, respect, commitment, empathy and sense of humour. Other qualities that are highly valued are straightness, honesty, and that the professionals are natural, not mannered, “because one feels if it's only polite phrases”, says Tommie, 32.

Thus, there is no doubt that the professional's personal approach has a fundamental impact on how clients interpret and evaluate treatment. Elsa describes this as follows:

As a person I like her. She is attentive, listen actively, and I know that she, though she has worked here for many years, still has the go. She is a genuine human being interested in me and I know that she will do what she can for me.

Physical and psychological presence

Another key element is that the professionals are available when needed. The informants spoke about two interacting aspects of availability, which we call *physical* and *psychological presence* (or *absence*). The interviews contain a rich sample of concrete examples of this fundamental aspect of the relationship.

That the professionals are available and responsive is highly valued by informants as shown by the following quotation:

I know that she's busy ... not that she rushes through the hallway, but I can see that she is not exactly strolling. But she is responsive and does she know that it is important she finds a few minutes and makes it clear that it must be a quite short conversation. But she's here. She's as available as she can. She is very committed. (Interviewer: How do you notice that?) Everyday she tries to talk to me in one way or another. Even if there is nothing special she says hallo, "Just so you don't believe that I have forgotten you". (Eva, 49)

The quote reveals how the relationship's existence and continuity is confirmed by practical everyday actions. The quote also points out how a few and apparently trivial words and gestures can have a high symbolic value for how clients experience and value the contact.

One notable pattern is that professionals sometimes are described as hard to get in touch with and that they do not have enough time for their clients. "You feel that they are stressed, they have so much to do as you should not bother", says Peter, 35. However, it is also obvious that physical presence is not enough: "It was like I was talking to a brick wall", says Harry, 52, disappointed, when he describes a professional relationship characterized by emotional distance.

Thus, the communication between the professional and the client is a key factor in determining how the relationship develops. A supportive interaction requires that the professionals have the sensibility to communicate and understand in a way that reaches their client: "We are talking the same language, we talk a lot in metaphors. Okay, it may be a little different colours, but on the whole it is the same landscape". (Magda)

All in all the informants' stories show the importance of that the professionals are standing beside their clients and that they manage to express this in a way that the client can understand.

Like a friendship – but still not

She is confident in her professional role and I'll be safe with her. And she's a very pleasant and warm human being. She relates to the whole person, the woman and mother, not just the addict, the poor vulnerable client. And she doesn't need to verbalize that. I just know one hundred per cent! (Magda)

There are several interesting details in this short extract, which indicates the complex character of the supportive professional relationship. Magda expresses satisfaction to be personally responded

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to and understood. In particular she points out the value of being treated as an ordinary person, not just as a client. Similar statements recur in most stories; the professionals' ability to relate in this way appears crucial on the meaning the informants assign the relationship. As Ann, 30, expressed: "You see them right away! They treat me as I am, as a human being". On the contrary, negative experience of contacts with professionals are characterized by the fact that it is the stigmatized identity as addict that comes into the main focus in the interaction: "You're treated as you know nothing. They have no ability to see the person, they see only the addict" (Tomas, 54).

Furthermore, the *personal dimension* includes that the professionals themselves appear as genuine persons. "They are also ordinary people, just like us", says Per, 27, and emphasizes that he prefers a professional relationship with capacity for reciprocity. Quite often informants use words as "friend" or "buddy" to describe the personal quality of the relationship. That the professionals are willing to "give one's all" and to talk about everyday things, not only the client's problems and shortcomings, are other significant features. The following quote confirms this: "He's more like a friend. We talk about everything, not just the boring stuff. He is good in that way, not just "bang, bang" problems" (Jenny, 20).

In sharp contrast stands Lena's, 43, story about how she felt snubbed by a professional which – seen from Lena's perspective – marked the strictly professional and unequal character of the relationship.

I know that she isn't going to be private with me but ... once we had to book a new appointment because she had to do something with her child. I asked "how many children do you have? A few", she replied. I felt so damn snubbed aside. I felt that, here I shall tell everything about my personal life and she can't even say "a boy or a girl" or something like that. It was so incredibly empty and impersonal!

Once again we notice how seemingly trivial comments can have a crucial impact on what meaning the clients assign the relationship.

However, as Magda's story in the opening quotation suggests, it is not friendship with the professionals the informants seek. The personal aspects seem indeed to be fundamental components of the relationship, but the informants also emphasize the *professional dimension*. Professionals who have expert knowledge, sense of "timing" and stands up for the client without

demanding anything in return are some of the truly professional qualities that are highlighted in the interviews. Mahmud, 23, described the positive meaning of the term “professional” in this way:

A person who is professional remains calm. He doesn't raise his voice or chasing and scaring people or run into his room and dare not come out. There are lot of different behaviours among the professionals.

Another recurrent theme is that the professionals have the expertise to deal with the clients' personal feelings and emotional pain: “They should have the skills not to raise sensitive subjects and traumatic memories and then just let go” (Louise, 45).

Thus, as reflected in the informants' narratives, a supportive professional relationship is characterized by a personal relationship based on mutual appreciation and respect, to which are added specific qualities by the expert component of the relationship. This requires a professional who has “a big heart and as much knowledge as possible” (Pia, 30).

Trustful cooperation

An interesting aspect is how the professional and client manage to agree on goals for treatment and how they should work together to achieve these goals.

He doesn't say that it has to be in a certain way, but he listens to me too. And if he wants one thing and I another we might end up in between. It's on equal terms; it has been straight talk right through.

Tommie gives in the quote expression for a professional relationship based on cooperation and open negotiations. Another example is Jenny: “Sometimes he decides what to talk about, if he has a point or so. Sometimes it's me”.

The supportive professional relationship requires professionals who listen carefully, who have the ability to “give and take” and who do not have preconceived ideas about their clients. The informants also prefer professionals who are frank about their intentions. “It is important to know whom you are dealing with” (Sven, 42).

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A significant theme is how the *power dimension* in the relationship is handled. It is important for the clients that the professionals are using their power in a way that is helpful and not perceived as oppressive, "Not this superiority ... more, we need to do this, otherwise it does not work" (Ulrika, 58). The supportive professional relationship is according to the informants characterized by the pursuit of shared power and responsibility. "They should help me even if I should help myself too" (Sam, 27).

Sometimes the informants describe the collaboration with professionals in terms of how they absolutely *do not* want it to work. "It feels like we are two wills ... I must constantly prove, convince and clarify ... everything". The words are Yvonne's, 46, and she expresses how she feels disregarded and not listened to. Other negative experiences that informants express are professionals who are constantly lecturing them or speak to them as if they were children. However, there are also examples where the actors, through dialogue and negotiation, gradually reach a consensus where the client feels that there is a trustful and well-defined platform for cooperation:

I've tested her to see if she is up to the standards and how much I could confide in her. Now I'm using her as self-help as much as I have the ability. For she was up to the standards! (Elsa)

Vehicle for flexible and multifaceted support

The informants' need of support varied greatly, which reflects their different life and problem situations. It is a wide range of support, ranging from seemingly simple but subjectively meaningful practical support to a therapist who they can entrust their emotional problems. For most, it is a multifaceted support where the focus at the same time is on internal personal feelings and external social conditions. Jenny's statement shows how much she appreciates a professional who takes a *holistic approach* of her life:

He is easy to talk to and he understands, and he presents a wide range of solutions: "Do so if that happens and try to do so if that happens". He really tries, and he succeeds. It happens damn much when he says things!

Magda belongs to those who want psychosocial help that deals with internal personal change:

I've either been able to relieve something that has disturbed and haunted me that I didn't want to think about on my own and certainly not show for someone I don't trust. So either I

have relieved something that was a bad thing to be saddled with or I have got a new perspective. I have a lot of fragments that I on my own can't get into a meaningful pattern. But she [the professional] notes: "Do you remember what you said, I see a parallel to ... Well, I haven't thought about that". You know, four eyes see more than two.

Another recurrent theme is the informants' appreciation of the professionals who have an active and optimistic attitude. It is important that the clients should not wait too long to get help, or to speak with Hampus, 25: "No five-year plans!". Furthermore, the professionals must be able to provide the clients with new knowledge and material resources: "... know how to deal with society, know what types of contacts that are the best in different situations" (Ulrika). Another important theme is that the professionals must not get stuck in stereotyped or standardised procedures. "I hate when it goes on routine ... "this is how we have done the past seven years"" (Mike, 26). According to the clients the support must be *flexibly designed* and *individually adapted*.

Thus, the quotations point out that it is not just about *what* kind of support the clients get, but also *how* it is provided. The professionals have to show in practice that they are personally engaged, willing to offer "something special", and advocate the clients in their contacts with authorities. "They should listen to what you have to say and respond to you and get you to think for yourself", so David, 32, sums up what demands he makes on the professionals attitude and behaviour.

DISCUSSION AND CONCLUSIONS

The present study underlines the complexity of the professional relationship in drug treatment. Both the positive and negative descriptions show that a prerequisite for constructive professional support is that a personal relationship based on a positive emotional climate is established. Similar results have been reported in studies in different treatment settings. This study's main contribution to the existing knowledge is to give more profound, nuanced and concrete descriptions of some key dimensions that together, from the clients' point of view, characterize the supportive professional relationship.

A distinctive feature of professional relationships that develops within the treatment centre is that they cannot be limited to well-defined treatment sessions, as they also take place within an everyday context. The fact, that the actors are exposed to each other and to others in

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various situations, seems to have implications for how the relationship is developed. Professional relationships are no delimited tasks, but just like any other interpersonal relationships, they are constantly present (Scheff, 1997). The study illustrates how the professionals' physical and psychological presence and initiative in everyday life strengthens the development of relationships and support. Informants' evaluation of the professionals' engagement and trustworthiness is partly attributed to the professionals' behaviour in the milieu. The study highlights that the professionals provide, through the very existence of the relationship, an opportunity for the clients to share their situation with another human being, and as such a support.

That the clients in our study prefer a professional relationship with personal qualities can be seen as an attempt to protect themselves against the stigmatized identity as "addicts" – an identity that could be consolidated by professionals trying to squeeze in the individual in a category that is considered manageable for the treatment system (Goffman, 1961, 1968). A position as a client involves a transformation from subject to object. Developing a personal relationship can be seen as a movement in the opposite direction. Professional relationships that include an element of authenticity seem to offer a contrast to the objectification that inevitably results from the existing balance of power in the relationship. Furthermore, institutional patterns created around people with substance misuse problems can set the main frameworks for how the professionals understand their clients' experiences. When a person is categorized, based on an established professional discourse, it will be at the expense of individual differences. Thus, the support the individual receives may become dependent on the category to which he or she is considered to belong (Billquist, 1999). The results of our study give arguments that supportive professional relationships should be based on reflective dialogues in which the professionals try to understand their client's subjective and unique identity and reality. A common factor – for relationships the informants describe as supportive – is that the professionals have the ability to see the "human being", not just the "addict".

The quality of the relationship is, in the present study, intimately intertwined with the actions exchanged within the relationship. Seen as a change process, the relationship functions as a vehicle for support. The character of the relationship classifies the quality of the support and, if at all, the support offered is perceived as supportive. At the same time the actions exchanged constitute the quality of the relationship (Scheff, 1997; Watzlawick, Beavin & Jackson, 1967).

Thus, as stated in our informants' stories, support is interpreted and given meaning in the relational context, which makes the support process even more complex. From a strict action

perspective, it is possible to make a distinction between *emotional*, *instrumental* and *cognitive* aspects of support (Vaux, 1988). At the same time there is a *psychological connection*. Practical or cognitive support can be assigned to an emotional meaning depending on the emotional climate in the relationship because the support process expresses interest and care (cf. Skårner, 2001). Although the informants were expressing varied needs for support, there are also common features. A “supportive support” is consistently described in terms of availability, flexibility and individualization. Furthermore the informants would like the professionals to have an active approach in which they take initiatives and use their formal position and power to represent their clients’ interests.

The study underlines the importance of professionals who back up their clients to independently deal with their own life situation by forming the support without undermining the individual’s self-efficacy. If the clients constantly have to ask for help it risks to lower their self-esteem and confidence in own skills (cf. Vaux, 1988). A support that does not take notice of the client’s own resources can, despite the good intentions, create passivity and dependence – and thus intensify the clients’ need for continued support. A main focus on the client’s dysfunction contributes to the consolidation of a *stigmatized identity*. Also the client’s capabilities have to be emphasized and their own proposal to solutions must be taken seriously.

A general challenge in professional interventions is that support is complicated by the fact that it contains an element of *control* (Foucault, 1979; Holmes, 2002). Control – as reflected in the balance of power between professionals and clients, and in rules and regulations that clients are expected to adapt to – can create structures that are perceived supportive, but can also be experienced as oppressive and inhibiting the client’s own initiative. It is clearly reflected in both the informants’ positive and negative experiences that a constructive balance of power requires dialogue and negotiation. The results indicate the importance of an open and flexible attitude from the professionals to match the client’s individual expectations.

A reasonable conclusion could be that no matter how caring the professionals are and how much control exists for “the client’s best”, a key dimension in constructive support seems to be that the interaction not only is based on the *formal power*, but also rests strongly on “*confirmed power*” (Bernler & Johnson, 2001). The confirmed power is derived from the mandate given to the professional from the client. With a communication theory concept, this aspect of the relationship can be described as *meta-complementary* (Watzlawick *et al.*, 1967). When the client gives the professional the right to act, it means that the professional still has the control, but the client

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"controls this control" by approving it. The confirmed power demands a dialogue in which the client sees himself and is treated as an independently acting subject and where a mutual agenda for cooperation is developed. This does not mean that the formal power repeals, but it creates a space for participation.

Concluding remarks

Some methodological limitations need to be considered. The relatively small number of informants limits of course the possibility to generalize. However, we have obtained a rather varied and multifaceted sample and the aim of the qualitative approach used is to systematically explore and analyse in depth to generate understandings that subsequently can be tested in other settings (cf. Silverman, 2000). The focus of our study was what constitutes the supportive professional relationship from the perspective of clients themselves. Consequently a natural limitation is that nothing can be said about how the quality of the relationship affects treatment outcome. Furthermore, we cannot exclude that our informants can be more apt to highlight either the positive or negative aspects of the professional relationship, but our impression is that they in general have given glimpses from a more diverse and complicated view.

What we can learn from the clients' experiences reported in this study, despite its limitations, is that certain conditions reasonably need to be fulfilled for the professional relationship in drug treatment to be perceived as supportive. Using the results, some possible implications can be formulated for clinical social work with people with substance misuse problems that potentially could be applicable to contexts beyond the specific setting studied here.

First of all, a fundamental prerequisite for such work is that it emanates from a personal and reciprocal relationship. We have found that this is the very basic foundation in the supportive professional relationship. Worth noting is however, that presence and availability not necessarily requires an emotionally close relationship between the actors.

Furthermore, a partnership needs to be developed where the actors also define themselves as professional and client, respectively. Although the informants clearly expressed that they prefer a relationship that includes a personal dimension, there is no indication that it is a private friendship they are seeking. According to the views of the informants the expertise dimension is just as important, it ensures an "objective" trust and that the clients get the help they need. How the professionals relate to and use their superior position have, however, a substantial impact on the

quality of the support and if the client at all perceives the interventions as supportive. Hence, the preferential right of interpretation that comes with the professional position must be used with caution and allow the clients' own intentions and suggestions.

A third prerequisite is that the relationship is used as a vehicle for a multifaceted and flexible support based on confirmed power. That the professionals do not let generalizing ideas and assessments become a filter in the contact with the client, and thus reduces support to a standardized procedure, are described by our informants as crucial, not only for the existence of the relationship but also for a mutual and meaningful cooperation.

A relationship with such qualities may be particularly important to clients with heavy substance misuse problems. Substance misuse – and receiving help for such problems – is strongly associated with stigmatization. Furthermore, many clients are frustrated and disappointed by previous experiences of professionals with paternalistic or disrespectful attitudes and behaviour. Such approaches can confirm or enhance the client's feelings of stigmatization. How a person previously has been treated affects what he or she expects to meet and may create a need for the clients to protect themselves from an undesirable influence. Such circumstances underline the importance of relationship building where also the client's expectations and perceptions based on past experiences will be taken into consideration.

Finally, the meaning the informants in our study assign a *"true" professionalism* accommodates in the same time qualified expertise and genuine human feelings – and that these elements are connected in a constructive way. The question is which approach the professionals choose to take.

NOTE

1 The study has been ethically tested and is approved by the Regional Ethical Review Board in Gothenburg (reg. 007-05; 2005-02-14) and conducted by the authors in equal parts.

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