Unsettling Evidence and Lively Language: Reflexive Practitioner as Trickster

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Abstract

Much has been made of the uncertainties and contingencies of professional practice, and of the need for practitioners to make more explicit use of formal knowledge in order to reduce this uncertainty. However, this focus on carving certainty out of uncertainty glosses over the ways in which both knowledge and routine practices often propel practitioners towards early and ‘certain’ judgements when a position of ‘respectful uncertainty’ might be more appropriate. When powerful ideas, often supported by varieties of moral reasoning, are in the ascent, they can interrupt the capacity of practitioners to recognise that they are invoking an ‘idea’ - one amongst many others that may have become obscured by the current settlement. Professionals are involved in acts of meaning-making, which are often collaborative and are bound by available repertoires of interpretation. In order to get their job done, professionals must package their opinions for consumption by others. They must be able to justify, account for and ‘perform’ their judgements. That is to say, professional accounts are contingent upon available vocabularies. Using the anthropological notion of the ‘trickster’ as a metaphor, this paper will argue that the ability to ‘shake up’ language and received ideas may be crucially important to critical, reflexive practice and that professional education needs to nurture these abilities in students.

Trickster myths are a celebration and a reminder of the need to open up dialogue and reflexive spaces within one’s own culture, to be anthropological about one’s own pre-suppositions. The capacity of cultures to act as sustaining media for established forms of thought, means that for us all, qua members of cultures, many of our own taken-for-granted distinctions never receive scrutiny. Reflexive practitioners need to be able to tell stories about themselves and others (and stories about those stories) that defend the openness of human conversation and create possibilities that things could be otherwise – not because they necessarily ought to be, but so that they might be. This requires a defamiliarization of the everyday, expectable professional routines of thought and action. To do this, we must give practitioners techniques for examining what they cannot see. This shifts focus from knowledge-using (the conventional basis for educational programmes) to an acknowledgement of the knowledge-making processes inherent in practice. Used imaginatively, the evidence contained within everyday practice can properly be used to make the familiar strange and keep...
language lively. Hence, this evidence can foster a rigorous, humane engagement with the meaning-making activities in which professionals are engaged.
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‘Genuine ignorance is profitable because it is likely to be accompanied by humility, curiosity, and open mindedness; whereas ability to repeat catch-phrases, cant terms, familiar propositions, gives the conceit of learning and coats the mind with varnish, waterproof to new ideas’ (Dewey, 1910: 177).

It seems strange to begin a paper at a conference on lifelong learning with a quotation celebrating ignorance. However, the value of a ‘not-knowing’ position is widely acknowledged - if rarely achieved - in various domains of inquiry, for example ethnographic research and family therapy. Perhaps we need more ‘ignorance’, of this particular variety, in professional practice.

Certainty and Uncertainty in Professional Practice

Much has been made of the uncertainties and contingencies of professional practice, and of the need for practitioners to make more explicit use of evidence and formal knowledge in order to reduce this uncertainty. However, this focus on making certainty out of uncertainty glosses over the ways in which knowledge and practice cultures often propel practitioners towards what may be premature judgements when a position of ‘respectful uncertainty’ might be more appropriate. In the context of social work, this phrase was recently coined by Lord Laming in the inquiry into the death of Victoria Climbié in 2003. Victoria was a West African child sent to Europe in the care of her aunt. She died as a consequence of cruelty and neglect at the hands of her aunt and her aunt's boyfriend in particularly extreme circumstances. Laming noted particularly, the impact of precipitous categorization of the case as a ‘family support’ as opposed to child protection issue, which led to further errors of judgement caused by varieties of ‘confirmation bias’ in relation to this initial hypothesis.

Professional practice takes place in the context of powerful organizational and professional cultures. Yet, the concept of culture is seriously under-interrogated. Culture is often referred to in policy documents as a medium relatively easily changed. Yet, research into teams in social care (e.g., Pithouse 1989; Hall, 1997; White, 1998a), medicine (e.g., Bloor 1976) and nursing (e.g., Latimer 2000) shows how cultures are locally accomplished and reproduced and can sustain the tacit practices of occupations, organizations and teams and indeed may be used to resist the sort of approaches to policy and practice change usually associated with rational approaches to governance – including the modernisation and ‘what works?’ agendas. If we take the example of child-care social work in the UK, there are numerous examples of particular orthodoxies taking hold and having profound impacts on practice. Examples include the rights and wrongs of transracial adoption, or planning for permanency for children in care, or the use of ‘anatomically correct’ dolls to interview suspected victims of child sexual abuse. Professional cultures contain artefacts from many different domains, for example the moral orderings of society in general, aspects of formal knowledge that have become dominant, for example psychological theories of various types, the specific professional mandates prescribed by law. However apparently rigorous and objective is the knowledge base, what serves as a competent explanation at any given historical moment will be affected by the contemporary cultural milieu. Evidence will be filtered and selected as relevant or irrelevant, sound or unsound assessed against whatever, for the current purposes, serves as professional ‘common-sense’, and:
Common sense is a powerful rhetoric because it creates a sense of shared values between speaker and audience, which is difficult to resist without explicitly rejecting these values. It is also a device which constitutes expert knowledges as redundant, simply because what is said is self-evident and known by everybody.

(Green, 2000: 470)

Fashionable and powerful ideas, often supported by theory, selective invocation of research findings, or varieties of moral reasoning, can interrupt the capacity of practitioners to engage critically with their endeavour. When making their case for this, or that course of action practitioners may be unaware that they are invoking an ‘idea’, and that this idea exists amongst many alternatives which may have become obscured by the current settlement. Let me give a brief example, and there are many. The following account was written by a social worker in a reflective commentary as part of a post-qualifying programme:

In this case the overall relationship between Ms S. and Mr H. was so dysfunctional that it seriously impacted on the attachments between Ms S. and the children.... Initially I observed Jake's attachment difficulties and suggested ways of Ms S. offering a more nurturing style of parenting in an attempt to deal with this. However, during the working of the case I feel I lost sight of my initial assessment and allowed myself at Ms S.'s insistence to focus on symptoms of Jake's attachment difficulties, risk taking, accident prone behaviour, clumsiness, defiance and aggression in order to try and support Ms S. in managing Jake. It was only when Jake began to have serious accidents and Ms S. was openly describing him as 'difficult' that I was able to refocus on the attachment issues.

This commentary reads at first glance as a reasonable attempt on the worker's part to reflect on her practice. However, there are some noteworthy features. First, despite the fact that this is written as reflective commentary we are not told the empirical basis for the professional judgement that Jake had 'attachment difficulties'. We are not told what was observed, where, when, how frequently, how severe, how representative this observation was, what the mother's version of events was, what competing explanations may have existed. Instead attachment theory, possibly one of the most interpretively flexible frameworks available (Burman, 1994; White, 1998b), is invoked to warrant (or indeed actually do) the assessment for the worker. The section following the 'diagnosis' is effectively a 'confession' that the worker allowed the mother's agenda to obscure the truth of the theoretical framework. The statement 'Ms S. was openly describing him as a difficult child' is overtly moral in flavour. The adverb 'openly' carries pejorative overtones and is typically used to describe transgressive or deviant behaviour as in 'she was openly defiant' or 'he was openly flirting'. It is invoked here as a diagnostic indicator for the underlying truth of the existence of an attachment disorder, which in turn is treated as a concrete entity, not as a theoretical construct.

Now, we are not in any position to judge the plausibility of this assessment. However, it is noteworthy that, even as a part of a critical commentary, theoretical knowledge is invoked to ascribe certainty to an ambiguous situation in which the mother was alleging that some intrinsic temperamental difficulty was causing her son to behave as he did. Of course, there is nothing to prevent both these formulations being accurate, but, without argument or warrant, one is treated as having a priori correctness and is
allowed to erase the other. That is to say, formal knowledge is invoked primarily to shore-up and hence reify a worker's reading of the case and is under-utilized as a resource through which to destabilize the assumptive base of their formulations. This kind of reductive reasoning is not unique to social work, but the location of social work in the domain of relationships means that it must rely substantially on relatively exoteric skills and competences - what might be termed 'common-sense'. The leakage of psychological theory into 'common-sense' creates a potent cocktail for the production of certainty from uncertainty and ambiguity. In this example, the social worker (tacitly) knowing the cultural capital of attachment theory in a social work context, uses it to shore-up her formulations of the case and indeed uses it as an integral part of her reflective confessional account. That is, the theory has become treated as trivially true. Too often, this happens with other forms of knowledge, such as research findings.

That is to say, professional accounts are contingent upon available vocabularies. Professionals may be free and purposeful agents, but not in conditions of their own making. Sometimes vocabularies need stirring up a little. Borrowing a metaphor from anthropology, I want to argue that, in these circumstances, when vocabularies have settled and become stale, we may want to nourish the ability of social workers to become ‘tricksters’ in their own cultural domains.

**Trickster?**
The ‘trickster’, is the ubiquitous, mischievous, character in ancient indigenous folk-tales and myths from many cultures, is a marginal figure. Trickster is travelling, passing through, amongst and between, ‘[keeping] the world lively and [giving] it the flexibility to endure’ (Hyde, 1998: 9). Trickster is a boundary crosser, but also a boundary creator, exposing new distinctions, making the usual strange. Trickster is Hermes in Greece, Coyote in North America, Krishna in India, the Monkey King in China, the Raven in Nordic myths. Often breaching morals and mores, trickster invites the possibility of new values. Because of the association with breaches, the term ‘trickster’ carries pejorative connotations, as in ‘confidence trickster’. Indeed in the myths, trickster is often deliberately deceptive, and in invoking the metaphor of ‘reflexive practitioner as trickster’ here, I am not suggesting that professionals learn to lie and dupe, rather I am trying to bring to light another aspect of the trickster – trickster’s ability to ‘shift’, to turn many ways. Lewis Hyde, describes the trickster thus:

\[\text{T}rickster is a boundary-crosser. Every group has its edge, its sense of in and out, and trickster is always there, at the gates of the city and the gates of life, making sure there is commerce. He also attends the internal boundaries by which groups articulate their social life. We constantly distinguish – right and wrong, sacred and profane, clean and dirty, male and female, young and old, living and dead – and in every case trickster will cross the line and confuse the distinction. Trickster is the creative idiot, therefore the wise fool, the gray-haired baby, the cross-dresser, the speaker of sacred profanities….the origins, liveliness and durability of cultures requires that there be space for figures whose function is to uncover and disrupt the very things that cultures are based on (Lewis Hyde, 1998 *Trickster Makes this World*, 7-9).\]

So, tricksters,
create lively talk where there has been silence, or where speech has been prohibited. Trickster speaks freshly where language has been blocked, gone dead, or lost its charm...for usually language goes dead because cultural practice has hedged it in, and some shameless double-dealer is needed to get outside the rules and set tongues wagging again (Hyde, 1998: 76).

To get the full sense of the complexity of this cultural agitator you will have to consult Hyde’s excellent book (see also, Radin, 1956), but for our purposes here, let me give an illustration of how trickster tales can work to destabilise boundaries. In an Indian folk-tale, Yasoda leaves her young foster son, Krishna alone in the house. She has told him not to steal the butter whilst she is away. No sooner has she left the house than Krishna heads for the larder, unseals the jars and greedily slurps their pale yellow contents. On her return, Yasoda admonishes Krishna. To begin with, he gives a series of cunning retorts, such as ‘there were ants in the butter jars, I was trying to save the butter’, or he tries blaming his mother ‘these bracelets you put on my wrists were chaffing, I had to sooth the sores’. All to no avail, but his response ‘I didn’t steal the butter. How could I steal it? Doesn’t everything in the house belong to us?’ causes Yasoda to laugh, charmed by the child’s ability to trouble her notions of property and theft. In so doing, Krishna reveals the artifice, the cultural specificity and the constructed nature of the distinctions and suggests alternatives.

The important message about the trickster myths then is that they are a celebration and a reminder of the need to open up dialogue and reflexive spaces within one’s own culture, to be anthropological about one’s own pre-suppositions. It is easy to spot the flaws in the practices of others, but the capacity of cultures to act as sustaining media for established forms of thought, means that for us all, qua members of cultures, many of our own taken-for-granted distinctions never receive scrutiny.

We can see traces of the trickster in work of a number of social scientists and philosophers. For example, the ethnomethodologist, Harold Garfinkel is a trickster in his famous breaching experiments (inter alia Garfinkel, 1967). Ethnomethodology is the study of ‘folk’ (ethno) ‘methods’ (ways of doing things) - in other words, of those complex forms of shared knowledge, upon which we all draw in ‘doing being ordinary’ (Sacks, 1984). Garfinkel pioneered the use of what he called ‘breaching experiments’ with his students. These were designed to break the taken-for-granted rules of everyday social order, as a way of making these explicit. One example might be shopping from someone else’s trolley in the supermarket. The taken-for-granted routine is that once you have placed an item in your trolley, it belongs to you. The students who performed this 'breach' matter-of-factly took items from the trolleys of other shoppers. When questioned, they responded that the item in the trolley had been more convenient to reach than the one on the shelf. When assumptions are breached, people look for a 'reasonable' explanation - something that reaffirms the underlying assumptions, such as 'Oh, I'm sorry, I thought that was my trolley'. However, to act as if there is nothing wrong with taking items from someone else’s trolley breaches the hidden rules and for a moment makes explicit the processes that are at work in rendering situations 'normal'. For Garfinkel, breaches were aids for a sluggish imagination (1967).

In this sense, the trickster’s role is closely related to Rorty’s ‘ironist’, who has a deep suspicion of ‘final vocabularies’. Rorty argues that human beings carry about a
culturally sustained vocabulary, which they employ to justify their actions and beliefs, and indeed their lives. Rorty calls these words a person’s ‘final vocabulary’, as beyond them language breaks down – there are no more possibilities. Or, as Wittgenstein (1961:115) puts it, ‘the limits of my language mean the limits of my world’. Professionals, like other human agents have their final vocabularies. It is worth quoting Rorty at some length here as he explains well the liberating effects of the ironist.

I shall define an ironist as someone who fulfils three conditions: (1) She has radical and continuing doubts about the final vocabulary she currently uses, because she has been impressed by other vocabularies taken as final by people or books she has encountered; (2) she realizes that argument phrased in her present vocabulary can neither underwrite nor dissolve these doubts; (3) insofar as she philosophizes about her situation, she does not think her vocabulary is closer to reality than the others, that it is in touch with a power not herself…I call these people ‘ironists’ because their renunciation of the attempt to formulate criteria of choice between final vocabularies, puts them in a position which Sartre called 'meta-stable'; never quite able to take themselves seriously because always aware that the terms in which they describe themselves are subject to change, always aware of the contingency and fragility of their final vocabularies, and thus of themselves (Rorty, 1989: 73-74).

Trickster myths are closely associated with polytheism, polyculturalism, openness to ‘the other’ and multiple possibilities. Trickster works away at the joints, the articulations between beliefs that are neither wholly separate nor fully unified. In this sense, there are analogies to be drawn with multi-agency and inter-professional work, in that what we want from such working practices is neither the assimilation of one professional group into another, nor endless identity politics with each defending a set of received ideas against exposure to the other. Reflexive practitioners need to be able to tell stories about themselves and others (and stories about those stories) that defend the openness of human conversation and create possibilities that things could be otherwise – not because they necessarily ought to be, but so that they might be. This requires a defamiliarization of the everyday, expectable professional routines of thought and action. Too often, this does not occur. Exposure to difference in multi-professional contexts can lead to humorous ironization of the practices of the other, in the form of various ‘atrocity stories’ (see inter alia Dingwall, 1977; Taylor and White, 2000; White and Stancombe, 2003; White and Featherstone, 2005), or claims to moral superiority of one’s own ideas, at the expense of a reflexive engagement with the views of others or crucially, with the presuppositions or prejudices supplied by one’s own culture.

As social actors we are extraordinarily good at spotting the idiosyncratic routines and typifications of unfamiliar cultures, it is much harder to spot our own, as they are already camouflaged against the familiar thickets of our professional imagination and final vocabulary. At this point, I should like to present some data, which exemplify the capacity of social actors to be sensitive to, and adopt alternative vocabularies within, different cultural contexts. This skill potentially provides opportunities, in the comparative way Rorty has described, for people to become more humble and playful with their own final vocabularies, not so they can abandon them necessarily, but so
they can debate them and create lively talk. However, as we shall see, boundary crossing may be a necessary condition for creating lively talk, but it is not sufficient.

**A Morning in the Liminal World of the Boundary Crosser**

During the fieldwork for my last ethnographic study (see White, 2002; White and Stancombe, 2003), I spent some time with a nurse whose explicit function was to bridge the boundary between paediatric and the child and adolescent mental health service (CAHMS). I was wearing a lapel microphone (with informed consent) as the nurse went about his daily round, visiting first the paediatric ward on which various children and young people with mental health problems were placed in designated child psychiatry beds. The recent closure of a separate child psychiatry inpatient unit was, at the time, controversial. After our tour of the paediatric ward, we visited the CAMHS day unit. Like the trickster, the liaison nurse must be an identity shifter, performing his different identities as we walked betwixt and between these cultural domains.

**Extract 1**

*Conversation with paediatric nurses on the paediatric ward: the ally*

L.N.: Sally’s doing her mental health training. She’s one of my stars
Paed: I’m just doing Kieran’s lithium levels?
L.N. Are you doing the lithium levels?
Paed: Yes
L.N.: That’s very good of you. [To SW] Kieran was a client who was on the ward with manic depression and he’s now down at [child psychiatry day unit], so even though he’s not an inpatient you’ve still got links with him by taking his blood then. How did you find him? He was quite down last week wasn’t he?
Paed: He’s quite up
L.N.: Is he?
Paed: Yeah, yeah
L.N.: Yeah, a bit bubbly?
Paed: Yeah he is a bit
L.N.: You like him though on here don’t you. You’ve got a bit of a soft spot for him?
Laughter…
L.N.: Do you think things have changed? I was just telling Sue about the role and strides that people have made. Do you think things are [better]
Paed: [Def]initely. I think were all a bit scared when we first starting dealing with mental health patients cos we had no experience of it at all really, did we?
L.N.: No and you’re going to be trained up and you’re gonna have my job
Paed: Yeah, I’ll know everything won’t I – laughs
L.N.: I can hand the mantle over cos there’s Jan and Mary doing a mental health course and I’m gonna hand the mantle over to you two at one point aren’t I and move onto bigger ‘n greater things

In this exchange, the Liaison Nurse, whom I shall call Andrew, is displaying a reverence towards a paediatric nurse who has shown a particular interest in mental health. The invocation of the patient ‘Kieran’ is respectful and the opinion of paediatric nurse is sought, reinforcing the idea that she is the holder of particular expertise, such that she is ‘gonna have [his] job’. The selection of the informal phrase ‘a bit bubbly’ as opposed to ‘quite up’, or ‘high’ potentially signals a greater familiarity with the condition ‘manic depression’, but one that includes his new ally
and accepts her clinical view of Kieran’s condition that morning. The paediatric nurse is recruited as an ally in the aspiration for cultural change on the ward. Do you think things have changed? I was just telling Sue about the role and strides that people have made. Do you think things are better?

As we move away from the nurses’ station and progress down the ward out of earshot, the following exchange takes place between Andrew and myself.

**Extract 2**

*On the way to the day unit: the ironist*

L.N.: My profile here [ward for younger children] is not as high as it should be to tell you the truth and I don’t know why that is. It just tends to be a crisis thing, so I’m very aware I’m not over here as much as I should be.

SW: they refer to you though don’t they the paediatricians

L.N.: yeah, they do refer to me – far too much! LAUGHS….I was down here the other day and I’ve been here nearly nine months and the staff nurse said ‘who are you anyway’ (laughs), so I was very aware that my profile was a problem…laughs

L.N.: I very struck as a CPN by the formality of it – the way everyone has uniforms and badges and everyone’s referred to at times as staff nurse this or that and that’s something I find very strange. Especially when doctors come on the ward and everybody’s sort of ‘oh here are the doctors’. I mean one of the problems is that I can be in the middle of a conversation with a nurse and they’ll just leave me. But they don’t only do that with me, they’ll do it with Harry Singer (Child Psychiatrist) or Dick Tarrant (Child Psychiatrist) as well and they’re consultants, but they’ll just say ‘oh excuse me the proper doctor’s here’… I was quite taken aback. I’m still puzzled at the way they jump up when someone comes in, cos obviously psychiatry’s a lot more informal. You get ‘Oh he’s a busy man. He saves lives’.

L.N.: We had a lot of arguments about an anorexic girl we had – toe to toe and nose to nose arguments about how she should be moved at 17

SW: What about how she should be moved?

L.N.: Well with paediatric nurses there’s this thing about wanting to be liked and ingratiating themselves to clients – where they thought they were helping she was doing her own blood pressure, weighing herself, she was doing her own meals and stuff, but you can’t – she was saying ‘I’ve put three pounds on’ She was doing that, you know and to get them to confront her and say ‘no you’re lying’ was incredibly difficult. I used to take them along to the meetings with me as much as possible and talk to them afterwards and they’d say ‘you were really nasty to her and really nasty to the parents’ and I didn’t think I was, you know…But it’s element of confrontation you know, but they don’t get a lot a need for that you know cos everybody’s in for physical illnesses, everybody wants to there and wants to get out and ours don’t want to be in and don’t want to be out and manipulate the situation. That’s the other thing the paediatric nurse are doing this mental health training I was told I couldn’t be their mentor because I’m RMN and think differently. So I met this tutor at a thing in Newcastle and had a bit of a go at her and she started to back-pedal

The shift in vocabulary and repertoire here is striking. The nurse variously ironises the formal hierarchy and alleged professional dominance of the doctors. Paediatric
nursing staff are described as ‘wanting to be liked’ and ‘ingratiating’ themselves with clients. There is a noteworthy increase in the ironic use of reported speech to amplify cultural and professional differences, for example, ‘oh excuse me the proper doctor’s here’ ‘Oh he’s a busy man. He saves lives’, ‘you were really nasty to her and really nasty to the parents’. Here, the tough professional savvy of the specialist psychiatric nurse is displayed. I have noted elsewhere how this kind of humorous banter is also vehicle for identity work in child care social work (e.g. White, 1998).

Where collegial consensus was performed in the exchange with the nurse, cultural and conceptual differences are amplified here – ‘We had a lot of arguments about an anorexic girl we had – toe to toe and nose to nose arguments’. The ‘untrustworthy anorexic’ and the naivety of the paediatric staff are contrasted with Andrew’s seasoned, sceptical, straight-talking, challenging know-how. The categories ‘physical illnesses’ and ‘ours’ (meaning patients with mental health problems) are contrasted and the boundaries between them reinforced.

We continue on our walk to the CAMHS day unit.

**Extract 3**

*Child psychiatry day unit: the insider*

L.N.: [referring to child psychiatrist who is on the telephone] This is interesting, you’d never get a doctor actually doing his own phone calls upstairs (laughs)

CP: He’s a bit agitated isn’t he Kieran. I’ve just spoken to him

Nurse: He’s flatly high, if you can be flatly high (laughs) – he’s a bit flat but he is quite high (more laughs)

L.N. I know he’s had his blood done upstairs. Jan took his blood upstairs

Nurse: He’s annoyed with me

L.N.: What, why

Nurse: I wouldn’t let him go upstairs and he’s hanging round the office and I’m like there’s confidential stuff here

L.N.: He’s looking for that Bob Marley tape (laughter). See that’s another difference with upstairs like they let them hang around the nurse station and stuff and with generic poorly kids that’s ok, but with our kids they’re like rooting through the notes. Upstairs they just get ingratiated really. The anorexics do it, don’t they, sit round.

Nurse: Like if we have got someone difficult, the ability to wander in this building is very great

L.N. and ability to find them is very low (laughter). Do they know upstairs he’s not to go up

Nurse: Yeah he’s not doing it as much. It’s circular down here as well. Like he goes off and he’s gone, but you can head him off (laughter)

L.N.: It’s designed for anorexics here, cos they just do laps of the bloody place (laughter)

Here, the tenor of the talk and the jokey repertoire continues and is reinforced by the co-narration by the other nurse of humorous anecdotes about the exploits of ‘the anorexics’, which are contrasted again with the less problematic behaviours of ‘generic poorly kids’. There are further references to ‘ingratiation’ of young people by the nurses on the paediatric ward. Clinical information is delivered in an informal, but subtly nuanced style ‘flatly high, if you can be flatly high’ which invokes a shared
specialist familiarity with the volatile mood shifts of the manic-depressive. Shared jokes based on past knowledge are used ‘He’s looking for that Bob Marley tape (laughter)’. The skilful management of ‘difficult’ behaviour is a strong identity claim, supported by gallows humour. The shared understanding that young people with anorexia often want to exercise is displayed, again using humour about the circular geographical structure of the building:

Nurse: Yeah he’s not doing it as much. It’s circular down here as well. Like he goes off and he’s gone, but you can head him off (laughter)
L.N.: It’s designed for anorexics here, cos they just do laps of the bloody place (laughter)

This is artful boundary crossing with a highly performative aspect, but, whilst he displays trickster’s ability to tease, Andrew is not a trickster since the familiar world of the psychiatric day unit with its less rigid formalities and banter is immune from ironic redescription. Instead, for example, the categories ‘physical’ and ‘mental’ illness are reinforced. Contrastive rhetoric is used to ironize the paediatric modus operandi, which serves to reinforce the shared assumptive world of the child psychiatry unit. Andrew has evolved a modus vivendi that enables him to rub along and function across the paediatric boundary, without troubling that boundary in any sense.

We need to find ways and provide opportunities, for people to become more humble and playful with their own final vocabularies, not so they can abandon them necessarily, but so they can debate them and create lively talk. We are well-equipped as social actors to spot the idiosyncrasies of the other – it is part of how we create a sense of belonging within our tribes. Trickster’s skill is to tickle the imaginations of his kinsfolk. This cannot be done whilst the taken for granted aspects of practice remain obscured precisely because they are so familiar.

I should at this point give an exemplar of an exchange that I think did have ‘tricksterish’ properties. Again, during fieldwork in a child psychiatry setting, I attended a planning meeting held in order to consider whether Rebecca (aged 14) should move from a foster placement where she had been living for nine months. Rebecca was happy there and did not want to move; nor did the foster carers want her to leave. However, they had been approved to look after young people ‘short term’, and the family placement worker needed Rebecca to move in order to release a valuable placement. This was couched in terms of the young person’s welfare, best interests and wishes and feelings. The family placement worker invoked attachment theory in the following manner:

[Rebecca]’s made a good attachment here. That’s good. A lot of kids don’t have that. It will help her when she moves. She needs a forever family now. The popularised version of the theory posits that the ability to form one good attachment will facilitate others in the future (Fahlberg, 1994). I have already noted that attachment theory is extraordinarily dominant in UK child and family social work and it is often invoked in this kind of unproblematic way and is frequently unchallenged. On this occasion, however, a social worker, who was based in a the multi-disciplinary CAMHS team said very humorously:

Yes, that is good news. Attachments are important, in fact I have a really good attachment to my husband, I wonder what he’ll say when I go home and tell him he’s set me up so well, I’m going to try another man!
In this way the causal connection between a good attachment and ‘resilience’ to cope with a move was broken so that the terms of the debate changed and the bureaucratic, resource and other pressures were engaged with more explicitly. I congratulated the social worker later and she remarked that her work alongside psychiatrists and psychologists had made her aware of how social workers, including herself, relied on attachment theory as a monolithic explanatory framework. Once it was problematized in that way, she was no longer able to invoke the theory, without being self-conscious about so doing. Being exposed to other final vocabularies, made her use the theory more critically.

**Nurturing Tricksters**

Nurturing is used here as a verb and an adjective – how can we nurture tricksters’ talents so they can, in turn, nurture the liveliness of ideas amongst their own. It would certainly be against the grain of the trickster in me to prescribe a set of Trickster competences, or establish an Academy of Trickster Excellence (ATE) to train people to eat hubris!

I hope the exemplars I have offered will give you as flavour of what the benign trickster needs to do. Identifying your own ‘final vocabularies’ is a job you will need to attend to yourself within your own cultural domains. There are some clues in the work of the classicist, Martha Nussbaum who defends a broad vision of education (Taylor and White, forthcoming). In her various writings (e.g. Nussbaum, 1997; 2001; 2004), Nussbaum makes a powerful case for the opening up of dialogue through the encouragement of Socratic self-questioning. She advocates the value of literature and art in fostering the ‘narrative imagination’ which she considers to be essential to this critical engagement, but she goes further in suggesting the need for continual questioning of assumptions. For example, she argues:

> Books are not “alive”….they certainly cannot think. Often, however, so great is their prestige that they actually lull pupils into forgetfulness of the activity of mind that is education’s real goal, teaching them to be passively reliant on the written word. Such pupils, having internalized a lot of culturally authoritative material, may come to believe that they are very wise. And this arrogance undercuts still further the motivations for real searching. Such people are even less likely than ignorant people to search themselves, looking for arguments for and against their cultures ways of doing things. So, books when used in education, must be used in such a way as to discourage this sort of reverence and passivity (Nussbaum, 1997, p. 34).

Humour, art, irony, theory and formal knowledge are all essential, but it is how they are taught, read, deployed and made sense of that makes a critical difference in making you critical! To nurture the trickster we need to learn to watch the world, its liturgies, contradictions and occasional absurdities, whilst knowing our own fallible place within it – which is where we started with Dewey’s celebration of ‘ignorance’.

Spending time, either physically, or virtually through film, theatre, literature, history or anthropology, in other cultural domains is important, but finding ways of slowing down the action in our familiar haunts and watching our own world from within it is also vital – social workers need engage empirically with their practice cultures as playful ethnographers of their own domains (Reimann, 2005; Taylor and White, 2000;
White and Stancombe, 2003). ‘To be playful and serious at the same time is possible, in fact it defines the ideal mental condition’ (John Dewey, How We Think, p. 218).

This requires a broadening of what we count as useful knowledge and what we mean by evidence. Attending to how we use humour, for example, can give us clues about the sorts of identities we are trying to fashion for ourselves.

So, tape your team meetings and look for where the laughs are – whom are you laughing at? Why? What are you not allowed to say? Why? Try saying it. When were you last shocked by something a colleague or other professional said? Why were you shocked? Look at the everyday – tickle the bits of your imagination that have gone stale. Wake your monkey mind!

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References


