Social work students learning to use their experiential knowledge of recovery. An existential and emancipatory perspective

Alie Weerman & Tineke Abma

Check for updates

Social work students learning to use their experiential knowledge of recovery. An existential and emancipatory perspective

Alie Weerman[a] and Tineke Abma[b]

[a]Windesheim University of Applied Sciences, Zwolle, The Netherlands; [b]Department of Health Care and Social Work, VU University Medical Centre, Amsterdam, The Netherlands

ABSTRACT

Aims: To understand the features of experiential knowledge with recovery and the process of social work students learning to use their experiential knowledge of recovery from an existential and emancipatory perspective.

Methods: A participatory action research design was used in an applied university social work department in the Netherlands to develop a new curriculum for students using their experiential knowledge. Students were invited to disclose and share their personal experiences of recovery in the classroom and practice.

Results: Experiential knowledge of recovery can be articulated as knowledge of finding a new balance in dualities of several existential themes. Social work students shared their experiences in a reflexive way and transcended their individual experiences to develop a critical subjectivity. They experienced their learning process as emancipatory and destigmatizing, but shame came up as a recurring theme. Making use of experiential knowledge sometimes conflicted with expectations of the social worker as a detached professional expert.

Conclusion: Experiential knowledge of recovery can be articulated as knowledge of living with existential dualities. Profiling oneself as a social worker with existential knowledge of recovery has paradoxical aspects: it may weaken shame and combat stigmatization, but may reinforce stigma as well.

Introduction

Peers helping each other has a long history in the field of addiction where groups like alcohol anonymous met to share stories about alcoholism and drug use (Weerman, 2016). With the rise of the recovery movement, working with peers and peer providers has again been stimulated and introduced in the wider field of mental health and social work. Nowadays peer providers are increasingly employed in traditional mental health services and social work to use their experiential knowledge of recovery (Ockwell, 2012; Repper & Carter, 2010; Videmšek, 2017). Previous studies have primarily focused on the benefits of peer providers for service-users (Armstrong, Korba, & Emard, 1995; Faulkner, 2017; Moran, Russinova, Gidugu, & Gagne, 2013). Other studies have focused

---

CONTACT Alie Weerman ✉ a.weerman@windesheim.nl

on the value of experiential experts in social work education (Anghel & Ramon, 2009; Videmšek, 2017).

The role of peer providers ideally brings about a change in power relationships between service-users and professionals, and sharing of control over decisions (Faulkner, 2017; Fox, 2016). Sarah Banks (2012, p. 145) envisions that 'expertise by experience' should go beyond the more common forms of involvement: 'This expertise is not just the insights, skills and knowledge of consumers, who know what they want. Rather, it is an expertise that is developed and shared with, and valued by, other service users, students, academics, social workers, and other practitioners, managers, policy-makers, and politicians. This is a more radical version of the coproduction of knowledge and welfare services.' Fox (2016) notices, however, that service users 'telling their story' as part of the social work curriculum 'often points to tokenism rather than partnership working'. (p. 967). The dualities between professional and service user, and accompanying hierarchies of knowledge may indeed be continued.

In the current practice, we see peer providers bringing in their personal experiences, but professionals with relevant experiences are still not allowed to use these and expected to stay distant (Fox, 2016). This reproduces the duality of knowledge. Peers may use experiential knowledge and develop an intimate and personal relationship with the service-users, but professionals have to follow protocols and professional standards in a more detached relationship. This leads to ambivalent experiences for professionals familiar with mental vulnerabilities or substance abuse. Several authors have demonstrated that a substantial number of staff members in addiction care have a former addiction (Doukas & Cullen, 2010; Olmstead, Johnson, Roman, & Sindelar, 2007). If they need to hide these experiences, this may create feelings of shame or insecurity (Birtel, Wood, & Kempa, 2017; Curtis & Eby, 2010; Kemp, 2009a). This is amplified by stigmatizing attitudes of the general public toward mental health problems and addiction (Barry, McGinty, Pescosolido, & Goldman, 2014; Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000) and colleagues who hold negative attitudes toward persons with substance abuse (Van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013). Service-users on the other hand, complain about the impersonal relationships, and express a need for more close, and more human contact. A critique that resonates within social work: 'Some have argued that the very essence of Social Work is the personal commitment that practitioners have to working alongside people experiencing difficulties in life and to working to change society' (Banks, 2012, p. 167).

The duality of knowledge becomes even more urgent in a context such as in the Netherlands, wherein students of applied universities are educated next to professional peer providers who receive certificates as 'experiential experts' from the same educational institutions. The tension between students of Social Work becoming professionals who are not supposed to use their experiential knowledge and (ex)service-users becoming experiential experts (professional peer providers) is leading to confusing situations. For example, the first author of this article is a lecturer and researcher at a university for social work, but also an experiential expert as a former service-user and sister, spouse, and mother of family members with mental health problems or addiction. In class she felt hesitations to express her experiences, because this kind of self-disclosure is unusual. If she did she often felt ashamed, but also sensed that the students responded positively to her stories, and felt more confident to share their own

experiences with mental health problems or addiction (Weerman, 2016). This led to the development of a curriculum over a period of 7 years wherein students with relevant experiences were trained to become a social worker with experiential knowledge. This gave rise to a whole new set of questions such as how social work professionals can reflexively use their experiential expertise, what self-disclosure means for one's personal and professional identity and relationships with service-users, and whether or not stories reproduce or challenge stigma.

Fox (2016) addressed some of these issues after revealing herself as lecturer social work with experiential knowledge. She noticed that her status as an academic located in a university institution which values academic knowledge was intersecting with the powerlessness and stigma of being a service-user in a discriminatory society. She concluded that 'in order to resolve this conundrum, it is necessary to explore how academic and experiential wisdom interact and to consider what happens when the lines between professional and personal knowledge are blurred, and more widely how user involvement can be most effectively embedded in social work education' (Fox, 2016, p. 963). This is, what we investigated in our participatory research at the social work department in the Netherlands. In this article, we focus on students in social work who were trained to use their experiential knowledge as a professional social worker. We wanted to gain an in-depth insight in the features of experiential knowledge of recovery and about the learning process of students when articulating and using experiential knowledge in education and in social work practice. Recovery is not the same as 'cure'. In the field of recovery-oriented care, recovery means that you are able to manage your problems. This includes, as we will reveal, a transformation of one's identity: problems are transformed in meaningful existential knowledge.

Theoretical framework

In the presented study, we used an existential-phenomenological perspective on experiential knowledge. Existentialists (Heidegger, 1927/2013; Kierkegaard, 1844/1995; Sartre, 1943/2010; and the review of Barrett (1958/1965) point out that the human existence is characterized by both openness and finity. We understand experiential knowledge as the embodied 'lived' experience of this existential ambivalence between openness and finity. Experiential knowledge is grounded in the lived experience and wrestling with the ambivalences and vulnerabilities in human life. These experiences become very prominent when one is living with an addiction or psychiatric vulnerability. Experiential knowledge is the knowledge of recovery, but also recognizes powerlessness. Experiential experts have learned a lesson in life by confronting existential boundary situations. Hence, experiential knowledge goes beyond a functional and abstract understanding of recovery. Functional recovery can be measured, but 'what it is like' to be addicted is much harder to measure. Understanding such experience requires the perspective of the insider. This insider perspective can provide us with what philosopher Searle (1994) called the *qualia* of consciousness, the substantive quality of the subjective experience.

Thomas Nagel describes the subjective experience as follows: 'fundamentally an organism has conscious mental states if and only if there is something that it is like to be that organism—something it is like for the organism. We may call this the subjective

character of experience' (1974, p. 436). He explains that the subjective experience cannot be reduced to physical or biological processes and to objective measurable statements. Maurice Merleau-Ponty (1945/2009, p. 48) also noticed that the subjective experience need not be reduced to propositional statements and that all knowledge starts from and is embedded in a life-world. The life-world is continuously changing and finds expression in the enactment and 'flow' of life (ibid., p. 577). This means that an existential approach of experiential knowledge starts from the concrete, finite, and embodied human existence. It also implies that one can be a person despite the addiction or psychiatric vulnerability. This experience need not be explicit and coherent; sometimes the subjective experience exists in fragments and narrative pieces.

Ambivalences in life are not just cognitively registered or analyzed, they are felt by the body. Experiential knowledge is therefore embodied knowledge of the ambivalences of life and death, freedom and limitations, loneliness and belongingness. Embodiment refers to the body as a source of knowledge, which is both object and subject. The body can be experienced as *Körper* and *korperliche* aspects of the body can be studied, but those reductions always imply a *Leib* and the broader meaningful experience (Merleau-Ponty, 1945/2009, p. 620). Experiences cannot be completely articulated in language. Experiences are also expressed in meaningful actions, and incorporate *knowledge in action* (Schön, 1983). Schön (1983, 1987) argued for an epistemology of practice and knowing-in-action that can only be partly articulated, and if it is espoused only partly captures what has happened. So besides instrumental knowledge (what Aristotle called 'techne') we can speak of 'existential knowledge', knowledge of the life-world (what Aristotle called 'practical wisdom' or 'phronesis'). An existential perspective gives room for ambiguity and contradictory elements. This type of knowledge differs from a consistent and coherent scientific theory. It is a dynamic construction and changes over time (Correia, Cooper, & Berdondini, 2014).

Yalom (1980, 2008, 2015), an influential existential psychotherapist, inspired us by applying existential themes to the social work curriculum. The work of Wiklund (2008a, 2008b) and Kemp (2009a, 2011) who identified seven existential themes was also used to facilitate our understanding of the features of experiential knowledge of recovery. These themes include: Death, Loneliness, Freedom, Responsibility, Meaninglessness, Chaos, and Shame. Free personal space was created in the curriculum for reflection on these themes and such personal undertaking may conflict with more traditional interpretations of the social work professional. Therefore, we focused in our study on what happens in the learning process of social work students when experiential knowledge enters in the curriculum as a 'third source of knowledge' (in addition of scientific and professional knowledge).

Methodology

Design

This (PhD-)study is grounded in a Participatory Action Research (PAR) design (Reason & Bradbury, 2008). Underlying principles include participation, coownership and the creation of communicative spaces seeking to address 'issues of significance concerning the flourishing of human persons' (ibid, p. 3–4). These are not only methodological principles but also ethical considerations according to the International Collaboration

for Participatory Health Research (ICPHR, 2013ab; Abma et al., 2018). Participatory action research can be approached from various levels including first, second, and third-person inquiry. This study is grounded in the first-person level, that is the inner feelings of discomfort and outrage of the first author, and was expressed among a group of teachers and students (second-person level) and later placed in a broader sociopolitical framework (third-person level). The aim was to develop a *critical subjectivity*: personal experiences became the subject of inquiry, reflection, discussion, and personal issues were related to structural processes of in- and exclusion (Hussein, 2008; Johns, 2008). The research was led by the first author, who coordinated a research team that grew (in)formally over time depending on the stakeholders in charge.

Phases and procedures

The complete research project took 3 years of preparation and 4 years of implementation in the social work school department. We started in 2008 with an exploratory survey and in the end in 2015 the whole applied university department of social work (approximately 800 students and 48 lecturers) participated: either in classroom or by doing assignments and participating in focus groups or using their experiential knowledge in an internship. Lecturers participated in intervision groups, where they could reflect on the process and in which professional peer-review took place. Over a 7-year period 26 students did their bachelor thesis as part of the action research and in 2013 two lecturers completed their master thesis on this subject. The management of the department also participated, especially in facilitating the process and in decisions on the policy issues of the research. When students with experiential knowledge entered the field of social work, we formed a team of external stakeholders to formulate how to use this knowledge in practice. After some exploratory pilots, the new curriculum was implemented in 2011 in the first year of education. At the time of 2015, we had created a 4-year program for students to become a certificated social worker with experiential knowledge.

Seven research stages were needed to establish the new curriculum: (1) Exploration (2008), (2) Inventory (2008–2009), (3) Setting of priorities (2009), (4) Pilots (2010), (5) Gaining acceptance and creating support (2010/2011), (6) Implementation (2011–2014), (7) Evaluation and Consolidation (2015) (Weerman, 2016). The first three stages between 2008 and 2010 included preparations like gaining commitment from the management of the school, two conferences, (skills) training, professional advancement, and peer-to-peer coaching in a team of 12 lecturers under supervision of the first author (Weerman, 2016). Also a survey among 232 social work students was conducted, 121 filled in a questionnaire of 45 questions on personal experiences and opinions of experiential knowledge. We found that 31% reported personal experiences of mental health problems and/or addiction (Weerman, Schuitema, Berends, Kan, & Doorenmolen, 2011). Via interviews we gained insight in fears and expected risks and opportunities to integrate experiential knowledge in the school (Weerman et al., 2011).

After this inventory in the fourth stage a pilot was completed in 2010 with eight formerly addicted students: for 10 months they attended meetings. In the classroom every 2 weeks the students shared experiences and they reflected on the usability of their experiences with recovery in social work practice. We created a safe

communicative space in which dialogue could flourish. The findings of the above-mentioned survey and interviews were discussed and issues of significance were identified. Students wrote and rewrote a personal recovery story and shared this with their classmates. They reconstructed their narratives in elements of experiential knowledge and discussed in what way might these elements could support others in their recovery. Students made a list of contributions of experiential knowledge and addressed points of concern in presenting themselves as a social worker with experiential knowledge.

Halfway through the pilot program the first author introduced the existential perspective on recovery in terms of the existential concerns of Yalom (1980) and Wiklund (2008a, 2008b) namely: Death, Loneliness, Freedom, Responsibility, Meaninglessness, Chaos, and Shame. Students discussed the applicability of existential themes and every student made an existential analysis of his/her individual process of recovery. Every theme was illustrated by sentences derived from their personal narrative. In class students presented their existential analysis. At the end, they wrote a report in which they reanalyzed their recovery in existential terms with the help of the feedback they received by their classmates and first author. A year later, the reports of these eight students were analyzed again by two independent research students focusing on the contribution of the pilot in the use of experiential knowledge. In addition, the research students interviewed the eight students about their learning experiences in the pilot except one (who refused to further participate). Most of them meanwhile worked as a social worker. The research students checked the sustainability and validity of the process of developing experiential knowledge.

Parallel with the pilot two complementary studies were carried out: we interviewed another group of eight professional peer providers who worked in the field of addiction, on the role of the same existential themes as discussed in the pilot. We asked them in a structured interview about the motivational role of the themes in the process of recovery. Also, two research students did a qualitative analysis of 10 ego documents of (formerly) addicted persons on the presence and distinctness of the seven existential themes. An ego-document is a kind of self-narrative (in the widest sense) that reveals personal information about the person who constructed it.

The goal of these two complementary studies (interviews and analyses of ego-documents) was a check on the validity of the findings in the pilot and a deepening of the findings.

In this article, we focus on a specific part of the research, namely the learning process of the students inquiring into the features and learning to use their experiential knowledge. Data we use are mainly generated in the pilot with eight formerly addicted students that ran in 2010 and in the follow-ups of this pilot and additional research on shame and stigma later on. More concretely the data we use include:

(a) Written reports of eight formerly addicted students of the pilot.
(b) Existential analysis of the features of their experiential knowledge by the eight students of the pilot.
(c) Thematic analyses of reports of the eight students, a year after the pilot finished.
(d) Interviews of eight formerly addicted professional peer support workers on the motivational role of existential themes in the process of recovery.

(e) Analyses of 10 ego-documents of persons who are (or have been) addicted and recovered.

All findings are presented in detail in the dissertation of the first author (Weerman, 2016).

Some ethical considerations

Participatory action research should follow the traditional research ethics criteria such as confidentiality, anonymity, and informed consent, but also deals with issues such as mutuality, coownership, and sharing control (ICPHR). In our study, respondents voluntarily participated after verbal consent, and the assurance that their privacy would be protected. Students revealed personal experiences with addiction and mental health, which are accompanied by a strong stigma. They took a risk. To protect their privacy we arranged meetings in a separate building—not in those of the school of Social Work—and students could participate anonymously. Nothing is published without explicit permission of the respondents. During the first two stages of the research, ethical issues were discussed with the management of the school of Social Work and with the team of lecturers. They decided to acknowledge 'experiential knowledge' as a valuable and necessary source of knowledge. Students who had actual problems with mental health or addiction—or relapsed—got the usual counseling that Windesheim offers for students with problems. The recognition of experiential knowledge of the social work department of Windesheim can also been seen as a collective antistigma action: their experiences were recognized as a source of knowledge, and jointly they developed their personal story and mutual understanding of their social position at the power-knowledge nexus.

Findings

We structure our findings about the features of experiential knowledge and the learning process of the students in four parts. First, we present the existential features of experiential knowledge. Then we describe what we call 'the boomerang effect' of these existential themes in the process of recovery. After that we present how students developed a critical subjectivity in expressing their experiential knowledge and using this in a reflexive way in their learning process. Finally, we present our finding of the recurring of shame when entering practice and the consequences for the learning process.

Existential themes explicating experiential knowledge

The eight students of the pilot started to inquire the features of their experiential knowledge in terms of seven existential themes: Death, Freedom, Loneliness, Meaninglessness, Responsibility, Chaos, and Shame. They acknowledged them all as suitable to capsulize and deepen their narratives of addiction and recovery in meaningful elements. The themes: Death, Freedom, Loneliness, and Shame were most prominent in the reports of the students in the pilot. The interviewed peer providers

in the field considered the existential themes also relevant in understanding their experiences (all names are pseudonyms):

> *I never told my story in such a concrete, compact and meaningful way, it touches me. In an hour and a half we refocused on relevant themes of my path of recovery. The themes are universal I think, but they became more specific and alive in my personal story.*(Jos)

The analyses of the ego-documents validated our findings. The documents could be structured in a reliable and valid way by the existential themes: the two research students identified independently from each other in a distinctive way the themes, except the themes Shame and Guilt. These themes overlapped.

The students explored the duality of the existential themes, and they noticed them as dilemmas. An addiction can reflect fear of life, but also fear of death:

> *When I was using drugs I didn't realize the risk of dying, I felt alive intensively. My motivation to use drugs was to give my life a boost.* (Ilse)

Some of the students used alcohol and drugs to overcome the fear of life or to deny or challenging death:

> *For a long time I saw the possibility of death as a way out, a last straw to hold on when life was difficult. Death did not frighten me. I feared my life was senseless. Drugs gave me a sense of life. Now I am using this experience in my job as a social worker. The connection I am able to make with the clients is a kind of gratification. I still am not afraid of dying. If my time will come, I can accept it.* (Benno)

Freedom and restraint functioned likewise as a dual theme in the addiction and process of recovery:

> *Using drugs gave me the power to feel free, I wanted to be free ultimately, but in the end I lost myself. My friends moved on, I dropped out of school. I thought I was free, but actually I was locked up in my situation, with no income and without perspective.* (Jasper)

Substance abuse led to connectedness as well as loneliness:

> *Heroine was my blanket that solved loneliness.* (Peter)

> *I desperately was looking for connectedness, XTC was my friend and made me feel connected with my friends.* (Jasper)

> *Nobody knew what I did.* (Cindy)

Substance abuse gave fun and meaning, but meaninglessness came up also:

> *Speed opened up something for me I liked very much! Dealing drugs was exciting. Now it's difficult for me to endure boredom.* (Saskia)

Some of the respondents found meaning in using their experiential knowledge:

> *I now can help others. You have to find something that matter.* (Cindy)

Chaos was a theme full of humor: respondents liked in some aspects their chaotic style of living, but on the other hand they got stuck on it:

There were a lot of unexpected things that happened, crazy things, once I found myself completely drunk in an airplane and a felt lots of love for a strange woman sitting beside me. (Johan)

Responsibility was not a relevant theme in the phase of active addiction:

You only think of alcohol, nothing else matters. (Peter)

This theme came up in the process of recovery:

I feel regret and guilt about the lost years of my life. (Cindy)

In the pilot, Shame and Guilt were more distinguishable than in the analysis of the ego-documents. In the pilot, Shame was connected with one's identity, of losing oneself and of feelings of being a loser in the eyes of other people. Guilt had more to do with hurting others and with regret over a spoiled life. Students discovered three shameful aspects of their addiction. First they were ashamed of the loss of self-control and autonomy, secondly they felt shame because of losing themselves, and thirdly they were ashamed about the physical decay during their addiction:

I felt dirty. I thought my body smelled bad. (Cindy).

There was also shame over sharing their experiences about this shameful period in classroom, they again became vulnerable and ashamed:

I was about to fall down, I wanted to disappear. (Cindy)

This 'shame about shame' turned out to interfere with introspection and true contact. Learning was hindered. At the same time, this very shame exemplified the importance of experiential knowledge:

It's a part of my life that I can't ignore. I couldn't take myself serious anymore as a social worker. (Cindy)

Shame was connected with the lack of power in regard to external expectations and demands.

I couldn't go on with that life. I didn't dare to present myself, I thought everyone could see I was a junkie. (Cindy).

The ability to endure and manage shame created room for learning. Students had to become conscious of their shame to be able to reflect on the value and usability of their experiences and to redefine it as 'existential knowledge'. Through reflective sharing of experiences in classroom, students became more conscious and precise about their feelings of shame during addiction and their process of recovery.

Existential boomerang effects in the process of recovery

The existential dilemmas functioned as a boomerang in the process of recovery from addiction. Some started to use alcohol or drugs to feel free, but in the end they found themselves in restraint (Figure 1). When seeking freedom from restraint, the restraint stroke back as a boomerang. To recover from addiction they were challenged to do the opposite they wished: they had to accept their mortality, they had to find a meaningful

Life	Death
Freedom	Restraint
Responsibility	Guilt
Connection	Loneliness
Meaning	Meaninglessness
Order	Chaos
Pride	Shame

The existential boomerang

Figure 1. Experiential knowledge: finding balance after being hit by an existential boomerang.

life with restrictions and they had to endure loneliness to be able to connect with the social world in a new and more fulfilling way:

I can bear loneliness now because I have meaningful work, and I want to live. (Jasper)

Students had to find their way balancing the tensions, disintegration, and ambiguity that is a part of everybody's existence and that is a particular and intense feature of addiction. One student reflected:

Our experiences are different, but we can understand each other very well when we are talking about these existential themes. (Saskia)

The embodied knowledge of dealing with existential dilemmas required more creative nonverbal representations of knowledge (Finley, 2011). To represent the findings of the research creative representations of knowledge were necessary which showed the openness, ambivalence, and ambiguity of this existential wisdom. An artist was asked to depict the seven existential dilemmas in meaningful images on the basis of the existential analyses of the students. Below we present two examples of these art-based representations: the dilemma of Chaos and Order and that of Life and Death. The pictures reveal there is no escape from the existential dilemmas (Figure 2), one has to take (Figure 3) the challenge to balance between the two destructive extremes of it.

When I stopped using drugs, I had to find a new structure, but, strange enough, my head became all the more chaotic and I became a control freak. (Johan)

I was challenging death and I denied it, but when my bowels refused, I realized I really ran the risk of dying. (Benno)

Critical subjectivity

During the learning process in classroom where students felt safe and connected, self-disclosure became easier and sharing experiences led to collective existential knowledge. This was an exciting process. Students developed a sense of pride in their personal and collective existential wisdom:

Figure 2. Struggling with the existential extremes of Order and Chaos.

Figure 3. Lack of integration in the existential dilemma Life and Death.

> *Ah, what an insight! In all diversity we genuinely are aware of these themes.* (Saskia)

The students of the pilot decided to present themselves as social workers with personal (experiential) knowledge of recovery on a conference with professional social workers and lecturers Social Work. Supported by their classmates they became more self-conscious and confident. Preparing the conference, feelings of shame came up again,

so they choose to present themselves from behind a screen. Working on their presentation they decided literally to step out of their shadow silhouette and present themselves in the spotlight in front of the audience.

The boomerang model strengthened awareness of the core issues of the recovery process. It raised the consciousness and critical subjectivity of the students. In their reports during the pilot they wrote that they can function as a beacon of hope or role model, that they are able to notice subtle signals and changes, that they are experts in dealing with dodging, shame and stigma, and that they have a position to warn service-users, because communication can take place in a peer-like attitude. Expected pitfalls of using experiential knowledge were noticed too: Service-users could be discouraged and experience feelings of weakness if recovered addicts presented themselves as heroes while the users had still difficulties in quitting or to control their addiction. Students also noticed that too much personal involvement can lead to disruption and role confusion with the risk of relapse.

Furthermore, students made a distinction between the process of recovery and the process of using the experience of recovery as experiential knowledge as a professional social worker. Interviewed a year after the pilot all of the former students, except one, were grateful about the process they had been gone through; they mentioned especially the benefit of looking from an existential point of view at recovery of addiction.

> *Sometimes I use the existential model in contact with clients too, it gives insight and it normalises fears.* (Benno)

The majority of them used their experiential knowledge, some of them implicit; some of them mentioned it explicitly in their work, although some of them reported again the stigma they were painfully confronted with in their job. Two of them had to hide their experiences of addiction again:

> *I can't use my experiential knowledge, my colleagues wouldn't understand, they don't understand addiction, they prejudge some clients too. I get angry about that and I use my experiential knowledge only with clients. Secretly.* (Cindy)

Experiences of shame recurring when using experiential knowledge in practice

When these students entered the social work practice, they had to deal with shame another time when confronted with the public stigma that is attached to addiction. The process of learning to use experiential knowledge publicly, asked from them repeatedly and in different settings a balancing between shame and pride. The personal identity with all its shameful elements (as described above) had to be taken up again in their professional identity. Balancing pride and shame, personal vulnerability and professional expertise, professional disclosure, and personal distance, was an ongoing process, we choose to present in an artful way too (Figure 4).

Experiential knowledge of addiction had a lower status than the professional knowledge of the social worker. The students with experiential knowledge had to deal with a hybrid identity, with a different status. Recently, some of the former students—Cindy—in our action research reported that the appreciation of their experiential knowledge is growing. She sent us a mail in which she wrote that the first 2 years of working as a
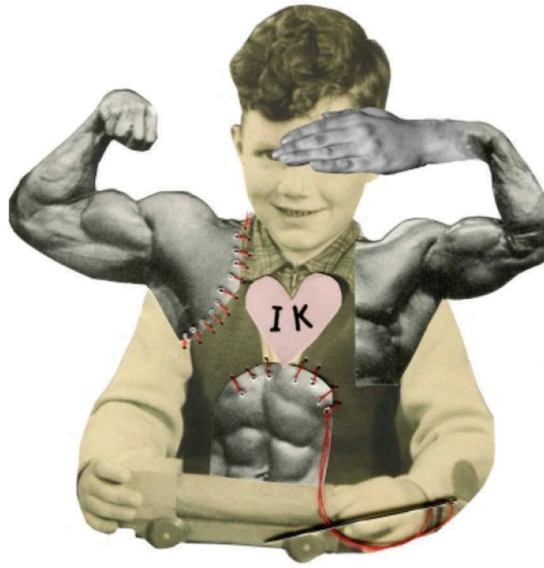
Figure 4. Finding balance in switching between Shame and Pride.

social worker, she only used her experiential knowledge in a hidden way. Then, the organization she was working, downsized. A lot of social workers were discharged. At the same time experiential experts came in. The former student did a coming out and showed her certificate as a social worker with experiential knowledge, and thus saved her job.

In the whole process of implementing experiential knowledge the school of social work had to redefine the curriculum and accept a more personal and sometimes disruptive disclosure of painful experiences in classroom. Self-disclosure in classroom differs from self-disclosure in practice when functioning as a professional social worker. Social work students had to find out to what extent they should use their newly found freedom when working with colleagues and service-users. They had to find a balance in shameful hiding their experiences and proudly presenting themselves as heroes of recovery.

Discussion

'What is it like' to recover from addiction or a mental health issue was articulated as personal knowledge of dealing with more general existential boomerang effects. Students with this kind of personal knowledge specialized as social workers with an extra and valuable source of knowledge.

Our findings demonstrate that sharing experiences in an applied university social work department is one thing, doing this in social work practice outside an educational context is quite another. Outside the university, the social worker with experiential knowledge is confronted again with public stigma, but also with stigmatizing attitudes

and a lack of support by colleagues, as Fox (2016) also concluded. The hierarchic demarcation between professional and experiential expertise is a tough one and valuing experiential knowledge as a complementary source of knowledge means a radical reappraisal of situations in which these social workers may lose control and find themselves lost in a stigmatized position. Professionals are not likely to share personal experiences of public failure. It takes a lot of courage to do so. Experiential knowledge implies a paradoxical kind of knowledge since shameful experiences with incompetence are being used to become more competent as a social worker. Asserting yourself as an ex-addict or a service-user of addiction care or mental health is taking the risk of being stigmatized and losing authority. Yet, using experiential knowledge in professional role functioning can also mean a strong emancipation of formerly marginalized experiences and of people who are struggling with it.

Not only the social workers with experiential knowledge can be put to shame again, they unintentionally can do the same with their service-users. Experiential experts have learned a lesson in life by confronting existential border situations. An overly heroic approach of recovery may shame users all the more, when confronted with their powerlessness in comparison with these successfully recovered experiential professionals. The competence of the experiential expert lies in fact in the ability to discuss incompetence without shaming the other. This includes sharing experiences with powerlessness and vulnerability as a professional while at the same supporting service-users in dealing with their vulnerability and powerlessness. This demands a reconsideration of professional role functioning that gives room to professional self-disclosure. The transformation of shameful and stigmatized parts of the personal identity into valuable existential knowledge and giving social workers the opportunity to specialize as social workers with experiential knowledge, can be seen as a radical change of the professional standards of role functioning. Functioning as a beacon of hope and as a role-model, however, also puts pressure on the job as a social worker with experiential knowledge. Professional self-disclosure needs a critical and reflexive social work practice in which the social worker avoids further stigmatization of mental health problems and substance abuse.

Experiential knowledge means more than a coming-out with a disorder or a disruptive experience and successful recovery. It needs a course of instruction within a culture that holds experiential knowledge as a valid source of knowledge, and implies a rebalancing of power relations (Banks, 2012). It means the possibility of challenging existing knowledge and standardized methodologies in order to accept the *lived experience* from the students' life-world. People with an addiction or psychiatric disorder, or who live in poverty or disruption, are not only talked *about*, but also talked *with*, based on their experiences. This implies another way of teaching in the classroom; students become partners. Policies will be needed that recognize experiential knowledge as a third source of knowledge in educational program for social work and health care. This cannot be done without a certain disruption and a change of culture. Within health care and social work education the dominance of a positivistic, empirical-analytical view of knowledge and the bureaucracy inherent in our higher education institutions does not lend itself easily to give room to lived experiences, but our study hopefully inspires others to start with this transformational process.

Conclusion

We conclude that experiential knowledge of professional social workers can be integrated in social work curricula and offer a valuable contribution to the mission of social work. Experiential knowledge can be explicated and structured in dual existential themes that give valuable insights in the process of recovery of addiction and mental health problems. From an existential point of view recovery can be seen as a transformation of the self. Disclosure of experiences with addiction and mental health as a source of existential knowledge by students social work attributes to the emancipation of people struggling with mental health problems and addiction. Openness and reframing the suffering as existential knowledge acknowledges the struggle and gives meaning to it.

In developing critical subjectivity when sharing and reflecting personal experiences of mental health and addiction, students social work have to deal with feelings of shame. They become more sensitive of exclusion and stigmatization. Sharing stigmatized 'lived experiences' with likeminded within the classroom can function as a form of social support. Social support reduces internalized stigma and shame (Birtel et al., 2017). Later on the experience of sharing experiences of stigma in a mixed and more diverse group of students may have a further destigmatizing effect. The damage of stigmatization can be made visible to prospective social workers. We have demonstrated that the curriculum as a whole profited from this process: room for experiential knowledge strengthened a form of development that fits in with the values of Social Work.

There are also limitations to the research: Windesheim University is a Christian University in the North-East of the Netherlands, with a friendly atmosphere and with lots of students from the countryside. This implies a 'design limitation' and also a 'data limitation': Supposedly the developed practice would be different in another University or region or country. 'You could have done otherwise' is also a feature of participatory action research (Boog, 2008, p. 246). Our action research can be seen as an example of the integration of experiential knowledge into a Social Work curriculum. At the moment five schools of Social Work in the Netherlands are implementing experiential knowledge as well. We have consultation meetings on a national level. The Windesheim-practice functions as an inspiring example, but every school is making adjustments in their own way using the lessons learned.

While the revaluation of experiential knowledge as a 'lost dimension' can contribute to the mission of social work, William White (2000, p. 20) warns us in this process not to lose sight of the suffering of people struggling with addiction:

> *One must be careful not to romanticize the pain of addiction. Such pain is more naturally debasing than ennobling. There is nothing in the addict's injured and fouled body, oft-profane tongue, or emotional/physical cruelties that stands as a qualification to help others. [...] The personal experience of addiction takes on value only in the context of recovery (...) the best addiction counsellors are often described by a constellation of traits—compassion, empathy, respect, genuineness, emotional courage—that cannot be easily reduced to categories of life experience or formal education.*

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Alie Weerman (1960) is a Dutch psychologist and professor of Mental Health & Society. She worked in a mental health organisation. Since 1990 she works at the Department of Social Work of the Windesheim University of Applied Sciences. She did her PhD on experiential knowledge of addiction of recovered social workers.

Tineke Abma (1964) is Professor Participation & Diversity at the VU University Medical Centre. Formerly she was appointed at the Maastricht University and Erasmus University. She studied for some time in the US and has a degree in Nursing and Health Care Administration. Abma has published on client participation, including patient research partners and transdisciplinary research teams, qualitative research, responsive approaches to evaluation, organizational learning and learning communities, dialogical ethics, moral deliberation and ethics of chronic care.

References

Abma, T. A., Banks, S., Cook, T., Dias, S., Madsen, W., Springett, J., & Wright, M. (2018). *Participatory research for health and social well-being*. Forthcoming. The Netherlands: Springer.

Anghel, R., & Ramon, S. (2009). Service users and carers' involvement in social work education: Lessonsfrom an English case study. *European Journal of Social Work*, *12*, 185–199.

Armstrong, M. L., Korba, A. M., & Emard, R. (1995). Of mutual benefit: The reciprocal relationship between consumer volunteers and the clients they serve. *Psychiatric Rehabilitation Journal*, *19*(2), 45–49.

Banks, S. (2012). *Ethics and values in social work*. Hampshire: Palgrave Macmillan.

Barrett, W. (1958/1965). *Existentialisme*. Utrecht/Antwerpen: Het Spectrum.

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services*, *65*, 1269–1272.

Birtel, M. D., Wood, L., & Kempa, N. J. (2017). Stigma and social support in substance abuse: Implications for mental health and well-being. *Psychiatry Research*, *252*, 1–8.

Boog, B. (2008). Exemplarisch handelingsonderzoek. Een methodologie voor meester professionals. In G. Jacobs, R. Meij, H. Terwolde, & Y. &. Zomer (Eds.), *Goed werk. Verkenningen van normatieve professionalisering* (pp. 240–252). Amsterdam: SWP.

Correia, E. A., Cooper, M., & Berdondini, L. (2014). Existential psychotherapy: An international survey of the key authors and texts influencing practice. *Journal of Contemporary Psychotherapy* 5–18.

Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *British Journal Psychiatry*, *177*, 4–7.

Curtis, S. L., & Eby, L. T. (2010). Recovery at work: The relationship between social identity and commitment among substance abuse counselors. *Journal of Substance Abuse Treatment*, *39*, 248–254.

Doukas, N., & Cullen, D. (2010). Recovered addicts working in the addiction field: Pitfallsto substance abuse relapse. *Drugs: Education, Prevention and Policy*, *17*, 216–231.

Faulkner, A. (2017). Survivor research and Mad Studies: The role and value of experiential knowledge in mental health research. *Disability & Society*, *32*, 500–520.

Finley, S. (2011). Critical arts-based inquiry. The pedagogy and performance of a radical ethical aesthetic. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (pp. 435–450). Los Angelos: Sage.

Fox, J. (2016). Being a service user and a social work academic: Balancing expert identities. *Social Work Education*, *8*, 960–969.

Heidegger, M. (1927/2013). *Zijn en Tijd*. Nijmegen: Uitgeverij SUN.

Hussein, J. W. (2008). An existential approach to engaging adult learners in the process of legitimizing and constructing meanings from their narrative knowledge. *Action Research*, 6, 391–420.

Johns, T. (2008). Learning to love our black selves: Healing from internalized oppressions. In P. Reason & H. Bradbury (Eds.), *The SAGE handbook of action research* (pp. 473–487). London, England: SAGE Publications.

Kemp, R. (2009a). The lived-body of drug addiction. *Existential Analysis*, 20, 120–132.

Kemp, R. (2011). The worlding of addiction. *The Humanistic Psychologist*, 39, 338–347.

Kierkegaard, S. (1844/1995).*Wijsgerige kruimels & Het begrip angst*. Ambo: Baarn.

Merlau-Ponty, M. (1945/2009). *Fenomenologie van de waarneming*. Amsterdam: Boom.

Moran, G. S., Russinova, Z., Gidugu, V., & Gagne, C. (2013). Challenges experienced by paid peer providers in mental health recovery: A qualitative study. *Community Mental Health Journal*, 49, 281–291.

Nagel, T. (1974). What is lt like to be a bat? *Philosophical Review*, 83, 435–450.

Ockwell, C. (2012). Challenges and triumphs: Developing an inpatient peer support project. *The Journal of Mental Health Training, Education, and Practice*, 7, 94–100.

Olmstead, T. A., Johnson, J. A., Roman, P. M., & Sindelar, J. R. (2007). Why are recovering substance abuse counselors paid less? *Substance Abuse*, 28, 31–44.

Reason, P., & Bradbury, H. (2008). *The SAGE handbook of action research. Participative inquiry and practice*. Los Angeles, London, New Delhi, Singapore: SAGE Publications.

Repper, J., & Carter, T. (2010). *Using personal experience to support others with similar difficulties: A review of the literature on mental health in peer support services*. Nottingham: University of Nottingham/Together.

Sartre, J. P. (1943/2010). *Het zijn en het niet*. Rotterdam: Lemniscaat.

Schön, D. (1983). *The reflective practitioner: How professionals think in action*. London: Temple Smith.

Schön, D. (1987). *Educating the reflective practitioner. Towards a new design for teaching and learning in the professions*. San Francisco: Jossey-Bass publishers.

Searle. (1994). *The rediscovery of the mind*. Cambridge: MIT Press.

Van Boekel, L. C., Brouwers, E. P., Van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug Alcohol Depend*, 131, 23–35.

Videmšek, P. (2017). Expert by experience research as grounding for social work education. *Social Work Education*, 2, 172–187.

Weerman, A. (2016). Ervaringsdeskundige zorg- en dienstverleners. Stigma, verslaving & existentiële transformatie. Dissertation. Delft: Eburon.

Weerman, A., Schuitema, A., Berends, Y., Kan, J., & Doorenmolen, A. (2011). GGZ ervarings-kennis in de reguliere SPH-opleiding. *Maandblad Geestelijke Volksgezondheid*, 66, 330–344.

White, W. L. (2000). The history of recovered people as wounded healers. *Alcoholism Treatment Quarterly*, 18, 1–25.

Wiklund, L. (2008a). Existential aspects of living with addiction – part I: Meeting challenges. *Journal of Clinical Nursing*, 17, 2426–2434.

Wiklund, L. (2008b). Existential aspects of living with addiction. Part II: Caring needs: A hermeneutic expansion of qualitative findings. *Journal of Clinical Nursing*, 17, 2435–2443.

Yalom, I. (2015). *Eendagsvlinders en andere verhalen uit de psychotherapie*. Amsterdam: Uitgeverij Balans.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic books: Inc., Publishers.

Yalom, I. D. (2008). *Tegen de zon in kijken. Doodsangst en hoe die te overwinnen*. Amsterdam: Uitgeverij Balans.