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2016

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citation for published version (APA)

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

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SUMMARY

SOCIAL WORKERS WITH EXPERIENTIAL KNOWLEDGE. STIGMA, ADDICTION AND EXISTENTIAL TRANSFORMATION.

This dissertation is made up of four parts: Part I deals with the presentation of the set-up and questions of the research, which has a conceptual part and an empirical part. The empirical part has the shape of an action research. Part II is conceptual and is made up of 3 chapters. Part III describes the action research in two chapters, and part IV combines theory and empiricism in order to answer the central question.

PART I

When I started my research in 2008, personal experiences with psychiatry and addiction were increasingly valued as a source of knowledge, both in social work and mental health care. Substance abuse treatment was looking for a solid positioning of experiential expertise in its daily practice. However, within schools of social work and health care, a student's history of addiction was considered rather as an obstacle than as a source of expertise: a paradoxical situation.

In chapter 1, I will substantiate the importance of exploring the meaning of recognition of experiential expertise for formerly addicted students that are trained as health care professionals or social workers. Addiction is one of the most stigmatized disorders in mental health care. Therefore, a different evaluation of experiences with addiction has an existential impact on a person. Thus, the central question of this research is as follows:

What is the existential meaning of the transformation from 'addict' into social worker or health care professional with experiential knowledge?

In order to make this question operational, four subquestions have been formulated, pertaining to the problem observed:

1. What is the relation between experiential knowledge and scientific and professional forms of knowledge on addiction?
2. What does it mean to bring in experiential knowledge as a source of knowledge in the context of a school of social work and health care?
3. Which existential themes matter when recovering from an addiction?
4. Which existential themes are important for the transformation from addict to social worker?

The research had two objectives: a practical one and a theoretical one. The practical objective aimed at formulating an advice for incorporating experiential expertise (regarding substance abuse and other disorders) as a third source of knowledge into (the school of) Social Work. In addition, the research had a scientific objective, namely the clarification, from a phenomenological-existential point of view, of the process of recovery from addiction and the process of transformation from addict to social worker, or mental health professional with experiential knowledge. These objectives fit in with the demand for a more equal cooperation with clients and a more personal and creative interpretation of the professional role in the context of Social Work. Also, this research intends to contribute to the quality boost our government is currently demanding from social services, and on which the Dutch Health Council (Gezondheidsraad) has given advice recently. Professional attitudes need a rejuvenation and cannot ignore the advance of experiential knowledge. Social work needs to relate to that.

In order to answer the questions presented, an action research has been carried out in the context of a bachelor's degree course in Social Work at Windesheim University of Applied Sciences, in the Dutch town of Zwolle. The research has been participatory, emancipatory and existential by nature, as hitherto unspoken, meaningful personal experiences of students were considered as valuable information within the curriculum. Persons involved have been participating through responsive evaluations, thus coowning the research. Persons doing research have also stated their own positions and explained the relation between between their own personal-professional learning process and the research. Triangulation has been used in order to support this process: various methods and perspectives have been deployed, in accordance with the process. The set-up of the research is emergent and can be characterized as an organic model of growth. Chapter 2 describes the set-up of the action research.

In the dissertation, the research is presented as a series of four parts: firstly, part I presents a sketch of professional practice and an account of the methodology used for the research. Part II reflects on experiential knowledge and addiction from an epistemological and sociological perspective. Part III describes the practice of the action research. Finally, in part IV I present a phenomenological-existential perspective on recovery from addiction, and a description of the transformation from addict to health care professional.

PART II

Part II answers the first subquestion of the research. Before the action research was started, the question was taken into consideration whether it is possible, in principle, to regard a personal recovery process as a source of knowledge in the context of a Social Work curriculum. This process is described in chapter 3. Currently accepted agreements and the professional code of social professionals are taken into account, as well as epistemological considerations.

Professional and private life, that is to say the professional and personal roles in one's private life, are separate areas in professional practice, even though they influence one another. Sarah Banks, an expert on the ethics of Social Work, points out the fact that this

separation is not primarily meant for the protection of the professional, but exists for the benefit of the client, who should not be burdened with personal tales and difficulties (even when conquered) of the person counselling him or her. On the other hand, according to the Health Council (Gezondheidsraad), transitions are taking place in the field of social work and health care that bring along a different relation between vulnerable citizens and the authorities, and that call for a greater appeal on a person's own knowledge and abilities. Social Work is in the process of reorientation, and has to develop new forms of knowledge which come closer to the lifeworld of those they support.

Experiential knowledge is usually contrasted with scientific and professional practical knowledge: a three-part division of knowledge, in which experiential knowledge is looked upon as a third source of knowledge. A three-part division of knowledge may refer to the ontological status of knowledge, to the domain of knowledge, to the methods of acquiring knowledge, and to the making explicit of knowledge.

I will prove that experiential knowledge may lead to various forms of knowledge. For example, experiential knowledge may lead to general propositional and procedural knowledge; associations of clients and patients have contributed to this. However, this knowledge is also available to those without personal expertise. The fact that research from a client's perspective produces factual and practical knowledge, is not the same thing as using one's own experiences as a foundation for counselling others in a professional manner. The professional profile Experiential Expertise (Ervaringsdeskundigheid) uses these personal experiences. A distinguishing feature of experiential expertise is the knowledge 'from within' of 'personal recovery'.

Experiential expertise refers to a form of knowledge that is unusual in the professional realm of mental health care practice. I found a good epistemological substantiation of experiential knowledge in Maurice Merleau-Ponty's philosophy. The basis is the bodily lived experience: a phenomenological-existential outlook on knowledge, which breaks through the usual subject-object dualism and therefore can be used for the explicitation of experiential knowledge. Merleau-Ponty's philosophy gives room to various forms of development of knowledge: acting and observing lead to various forms of knowledge, whether expressed in language or not. This may also be knowledge that is laid down in scientific theories. Life, observation, research and knowledge can be seen as a hold upon the world: Merleau-Ponty compares knowledge to the stick used by the blind person to find his/her way. The world is experienced differently with or without stick. From this point of view, the world of theories, concepts and narratives is auxiliary to acting, it is a part of a living practice. In this manner, too, scientific research is always performative: it changes reality.

Chapter 4 presents ten different practices of language, models or 'worlds' regarding addiction, namely the moral model, the pharmacological model, the disease model, addiction as a spiritual problem, addiction as a cognitive behavioural problem, as a problem in the social system, as a lifestyle, as a disease of the brain and as a biopsychosocial phenomenon. The chapter ends with an initial approach to a phenomenological-existential view of addiction, as a complement to the biopsychosocial model.

A world in which addiction is regarded as a chronic disease leads to a different perception, a different narrative of recovery and a different identity than a world in which addiction is regarded as a symptom of a psychological, a moral or a social problem. If this is not

reflected upon in a school curriculum, people will misunderstand each other and it will be difficult to connect with a client's world.

The meaning of 'addiction' changes with time and context. Professionals and scientists are increasingly discovering addiction as a chronic disease of the brain that ought to be understood in a biopsychological manner. Social professionals, according to the principles of their education and profession, should be able to connect with their client's perspective as well. In order to connect with a diversity of perceptions and practices of language, experiential experts have to carry out a double reflection: they need to become aware of the language they use to describe their own recovery (for example in a moral language: 'I have been stupid', or in a medical language: 'I have a chronic illness') and, moreover, have to be able to give room to the kind of language that will help their client.

Also, the experiential expert has to be able to put into perspective his/her own narrative of recovery – his/her own world – in order to give room to the narrative of another person. The language of one's own recovery and that of another person may clash in the process. As a narrative of recovery contributes to the development of a positive sense of identity, experiential experts are in fact asked to jeopardize their own identity: clinging to one specific model may interfere with the room needed by others to shape their recovery in their own language. At the same time, the experientially expert social professional needs the knowledge and skills that are common to the profession.

Chapter 5 describes a sociological exploration of the place of experiential knowledge in substance abuse treatment, based on a study of the available literature. The majority of the articles found originate from the United States of America, where a lot of former addicts are still working in the field of substance abuse treatment. This was caused initially by the fact that they were discriminated against elsewhere on the job market, and not because of their experiential knowledge. They were specifically appreciated because of their familiarity with the lifeworld of those they counselled. Later on, they were appreciated because of their experience of life and specific experiences with recovery from addiction. Once the substance abuse treatment further professionalized, the definition of 'knowledge' was restricted to scientifically substantiated, technical-methodical procedures. Gradually, a concept of rationality was introduced to substance abuse treatment in which 'knowing of' no longer counted as knowledge. However, in recent years, renewed international attention for the contribution from former addicts and their need of specific competences has sprung up.

PART III

Part II answers the second subquestion of the research. Chapter 6 describes the breeding ground and the internal and external organizational climate of Windesheim's School of Social Work (SPH) before the start of this action research. The research is also rooted in my own experience as a client in mental health care and substance abuse treatment, and in the wealth of meaningful experiences that presented themselves in students and teachers, but also in the observation that some experiences and roles are burdened by stigma and, as a result, are kept secret.

The prevailing division between experiential knowledge and professional knowledge was brought into sharp focus in a column for *Sozio*, a professional journal for Social Work, and further elaborated in a discussion with clients' councils in substance abuse treatment. Clients were pleading for experiential knowledge as well as the professional expertise of health care professionals. Through surveys of students and in-depth interviews with students and teachers with experiential knowledge, the meaning of a person's own experiences with disruption and recovery for his/her education was examined. The Windesheim School of Social Work management favoured the development of the potential regarding experiential knowledge, but concern was expressed, too. The management feared contamination with the stigma of addiction, and some teachers thought this knowledge dubious, hard to check, too intense didactically or disrupting practically. At the same time, students were in need of the possibility of converting their own experiences into experiential knowledge. After having examined the external acceptance, the Social Work management gave permission to insert experiential knowledge into the curriculum. On a national level, a position was chosen during a congress for social workers and in a professional journal. The integrative point of view, in which experiential knowledge was introduced into a regular Social Work course, and the intention to fit it into a specific curriculum, evoked reactions from national organizations and advocates for experiential knowledge. Criticism as well as enthusiasm arose. It became clear that the acknowledgment of experiential knowledge would not only change the curriculum, but would also lead to a different vision of the professional practice.

In chapter 7, the second subquestion of the research is answered: what does it mean when experiential knowledge is added to the curriculum of Social Work as an equal source of knowledge? In the context of the education received at Windesheim School of Social Work, experiential knowledge has become a part of the curriculum during the last five years, approximately. This process, and the results obtained from it in the context of the action research, are described from the theoretical points of view expressed in part I and II. Professional and scientific jargons have been pried open, enriched, criticized and nuanced by the personal stories which were shared and which were a joint learning experience. Students and teachers went through parallel processes. The disruptive effect of the expression of emotionally charged experiences was not always welcomed easily, didactically spoken. It was hard sometimes to use these as material for new constructions of meaning that would be enriching for social workers (to be) as well. This was caused by the fact that experiential knowledge is tied in more closely with a person's identity than scientific and professional knowledge and skills are. The giving of room to experiential knowledge turned out to be a paradoxical quest: in order to develop experiential knowledge, the 'person' of the professional needs a free space, that is then restricted, in order to put this knowledge into use for the support of others. Profiling with experiential knowledge has its paradoxical aspects, too: it may contribute to the fight against stigmatization, but it may reinforce stigma as well, especially when the sphere of action of an organization as a whole does not recognize experiential knowledge. This research shows there is still a long way to go.

PART IV

Part IV answers the research's subquestions three and four. The action research showed that shame and stigmatization are making it difficult, in the context of a regular Social Work curriculum, to transform a history of addiction into experiential knowledge. At the same time, this very shame exemplifies the importance of experiential knowledge. Shame is connected with injustice and lack of power in regard to demands that are made. Chronic shame causes a person to do away with himself/herself and impedes self-management and recovery. The ability to endure and manage shame creates room for recovery and resistance against stigmatization. Much shame of the shameful period of addiction became apparent in the context of the Social Work curriculum for experiential expertise. This 'shame about shame' turned out to interfere with introspection and true contact.

Chapter 8 deals with the role of shame in the development of experiential knowledge. Experiential knowledge is the knowledge of recovery from disruption, but it also has to do with recognizing powerlessness. Experiential experts have learnt a lesson in life by confronting existential border situations. An overly heroic approach of recovery may shame (ex-) addicts that are confronted with their powerlessness. When working from a rehabilitation perspective, the social or health professional must use the professional frame of reference in a modest manner; in this aspect experiential knowledge is no different from professional and scientific knowledge. Experiential knowledge is knowledge which gives hope. Hence, a balance has to be sought between shame and pride. The stigma is transforming as a token of existential knowledge, and of a critical political statement against the exclusion of people who are addicted or otherwise suffer from disorders which affect self-control.

Chapter 9 answers the fourth subquestion: which existential themes are important for recovery from addiction? It describes the phenomenological-existential subject matter of experiential knowledge. Inspired by Irvin Yalom, recovery is structured by means of six existential dilemmas. Experiential experts have learned to relate once again to dilemmas concerning life and death, freedom and restraint, loneliness and connection, guilt and responsibility, meaning and meaninglessness, order and chaos. They have found a new balance within these principally unsolvable areas of tension of existence, in which both sides of the dilemmas are valuable. The dilemmas act as a existential boomerang: when one side is denied, sooner or later it will strike back. Here, addiction has its own special dynamics. Attacking these existential dilemmas with alcohol and drugs causes them to act like a boomerang: they may be denied for a long time but they will come back with a vengeance, and lead the addict into an existential border situation. The trick is to find one's way within the area of tension of division, disintegration and ambiguity that is a part of everybody's existence and that is a particular feature of addiction. The acceptance of these dilemmas creates room for movement, creativity and commitment: a person can never solve these dilemmas, but can live with them nevertheless. The challenge is steering the dynamic middle course. Finding a new existential balance after the boomerang of addiction is not only a question of individual moral effort, but also a question of luck and of being a part of a social environment. The methodologies developed in the area of substance abuse treatment are useful instruments for proceeding, too.

RETROSPECTIVE OF PROCESS, RESULTS, AREAS OF TENSION & RECOMMENDATIONS

Chapter 10 examines to what extent the objectives of the research have been met. A few areas of tension are explored.

The construction 'social worker/health professional with experiential knowledge' as mentioned in the presentation of the questions, meant that a new source of knowledge had to be accounted for epistemologically, professional-practically and ethically. This dissertation shows results that are existentially important, as well for the individual addict, transforming from addict to health professional, as for the Social Work curriculum, and the professional practice of social work and health care. The results have been arranged in five reflective evaluations, in which areas of tension have been discussed as well.

1. An epistemological account of experience of life as a source of knowledge.
2. The use of the stigma of addiction for emancipatory purposes.
3. The strengthening of solidarity with marginalized or vulnerable people.
4. The admission of disruption of the system world by the lifeworld.
5. A connection between individual existential ethics and the professional role.

Ad 1: the phenomenological-existential perspective that has been chosen shows that experiential knowledge has general, specific and individual characteristics. This notion of experiential knowledge is less exclusive and, possibly, partially transferable. Some parts, however, cannot be transferred: each human being is existentially lonely. Each human being keeps to his/her own path, yet uses pathways smoothed by others. The addict who learns to use the knowledge of the path of recovery, has a knowledge of existential boomerang effects and of the way he/she has to keep his/her footing. One area of tension is the dominance of a positivistic, empirical-analytical view of knowledge in education and social work and health care. Sometimes, experiential knowledge may lead to propositional and procedural knowledge as well; the developments with regard to experiential knowledge are pointing in that direction. Although that is very useful, a different perspective of knowledge seems to recede into the background again. The free space for a conversation about, for instance, existential dilemmas would have to be described and tested by standardized methodologies, operating procedures and measurable factors and variables. In that case, something will be lost.

Ad 2: Merleau-Ponty's philosophy offers leads to diminish the stigma adhering to addiction. Addiction is one of the most stigmatized disorders, mostly because of the moral model that assumes there is a 'free will' that – if the free subject chooses to do so – can be switched on in a mysterious way as an internal authority (a kind of almighty God). In the field of substance abuse treatment, considerable efforts have been made to ban this way of thinking, but that is difficult because of the firmly rooted idea of a free and powerful subject that controls his/her existence.

Not only the moral model, but the disease model as well stems from a subject-object dualism: the moral model presupposes a powerful subject, the disease model a powerless

one. This model may cause stigmatization as well if the powerlessness is supposed to be absolute and structural. In the end, each human being is powerless in the face of death, restrictions and loss, and in the face of existential loneliness. Nevertheless, one can live with this and, within the framework of existing restrictions, possibilities can be used and boundaries can be moved in a creative way. Powerlessness evokes existential fears. Addiction activates existential fears that also affect the social environment, which has the inclination to exaggerate both the power and powerlessness of the individual subject in order to evade the existential areas of tension. In this aspect, the recovered addict may act as an encouragement and a beacon of hope.

An area of tension may be that the coming out, as an ex-addict, of a health professional in professional practice may lead to renewed stigmatization, especially after a relapse. A belief in the free will and individual competence is a persistent structural phenomenon that has to be taken on by a group of courageous experiential experts. The competence of the experiential expert lies in fact in the ability to discuss incompetence without shaming the other. He/she may give hope, sometimes without giving reasons, in situations of powerlessness.

Experiential expertise holds an existential-narrative knowledge, but is emancipatory as well and has, when used properly, a political-critical function in a system of health care that is increasingly troubled by impotence and vulnerability.

Ad 3: the regarding of a process of recovery from addiction as knowledge, gives room to sincerity and reflection. The student of Social Work will be more at ease as a person and will have more impact as a future professional if he/she is able to have other persons profit from his/her valuable life lessons. Shameful experiences with incompetence are being used to become more competent as a social worker, and the damage of stigmatization is made visible to prospective social workers. The very experience of sharing experiences of stigma in a somewhat diverse group proves to have a destigmatizing effect.

The curriculum as a whole profits from this process: room for experiential knowledge strenghtens a form of development that fits in with the values of Social Work as laid down in its professional code.

A possible area of tension is the fact that experiential experts may be used as an example for vulnerable citizens to use their 'own strength', just like experiential experts, thereby depriving them from the necessary professional help. Therefore, it is important to position experiential knowledge within a regular Social Work curriculum. Thus, a person is trained as a skilled health professional, counsellor or social worker in the first place, and room can be made for students/prospective health professionals who have learned to use their own strength for their own recovery, as well as for students that do not bring along these experiences. Experiential knowledge will bring along a different attitude: one of equality because of a shared human vulnerability, which is important to all professions in social work and health care. Clients who are not able to recover 'by their own strength' have a right to support that is not only based on experiential knowledge, but on other sources of knowledge and professional skills as well.

Ad 4: experiential experts present themselves as a correction of the technical-instrumental procedures of the system world. Recovery- oriented care induces professionals to bring along their knowledge and learning in a modest manner, and to make room for the clients', or vulnerable citizens', own strength in their own lifeworld. However, the system world has some worthwhile values, too. Lifeworlds should not be idealized, as they may lead to repression, enclosure and isolation. Professional substance abuse treatment itself has counterbalanced the injustice and exclusion that addicts experience in their lifeworld. Facts about addiction that are established objectively, the application of evidence based interventions and the use of protocols in professional practice also safeguard the carefulness due to clients.

It has been my intention to join together the best of both worlds in my research, and to supplement an empirical-analytical perspective with a phenomenological-existential and a critical-emancipatory perspective. Substance abuse treatment has certainly made progress by the development of guidelines and standardized interventions. Also, rules and regulations for the professional implementation of social work are necessary to prevent malpractice and services that are humiliating for clients. People who are suffering, who are facing death, who are losing relationships, and whose realm of life is shrinking, have a right to interventions that have been proven effectual. It would be a failure towards a client to use experiential knowledge to the exclusion of other forms of knowledge and learning. Experiential expertise as a separate profession is elusive: it might mean one is an expert with regard to recovery from disruption and to the support of others in this process, without the need to develop regular professional competences as a counsellor or social worker. This, in fact, is impossible, as is shown by curricula that are used for courses or trainings for experiential expertise: these overlap the social-agogic curricula, especially the one that is used for Social Work in mental health care (GGZ-agoog). Social workers who are learning to use experiential knowledge in a professional manner need more than the odd module or a specific supervision.

Experiential knowledge also means more than a coming-out with a disorder or a disruptive experience. It needs a course of instruction within a culture that holds experiential knowledge as a valid source of knowledge integrally. It means the possibility of prying open existing knowledge and standardized methodologies in order to accept the lived experience from the students' lifeworld. People with an addiction or psychiatric disorders, or who live in poverty or disruption, are not only talked about, but also talked with, based on their experiences. These experiences often evoke emotions: the social environment does not know what to do with these sometimes, is feeling guilty, wants to help, or is confronted with its own existential fears, things people would rather like to keep out of sight. Experiential knowledge is disturbing, it 'does something' to you as a person, and that is exactly what it is supposed to do: experiential knowledge is valuable only when it increases the empathy and sense of reality of the prospective professionals, causing these to learn to have contact on an equal footing with people who are afraid, ashamed, traumatized or angry, and to have the courage to learn from those people's stories.

Ad 5: in chapter 6 it became clear that a large part of the (prospective) social workers (specifically social workers in mental health care) have had experiences with the kind of disruptive disorders or situations in which they will have to counsel their future clients. Normative professionalism means the social worker can make a connection between the quality of his/her own existence, the professional practice and the larger societal existential questions. A transformation from addict to health professional with experiential knowledge means recognition, in the context of Social Work, for personal experiences as a source of knowledge. In this manner, experiential knowledge may add to the intrinsic value of the work.

The 'person' of the professional will get more room, not just through the use of personality traits such as empathy, assertivity and integrity, which was already customary in Social Work. In addition, room will be created for the explicit use of a person's own life experiences in the context of professional practice. In this aspect, all experiences matter. Being human means more than playing a role, a former addict is more than just a former addict, a client is more than a diagnosis. A professional is a human being, too, just like the client. Professionals, like clients, have many roles. This diversity of roles gives shape to life, but the role is not what one 'is'. It is a form of rigidity to want to close off the professional role from the 'person'. It is rigidity, too, to want to shape personal experiences in a certain area into a separate profession of 'experiential expert'. The various roles, private as well as professional, played by each and every person, will be mingled irrevocably in daily practice, as there is only the one person.

With the return of the 'person' in education and profession, teaching methods will have to be altered. This means that a disruption of the system must be tolerated, as well as a shift in culture. In this process, self-disclosure and personal contact have to be well-balanced. Integration of the person into the professional role does not mean that all must be mentioned. Giving more room to the 'person' may also be realized by enriching the material for study with films, literature, egodocuments and art. It is important to develop a feeling for human dignity and to accept the fact that life is not makeable. The individual ethic of the social worker should be an object of discussion within the greater context of professional moral questions with regard to social work and health care. That is not an easy feat in a field of work in which the person of the professional is supposed to use standardized technical-instrumental requirements, in accordance with set programs. The action research means to be an example of the integration of the lived experience into the bureaucratized world of Social Work curricula.

At the close of a research, advices should be given. Hopefully, this dissertation shows, in an inspiring and useful manner, which are the impediments and possibilities to make room for experiential knowledge in the areas of education and social work and health care, especially in the field of substance abuse treatment.

Here are a few directions a follow-up of this research may take:

- Research into the role of shame in the context of self-management. It may be interesting to investigate to what extent the improvement of shame management may improve self-regulation.
- Research into the influence of experiential knowledge on a health professional's attitude towards powerlessness.

- Research into the practical applicability of the existential boomerang model in the context of treatment of addiction. It appears to be valuable to further investigate and elaborate the practical usefulness of the existential boomerang model.

The research has created a new working practice. A few advices that are based on this practice resulting from the research are:

- *Recognition of experiential knowledge as a source of knowledge in the context of educational programmes for social work and health care*

The recognition of experiential knowledge as a source of knowledge fits in with the new challenges imposed upon social work, which will have to shape the legislation concerning public assistance and individual participation (Wet Maatschappelijke Ondersteuning; Participatiewet). Policies will be needed that recognize experiential knowledge as a third source of knowledge in educational programmes for social work and health care, specifically in Social Work. This cannot be done without a certain disruption and a change of culture. Different interpretations of the professional role will be needed.

- *Creation of room for experiential knowledge in all mental healthcare professions*

More attention has to be paid to experiential knowledge and empathy across the full spectrum of mental health care. This attention is needed for a diversity of backgrounds. The current coming- out of psychologists and psychiatrists in newspapers and professional journals is a promising sign, for that matter. However, a coming-out is not the same thing as learning to use one's own experiences in a professional manner. For that, education is needed.

- *Positioning of experiential knowledge as a specialization of the social worker in mental health care*

Experiential knowledge should not be used as a 'separate expertise', but should be embedded in other competences. In the words of a student participating in the action research: Experiential knowledge should function as an adjective, not as a noun: a person is an experiential expert counsellor, an experiential expert coach or policy maker. Experiential expertise 'as such' does not do enough justice to the professional role one has, or the professional competences one uses for this role.

The distinction between 'experiences', 'experiential knowledge', and 'experiential expertise' as formulated in the professional profile Experiential Expertise (Ervaringsdeskundigheid), should be maintained. Experiential knowledge is different from experiential expertise; the latter uses experiential knowledge for the professional benefit of others. The professional profile Experiential Expertise has a large overlap with the professional profile of the social worker specialized in mental health care (GGZ-agoog). The profession of social worker, specifically the social worker in mental health care, appears to be a good nestling place for an experientially expert professional that is trained extensively and that can work in in recovery- oriented mental health care, and in health care teams that serve the community.

- *Stimulation of research related to professional practice in Social Work curricula from a phenomenological-existential perspective*

In Social Work curricula, students often learn to use the empirical- analytical research paradigm for their bachelor's and master's theses. This situation should be changed: possibilities to do research from phenomenological-existential perspectives should be created. Social workers must have the ability to join a diversity of lifeworlds. The particular nature of the work should have greater visibility in the type of research social workers use to graduate.

- *Performance agreements in schools for applied science on inclusion and diversity*

Additional policies are needed for students in educational programs of social work and health care who have functional disabilities, a special background or a specific vulnerability. Performance agreements in schools of applied science usually do not address an excellent inclusion of students with specific backgrounds. Additional performance agreements concerning this subject can be made.

- *Use of experiential knowledge should not be reserved for students with higher education*

The professionalization of experiential knowledge into various roles of experiential experts with an intermediate or higher education, should not be at the expense of the participation of other citizens with experiential knowledge when a 'participation society' is shaped. The profession of 'experiential expert' may lead to a new hierarchy that will prevent the renewal so eagerly desired. All citizens should have room to use experiential knowledge, perhaps even in a paid capacity (like, for example, the 'paraprofessionals' used to have in the United States). Furthermore, it is important to monitor the quality and efforts of professional counsellors (social workers, coaches, health professionals). In this aspect, professional registration is important as well as a solid education, in which all three of the sources of knowledge (scientific, practical-professional and experiential) are used.

CONCLUSION

This dissertation has had the intention to disentangle a few conceptual knots and to show there are choices and options in academic outlooks. It has intended to be a source of inspiration for those who want to give room to experiential knowledge in education and profession. Mainly, the dissertation's intention has been the realization of values with regard to human empathy, and the contribution, in this manner, to the emancipation of people who have to deal with powerlessness, exclusion and discrimination. In this aspect, it has meant to be authentic and convincing. The personal texts have shown my own personal-professional process. Obviously, I hope this dissertation is up to the standards of the academic system world. From a narrative point of view, this dissertation is meant to be a mastery story. However, I hope it will be read as a love story, and as a protest against the exclusion of people who are dealing with impotence and injustice. From a lifeworld point of view, I have meant it as such.