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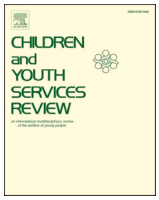

Working with emotions in social work practice. A pride-building model for institutional care of young people

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ABSTRACT

In this article we point out why social workers and treatment staff must have knowledge of how to identify emotions, understand their own emotions and understand the emotions they elicit in others as a prerequisite for successful rehabilitation. In particular, the emotions of shame and pride play a crucial role in the interaction between social workers and clients.

There is currently a need for empirically applicable models that facilitate social workers and therapists in institutional care to identify shame and pride in the interaction with clients. Here we provide a model that can be used to analyze the quality of the social bonds between treatment staff and young clients in institutional care.

Institutionalized treatment of young people is often based on an asymmetrical power relationship and the transformation of deviant young people's identity into normal ones. This is fraught with risks, as the power imbalance can preserve and reinforce deviant identities. To encourage the emergence of a normalized identity, the client's good qualities must form the basis of treatment. Greater understanding of the emotions evoked in a treatment situation is necessary for successful rehabilitation.

1. Introduction

In this paper we argue for the importance of paying attention to the role of emotions in achieving good quality work with social work clients. After a theoretical introduction, we focus in more detail on what motivates the use of an emotional perspective in the daily work with young people in institutional care. Institutional care refers to out-of-home care provided by social services. In 2018, 38 800 children in Sweden were placed outside the home by social services due to lack of care or individual problems. Special youth homes have powers to restrict young people's freedom and rights and represent a small part of institutional care in Sweden, accounting for around 3 % of all children and young people in community care. The number of teenagers placed in special youth homes is around 10 %. The proportion of teenagers placed involuntarily is about 40 percent (National Board of Health and Welfare, 2022). Furthermore, we will present an empirically applicable model that can be used to develop treatment work in a direction towards greater awareness of the emotional dimensions and how it affects the quality of social bonds. Sociologists and cultural theorists have demonstrated a natural connection between emotions and social norms (Ahmed & Braithwaite, 2004; Hochschild, 1979). Hochschild (1979) provides examples of how the emotions we experience and the rules for what we should feel are constructed by social and cultural norms. How, when, where and what to feel and how long and how strongly we are allowed to feel is related to socio-cultural agreements in a given time and cultural setting. Thus, what we are expected to feel in social work is a result of our socio-cultural environment. According to Denzin (2009), emotions are important for understanding each other in all types of social interaction. Emotions are self-referential and always refer to the self and the person experiencing the emotion. The emotions do not arise unrelated to anything but are related to the social interaction we are participating in and what we are paying attention to. Emotions are therefore both reflective and relational. Denzin (2009) further points to the importance of a deeper phenomenological understanding of the meaning emotions have for us and others, which is applicable to the relational core of social work. In every interaction and relationship between social workers and clients, emotions will arise that affect the situation in different ways, yet emotions and emotionality are a neglected area in social work research and practice (Frost, 2016). Awareness of one's own emotions and consciously working with the emotions that arise in the interaction between the social worker and the client is crucial for the quality of the social bond. When this process is

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made conscious, a better foundation can be laid for the social worker's understanding and approach to the client's self-image, situation and life circumstances. It is important for the social worker to recognize the emotions she or he experiences in relation to the client, where for example, the emotional state of the other tends to be reproduced in social interaction (Gunnarsson, 2021). For social work this is important because we need to reflect on the conditions under which we can and do express emotions before we can design an emancipatory strategy for our clients. We argue that it is not possible to work in a constructive relationship with a client as a social worker without considering the presence of feelings and emotionality. There is a pressing need to pay attention to emotions in social work as it is fundamentally a social relationship work.

1.1. Purpose and issues

This article has two objectives. First to argue for why it is important to have knowledge about how emotions affect the quality of work with clients in social work. We will develop arguments for why it is important to have knowledge about how to identify emotions and why an understanding of why one experiences and evokes emotions in others is a prerequisite for a constructive use of emotions in social work. In particular, the emotions of shame and pride can play a crucial role in the interaction between social workers and clients, who are often in a vulnerable position. The recognition of emotions by professional social workers and clients within institutionalized and often power unequal relationships can have a positive impact on the social bond between the parties and facilitate the choice of supportive measures. Secondly, we aim to present an empirically applicable model for how social workers in the form of institutional staff and therapists can identify shame and pride in the interaction with young clients in institutional care. The model can be used as a basis for evaluating whether increased knowledge about emotions – where social workers learn to define emotions and form an opinion about the quality of the social bond – leads to stronger social bonds with clients and more effective and rational treatment.

2. Theoretical background

According to Scheff & Retzinger (2001), shame and pride are two of our most important emotions. We must learn to understand these emotions in depth because they provide us with important information about the quality of our most important social bonds to our children, our partner, our relatives, our colleagues, friends and to those with whom we meet as social workers. Shame is central as it has been shown to have a significant impact on our identity, agency, motivation and life prospects, but is also a hidden and unspoken emotion. Shame is relational and corresponds to a feeling of being cut off from vital social bonds to significant others, while pride, signals inclusion and secure social bonds to a significant person or group. According to Bowlby (1973), shame has a fundamental function because it originates in our first and most important social bond with the mother, or other attachment figure. Shame signals danger to the child and that the bond must be repaired for the child to survive. If the bond is not repaired, there are strong feelings of anxiety about being unloved and isolated from a vital social bond. Human beings are social, and our identities are aligned with each other, especially the young child whose self-image is strongly related to the quality of social bonds with their parents. Even in adulthood, isolation from important social bonds produces a sense of shame at being unloved, which is detrimental to a person's self-esteem and life prospects. According to Scheff (2006), shame is related to alienation and isolation from other people while pride is related to solidarity. Conscious shame can play an important role in the social control of our actions but can become destructive and alienating when hidden and ignored (Lynd, 2014). Once shame has occurred in a relationship, there is often a lack of knowledge about how to repair a damaged social bond.

Cooley (1902) describes shame and pride as the outcome of our interpretation of how others view and value us. Through the looking-glass self, we can, through empathic role taking, form an idea of how people who are important to us perceive us and we can thus also understand ourselves as an object of how others value us. If the result of the mirroring is that we do not succeed in living up to the norms, we experience anxious feelings of shame about being isolated from the group. If we experience that others judge us to be good enough, our existence in the group is unthreatened and we experience pride and security. The feelings of shame and pride thus guide our assessment of the quality of our social relationships and whether we need to repair them. If we feel shame after realizing that we are viewed negatively by those around us – because we have not lived up to the expectations of a group to which we belong – we can try to adapt more to the prevailing norms. In this way, we can actively influence the reflection from others in a positive direction. Most people can use active impression management (Goffman, 1963) and prosocial behavior to influence the reflections they receive from others, thereby continuously regulating the status quo in favor of a proud self-image. Unfortunately, some people, for instance different groups that social work encounters often lack this opportunity, which generally makes them more socially vulnerable. Stigmatized groups where the negative trait is highly visible and/or publicly known often lack the ability to control impressions and are therefore completely at the mercy of the other's knowledge and sympathy. The possibility of controlling impressions in order to produce a positive self-image is thus strongly dependent on the power relations between the parties in the interaction. We will return to this below through our focus on the relationship between social workers and young people.

2.1. Vulnerable people's entrapment in feelings of shame

In Goffman, the basic philosophical ideas of Cooley's (1902) looking glass-self remain. In Goffman's (1959) early work, this ontological base emerges in the empirically oriented work as he tests and develops the theory further. Goffman complements Cooley with detailed and intimate empirical observations of how both 'normal' and stigmatized individuals in different situations actively try to control the perception others have of themselves. For Goffman (1959, 1963), the feeling of embarrassment – or shame as a milder form of shame as suggested by Lewis (1971) and Scheff (2000) – is of great importance for a sociological theory that explains why people in social relations interact with each other in a regular and determined way. With the concept of 'normal deviants', Goffman's work stigma (1963) relativizes normality as an objective category and places them on the same scale as the stigmatized and clarifies the relationship of the definitions to power structures. It lays the foundation for a sociological understanding of the vulnerability of vulnerable stigmatized groups and their need to steer their self-image in a positive direction in order to benefit from the advantages of 'normal'. It shows with detailed examples how stigmatized groups, who for various reasons cannot live up to society's expectations, are forced to resort to bizarre and degrading impression management strategies to pass as normal and/or to hide obvious stigmas from a judgmental environment. Such as children who are forced to lie to others about their father's mental illness, homeless people who play the role of passengers to be inside the warmth of the train station, mentally disabled people playing the role of the mentally ill who have a higher status. Goffman's (1963) detailed descriptions of stigmatized people's cyclically unsuccessful efforts to be recognized as normal are highly relevant to an emotional perspective on social work as shame is constantly present in stigmatized people's lives. The perspective highlights the power relations between the stigmatized individual and the social structures that define normality and the unjust struggle of the stigmatized to gain recognition.

Since most of us experience enforced isolation from important groups as distressing and threatening, we will try to avoid these feelings

by presenting a positive image of ourselves to others. If we succeed in presenting ourselves as good, we induce feelings of pride in our interactions with others. As we have seen above, individuals with normal power resources can often use different impression management strategies to control the impressions of themselves in a way that they are perceived positively by others. These individuals can thus also control the emotions they will experience in interactions with others. For Goffman (1963) and other labeling theorists (Scheff, 1999), it is important to remember that discredited people have few power resources for impression management, which means that they can rarely influence the feelings they will experience in their interactions with others. In institutionalized relationships, such as the one between professional social workers and clients, there is usually no opportunity for the help-seeking client to steer impressions in a normalizing direction because it is usually the discrediting characteristics that make the client seek help and/or have a case with the social services. Social service clients are therefore generally very vulnerable to feelings of shame. However, social service clients are not only more exposed to shame-inducing situations but have also more often than others been exposed to threatening and abusive situations during their childhood, which may have laid the foundation for a higher shame proneness as an adult (Else-Quest, Higgins, Allison & Morton, 2012; Tangney & Dearing, 2002). How the professional social worker manages previous traumatic situations that the client has encountered is of great importance for how the client will experience the situation and how the client's self-image will be affected by the others reflection of the self. If the social worker lacks knowledge about emotions, the client may be forced to furthermore re-experience abusive situations and traumas from childhood and young adulthood, which counteracts rehabilitation and reintegration of the client. Proneness to shame is known to be associated with mental illness (Scheff, 1999) and self-injury (Gunnarsson, 2021) and individuals in institutional settings often have problems with mental health and with self-injury.

Our approach to treatment work has much in common with what is known as trauma-informed care (TIC), but we believe there are differences in how much focus is specifically placed on shame. TIC in the child and youth sector emphasizes a shift from compliance and pathology to connection, empathy, and deeper understanding. TIC prioritizes empathic and therapeutic methods over punitive methods and focuses on methods of emotional regulation (Elliott, Bjelajac, Fallot, Markoff & Reed, 2005). However, the approach does not specifically address shame and thus lacks the potential to target the self-directed emotion underlying the trauma. We argue that shame must be acknowledged and communicated directly to establish a secure social bond, leading to feelings of pride in adolescents. Dolezal and Gibson (2022) argue that TIC lacks sufficient theorization and management of shame and suggest that shame sensitivity is more effective in achieving TIC's goals. They advocate integrating a 'shame lens' along with a 'trauma lens' into trauma-informed approaches (TIA) to redesign health and social services to be more sensitive and supportive. This integration of shame-sensitive practices provides insights into the affective dynamics, despite overlaps with TIC principles.

Furthermore Leeming & Boyle (2013) point out the importance of viewing shame as a relational problem and not as something we can deal with through intrapsychic work on our own self-image. A common therapeutic starting point is that shame can be repaired within oneself without support from others. However, shame-related damage to the self-image often requires dealing with the social relationships that caused the shame. Leeming & Boyle (2013) show how re-evaluating the relationships that produced the shame can be a strategy. Or if there are barriers to it, fatalistically accepting that the production of the emotions is arbitrarily in the hands of others, which provides a preparation for what might happen. When clients seek help or are placed in social institutions, it is of great importance from a relational perspective that the social worker has knowledge of how his/her actions can cause shame and how, with the right knowledge, he/she can consciously repair shame. Lynd (2014) pinpoints how acknowledging and communication shame in interactions and relationships is the way forward in repairing shame: "the very fact that shame is an isolating experience also means that if one can find ways of sharing and communicating it this communication can bring about particular closeness with other persons" (pp. 66). This article is one way of communicating shame and make it a topic that needs to be highlighted and discussed in the social worker and client relationship.

Lewis (1971) highlights the feeling of powerlessness and vulnerability that can affect people who relate shame to an unchangeable part of their own person as a stigma. According to Nathanson (1994), discredited individuals who feel they cannot change the way others view them are forced to turn the shame inward, which is destructive to self-esteem, and can lead to mental health problems and practices of self-injury (Schoenleber and Berenbaum, & Motl., 2014). These authors point out how the client's experience of powerlessness can have a major impact on whether the social worker will be able to help the client break the isolation from important groups. If the person has for a long time and in repeated situations felt powerless and unable to influence how others view him or her, there is an increased risk of the person falling into a negative spiral of learned helplessness and not being able to formulate positive life goals (Gunnarsson, 2021).

Compared to the feeling of guilt, the feeling of shame is more harmful (Lynd, 2014). Guilt distinguishes between who has done a bad act and the act itself. A stigmatized person, on the other hand, cannot ask for forgiveness for being stigmatized and be recognized as normal, but is at the mercy of other people's sympathy. Goffman's (1963) description of the wise – as those not marked with the stigmatized condition but are closely acquainted with those who are – shows the importance of people who, through education, profession, or life experiences, have learned to empathically understand the life situation and feelings of stigmatized and reflect them with recognition despite the stigma. The wise sometimes have their own life experiences that led them to enter a helping profession, which means that, in addition to the empathic reflection, they may also sympathize with the stigmatized. In contrast to the feeling of pride, the feeling of shame is highly limiting for the well-being, self-image and agency of vulnerable groups. Here, the wisdom represented by social workers can play a crucial role in the emancipation of people who become subjects to social work interventions. Acknowledging and communication shame and daring to counteract the shame taboo is one way that social worker can show such wisdom.

According to Blumer (2004), all people must be able to distinguish shame from other emotions to function socially. For professional social workers it is significant and crucial that they are able to anticipate when, where, how and why shame is produced in others and in themselves. They need to be aware of the types of encounters and topics that are shame-generating for clients. The social worker must be able to identify the signs of shame exhibited by the client and how the context of power determines how the parties in the interaction will define the situation. The social worker must also be aware of why shame is generated in themselves and in their own reactions. Clients, like many categories of people, are in a subordinate position to authorities and institutions. This means that social workers can influence the emotions that the client will feel and show during an encounter, which is similar to a role play, where the roles are partly directed in advance (Barbalet, 1998). It is important to pay attention to the importance of balancing institutionalized power relations so that the weaker party is strengthened in the relationship and allowed to express an authentic self without being forced into role plays where real needs and feelings are hidden.

Clients who are labeled in encounters with professionals may identify with the attributes ascribed to them and subsequently develop secondary deviations to the label. The primary labeling may also have already occurred in the family and/or school and in previous encounters with social services and other institutions. According to Scheff (1999), the sick role is an adaptation to expectations in a specific power context that counteracts the person's attempts to return to a normal identity.

There are often benefits associated with the sick role and the environment often finds it difficult to redefine the person's identity, which counteracts a return. If the encounter between a client and a social worker provokes shame through a lack of understanding on the part of the social worker, the treatment may confirm a previously learned feeling and stabilize the status quo in feelings of subordination and of being a human with less dignity.

If the institutionalized power relations between client and social worker are unequal, the risk of the client being forced to experience shame increases. The client has only a limited space to independently choose how to react in the situation. A typical risk situation is when the social worker uses his/her power to force compliance from a less powerful client who is forced to humiliate himself/herself in front of the more powerful party. Since a client without access to functioning impression strategies lacks the means to influence how others will perceive him or her, the person cannot protect his/her self-image from intrusion. According to Barbalet (1998), emotions must therefore be understood in the social and institutional power context that gives rise to them. If the relationship leads to shameful injustices, the trust between the parties is damaged. If both the social worker and the client are made aware of how both parties contribute to the definition of the situation, both parties will also be able to contribute to a consensus with recognition and pride. A more equal power situation increases the possibilities for clients to be rehabilitated as they can change from a sick role to an emancipating role where they are encouraged to break the expectations of a labeled identity. Power and emotions are linked, and social workers must have knowledge of both in order to communicate the above to a client so that both parties can work to establish a new identity for the client. The social worker must also break the expectations of their institutionalized roles if they are counterproductive to rehabilitation where, for example, the social worker may try to reduce his/her own power in the relationship and thus give the client more space to talk about his/her problem.

Houston (2016) considers the recognition of the other person and their feelings as a condition for constructive relationships in social work. Not receiving recognition can have negative consequences for the weaker party in the relationship, who is thus prevented from formulating and expressing their needs in a dignified manner. The social worker's understanding of the other party is correspondingly limited, as the client with less power may enter a defense or withdrawal mood from the possible demeaning situation. Feelings of shame are central because they signal that the relationship is not working properly and that the parties do not respect each other enough to feel pride in belonging to the relationship. Without recognition of each other's feelings, the potential for partners to understand each other and act constructively and progressively is limited. In relationships where one party is seeking help and in a power disadvantage, recognition is thus of central importance to whether they can get the help they need and are entitled to. Frost (2016) also shows the importance of acknowledging feelings of shame in social work. In order to be able to talk about shame together, both parties must first process their own feelings before they can identify feelings of shame that they have provoked in each other. Institutionalized relationships such as the one between the social worker and the client often provoke feelings of shame in both parties and without acknowledging these feelings, the parties are denied access to understanding the other's life situation, which limits the possibilities of using the relationship constructively.

2.2. Young people's special relationship with emotions

Being able to control and regulate one's emotions are keywords in the normative discourse that defines when adults can be considered mature and capable members of society. Young people as a group, on the other hand, are considered emotionally immature because they have not developed the same control of their emotions and impulses as adults (McDermott & Roen, 2016; Lesko, 2012). This has led to the notion that we do not need to take young people's emotions seriously. Young people's irrationality is often explained biologically as a product of hormonal changes or socially psychologically as the result of inadequate socialization and experience in dealing with emotions. The premise is that young people's emotional immaturity declines over time. There is therefore a tendency to underestimate the importance of adolescents' emotional experiences and expressions and to categorize emotions as something they will outgrow as adults. This leads to a misleading dichotomization between rational adults and emotionally immature adolescents (Lesko, 2012).

However, the emotional immaturity that young people sometimes exhibit is not necessarily a consequence of so-called normal development but the result of problems they have had in interacting with adults in the family and social institutions in the past. Encounters may have taken place with social service staff in institutional contexts where young people have been evaluated for eligibility for social work interventions or have been forcibly placed in families or youth homes. In this context, young people may feel that their emotional problems have been minimized and that they have been treated with disrespect. Taking more account of the unequal power relations that underpin encounters between social services and young people, and showing more respect for the experiences and feelings that young people bring to the encounter, can help to develop progressive and respectful solutions. In order to arrive at an accurate assessment, the social worker must take a thorough history of the young person's childhood experiences and encounters with social services, and this includes opening up and communication about emotions that arouse in these situations. Without this understanding, there is an increased risk of the parties becoming trapped into roles that make it difficult to provide the right support.

3. The case of young people in institutional care

Young people in institutional care may have a history of adverse childhood experiences and traumas. These experiences may have laid the foundation for a negative self-image and the shame of being unloved. This can range from various forms of insecurity, disorder and neglect to being subjected to and/or witnessing psychological, physical and sexual violence (Levenson, 2017) If institutional care does not have sufficient knowledge of how to deal with young people's vulnerability, there is an increased risk that abusive situations will force these young people to re-experience harmful childhood experiences (Dolezal & Gibson, 2022). The care thus loses its constructive function and risks confirming the client's negative self-image and locking the person in a vicious circle. This increases the risk of secondary deviations in the form of sick roles, where young people are forced to adjust as to survive in a social system that is harmful to them. The young people will perhaps feel insecure in being able to express their real needs and the staff may have a hard time interpreting the young people's behavior correctly, with the possible result that the treatment will have no effect. In order to systematically assess whether or not treatment in institutional care is constructive, access to support from an objective method and an operationalized tool is required. Such a tool should be able to be used to assess whether a treatment is shame- or pride-inducing and whether it forces clients to re-experience feelings that have been linked to shame-inducing and anxiety-filled experiences in childhood or contributes to the construction of a proud identity. Reliving feelings related to shame and distressing experiences can be related to risks of re-traumatization. Both shame- and trauma-informed approaches reduce this risk. Without this knowledge there is no control over whether a treatment, situation or intervention will produce positive or negative effects on rehabilitation. Knowledge of shame is, according to Tangney et al (1992), Nathanson (1994), Marshall et al (2009) and Scheff (2010), a necessary condition for understanding why people who experience shame have difficulty changing their self-image. Individuals who have done something 'bad' and repeatedly experienced shame have often learned that it is pointless to change when the perceptions of others are unchanged, so the shame is

directed inwards and perpetuates a negative self-image. People with a negative self-image tend to be more sensitive to situations that provoke shame and therefore more likely to protect the self through defense. When shame of inadequacy is elicited in a situation or treatment of any kind, it is often revealed by the person reacting with anger and suspicion and using excuses and justifications to project the pain of shame onto others. These defenses can easily be misinterpreted as an unwillingness to participate in treatment or interventions but are rooted in the fact that these individuals are more prone to shame than others.

If the social bond between young people and institutional staff is equal and supportive, there is potential to teach the client to distinguish between themselves and the negative actions they have performed. The action may have been bad, but the action does not define the client as a person. The approach opens an opportunity for the client to feel guilty for their action which, unlike shame, is a prosocial, reparative and outward looking emotion that contributes to rehabilitation (Tangney et al., 1992). As introduced above, young people are a difficult group to treat because their emotions are easily confused with stereotypical

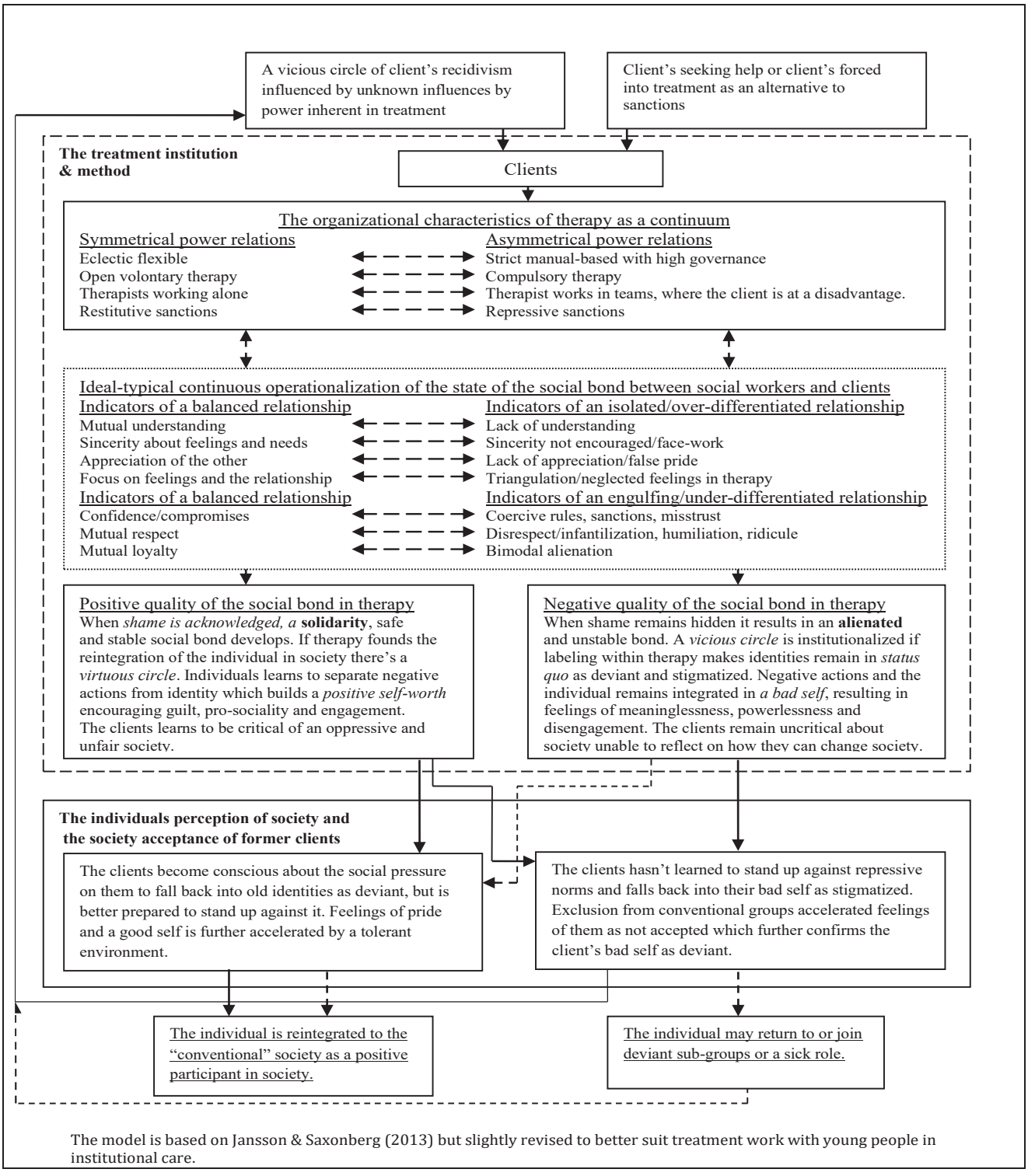

Fig. 1. Idealtypical model of the tensions between different emotional content in treatment for client's in social work.

notions of how young people's emotional lives work. It is therefore important to identify the causes of young people's emotional problems.

3.1. A model for evaluating social bonds in social work and institutional care for adolescents

In the following, a theoretical model will be presented that was originally developed for empirical analysis of shame and pride in therapeutic treatment of violent offenders (Jansson and Saxonberg, 2013). The model has a general basic structure and is therefore adaptable for the analysis of social bonds ranging from social institutions to micro-interactions within families, couples and friendships. The model is not validated but has previously been empirically tested to assess and compare the quality of the social bonds between therapist and client in cognitive treatment models for violent offenders (Jansson, 2013) and between cognitive and psychodynamic treatment methods (Jansson, 2022). The model has been adapted with minor changes for analyses of the quality of the social bonds between treatment staff and clients in different types of institutional care for young people. To be able to prevent the specific problems with young people and why they have different kinds of mental health problems and acting out behaviors, it is important to have access to an empirical tool. The tool must provide us with knowledge whether the intervention encourages the development of a prideful bond of solidarity between social worker and client or whether the intervention leads to some form of shameful engulfment or isolation where clients are forced to re-experience violations, humiliations, and distressing experiences. In general, if institutional care for young people lacks knowledge of the importance of emotions, there is a great risk that interventions will produce unintended effects that harm rehabilitation. Likewise, without a secure social bond between clients and the social worker, we cannot presume that young people have the means, will or possibilities to change their life-course.

Below we present the slightly revised model (Fig. 1) that can be used as a starting point for investigating shame and pride in institutional treatment of adolescents. The model uses clients instead of violent men which is more inclusive. Fig. 1 provides a schematic view of the structure of this ideal-typical hybrid model. The model combines Barbalet's (1998) power perspective on social emotions with Scheff and Retzinger's (2001) micro perspective. The model contains empirically operationalizable indicators that make it possible to analyze the quality of social bonds in institutions such as social services, therapeutic treatments, institutional care, correctional services, workplaces schools and micro-interactions between family members.

In the model (Fig. 1), Lewis's (1971) method of analyzing communication and Retzinger's (1995) further development of the method have been fundamental to increasing the understanding of hidden emotional dimensions in social interaction. Retzinger's (1995) basic method for investigating verbal, non-verbal and paralinguistic communication within families was designed to optimize the possibilities of producing valid data but is complicated as it is based on film recordings of the interaction. The method has here been modified to facilitate analysis in social institutions. The model is better suited to examining social institutions where the power differences between staff and clients have an impact on the emotions evoked by the interaction. The model is based on a continuum to allow for greater complexity, while Retzinger's (1995) model is dichotomized to make the extremes visible (Jansson and Saxonberg, 2013). The model provides a schematic image of how different factors affect the causal flow and either result in secure and proud social bonds or insecure, shame inducing and alienated social bonds. The former enables an emancipatory identity change, and the latter preserves the status quo as stigmatized. When clients enter an institution and treatment, they are at the top of the model.

If an encounter between an institution and a client is framed by asymmetrical power relations, the risks of the client feeling inferior and being reinforced in his/her belief that he/she will remain stigmatized indefinitely in a state of exclusion increase. This is particularly evident when a powerful party influences the experiences and feelings of the weaker party. Symmetrical power relations, on the other hand, generally have a positive effect on the social bond and reinforce the client's feelings of pride. In practice, the interaction between the parties is usually between the two extremes, but with a preponderance of one side. It is very difficult to make power relations completely symmetrical, especially in cases where clients are forced to participate in a treatment or intervention imposed by the authorities. At the same time, it is unlikely that power relations can be completely asymmetrical where the institutional staff has complete power over the client. Institutional staff and social workers can usually do much to reduce power over clients, but unfortunately, they can also strive to maintain power. One reason for an uneven distribution of power may be that the intervention is governed by legal provisions and is mandatory. Another reason may be that institutional staff sometimes work in teams, which gives them more influence over clients. However, teams do not necessarily imply power, but if authorities have institutionalized power as part of the relationship, the risk increases. They are also in some cases influenced by the methods they apply where there may be a focus on identifying deficiencies rather than strength in the client. The methods applied may also be more or less repressive with or without sanctions. In summary, then, institutional staff's awareness of their power can both improve and worsen the effects of an intervention (Jansson and Saxonberg, 2013). Relationships characterized by solidarity and balance are located on the left side of the model. Under these conditions, the parties move freely between distance and proximity with no threat to their integrity and autonomy. The right side represents an alienated relationship where the parties are either isolated from each other or where one party dominates and engulfs the other (Scheff & Retzinger, 2001). According to Scheff (2010), only a large element of solidarity between the parties can reconstruct the identity of stigmatized clients to "normal". When institutional staff enable clients to feel proud of their good qualities, they are motivated to separate their person as good from the negative acts they have committed, thus normalizing the clients' identity and increase their involvement.

Understanding, trust, loyalty and appreciation of a client are pride-inducing and logically opposed to shame-inducing relationships based on misunderstanding, distrust, disloyalty and rejection. Organizationally, the treatment can either perpetuate asymmetrical power relations or give institutional staff the freedom to promote symmetrical power relations between the parties. Simply put, the quality of the social bond is the consequence of how the institutional staff exercise their power. To build a secure social bond with the client, staff must understand the importance of symmetrical power. It is only when staff are completely unaware of their power that the organizational conditions will determine the quality of the social bond between client and staff. Thus, power relations are important in understanding why shame is experienced among clients. It is also important to understand the difference between mandatory and voluntary interventions as they are highly influential to the balance of power between the parties. A compulsory intervention may, through coercion, remind the client of childhood experiences and situations in which negative emotions were evoked and therefore contribute to the status quo and disengagement. A voluntary open-ended intervention allows the client to make a choice and is unlikely to remind the client of past abuse and humiliation. The formal structure with mandatory rules can thus be an obstacle to rehabilitation if it is not managed constructively, which requires knowledge about emotions on the part of institutional staff (Jansson and Saxonberg, 2013).

The model can also relate to relevant research on disengagement. There is a positive correlation between youth engagement and successful treatment outcomes. Research emphasizes joint planning and a strong therapeutic alliance as contributing factors (see Cunningham et al., 2009; DiCroce et al., 2016). A secure social bond between staff and young people has a strong impact on young people's willingness to change their trajectory in residential care. Honesty and openness about emotions are emphasized in our study, as a strong alliance must be

complemented by genuine communication about emotions. As self-awareness is high in adolescence (Rankin et al., 2004), adolescents may be more sensitive to feelings such as shame and guilt, which can lead to depressive symptoms and behavioural problems. Enell and Wilińska (2021) emphasize that adolescents in institutional care in Sweden often perceive the care as unsafe or question whether it qualifies as care. Thus, disengagement can occur when the nature of care is not adequately considered. Experiences of shame in the relationship, indicating insecure social bonds, can lead to non-engagement with the services provided. Conversely, feelings of pride that signal secure social bonds can increase engagement with services.

Feelings of shame are often associated with being unloved and previous experiences of vulnerability, isolation and alienation. If staff exercise asymmetrical power over their clients, it can lead to the re-experiencing of painful experiences. If shame and other feelings produced by these circumstances are not acknowledged, the risk increases that the client will use impression management strategies and face-work to hide pain and true feelings instead of developing a stable social bond with staff. Manual-based approaches generally follow a strict model and are therefore less flexible for individual adaptation than dynamic approaches. However, the quality of the method depends on how familiar and confident staff are with it. Staff must consider whether a strict manual-based approach has negative consequences and discuss whether the approach can be better adapted to the specific needs of the clients. Staff working in a team can influence the balance of power if they tend to put the client in a disadvantage position that then may induce feelings of inferiority. Social workers and institutional staff should therefore be aware of this and equalize power and/or work individually with clients to reduce power imbalances when they occur. Clients need to trust staff and be sure that information they have given in confidence is not disclosed to others. Institutional staff must recognize that the trust between them and clients must remain intact for a secure social bond to develop. Sanctions require power and therefore hinder the development of secure social bonds. Sanctions in the form of rewards and punishments affect trust between the parties because it distances them from each other as equals. Institutional staff should therefore consider abolishing sanctions as they are detrimental to the possibility of establishing a secure social bond. Social bonds cannot be forged, upheld and maintained by force.

This ideal-typical operationalization of the quality of the social bond between social workers and clients is mainly based on research by Scheff (2003), Retzinger (1995), Retzinger and Scheff (2000) and Scheff and Retzinger (2001, 2003). The theoretical starting point is that relationships are either balanced or unbalanced. Imbalance takes either the form of isolation/over-differentiation or the form of engulfment/under-differentiation. In an isolated/over-differentiated relationship, the distance between the client's needs and the treatment demands for change is too great. The client's needs are not understood, which inadvertently distances clients and staff from each other. Clients are not affected by treatment when they cannot connect with staff and instead, they may develop defenses against the intervention or treatment. Symptoms of isolation include misunderstanding, lack of honesty, face-work, impression management, lack of appreciation, false pride, triangulation, talking about neutral subjects and other people, and projecting blame onto others. Clients may then use diversionary strategies to avoid working with sensitive material that causes painful feelings of shame. Engulfment/under-differentiation is characterized by the demand for complete adaptation of the client to the demands of the institutional staff, leaving little room for the individual client to express their feelings and for understanding, trust, and confidence within the relationship. Clients are passivated in communication if the treatment is dominated by normative expectations of how one should be. Together with coercive rules and sanctions, this increases the risk that the client will enter a sick role (Scheff, 1999), where their adaptation to the rules can be misinterpreted as real and desired behavioral changes. Staff who do not trust and respect clients' individuality and integrity may inadvertently infantilize, distrust and/or humiliate clients and counteract their ability to take responsibility (Jansson and Saxonberg, 2013).

Social bonds between clients and social workers that are dominated by over- or under-differentiation generate unacknowledged shame and prevent the client's ability to internalize a normalized identity. If feelings of shame and pride are not allowed to emerge as central to a constructive living conversation, the conditions for building the good sides of the client's identity are missing. Shame lays the foundation for the negative aspects of the client's identity to be related to the negative actions he or she has committed, and pride is needed to be able to relate to the good aspects the client already has and to those he or she will build. If the client's feelings of shame are not acknowledged and they experience alienation, the treatment will simply confirm their negative self-image. The unacknowledged shame reinforces clients' alienation from society if they are forced to protect themselves from the sensitive and painful feelings that arise in the context of treatment (Marshall et al., 2009).

According to Scheff (2004), mutual understanding/harmony and attunement exist when the parties cognitively and empathetically understand each other's thoughts and feelings together with a common focus on the relationship. This understanding forms the basis for affiliation, affirmation and trust. The constructive conversation is characterized by solidarity language that encourages the expression of feelings, thoughts and needs without losing respect for each other (Scheff, 1999). Attunement is facilitated by equality in status and an appropriate distance between the parties, with neither dominating the other. A one-sided focus on cognitive aspects will not fulfill the client's need to share feelings and motives. Misunderstandings may collapse workers access to the client's thoughts and feelings resulting in isolation, engulfment, and conflict. Institutional staff with a lack of knowledge about the meaning of power in the relationship can act in an engulfing way by being disrespectful, humiliating, and they thus risk infantilizing the client's behaviors. Staff may misunderstand the client's needs if they do not fully embrace the other's perspective and if they simply disregard the client's feelings. Staff must strive to understand both themselves and the client, but this is impossible without a stable social bond. Cognitive understanding requires a relational and emotional focus and an equal relationship between the parties. If the relationship is authoritarian and renders the client powerless, there is no trust for the client to rely on the staff. Honesty about feelings, thoughts and experiences is a prerequisite for understanding others. Secure social bonds encourage the client and staff to be honest about their thoughts, feelings and needs and to engage with each other in what the treatment is designed to achieve. Lack of honesty leads to face-work, which protects the parties from losing face in the situation along with hidden feelings and thoughts that hinder the understanding of the motives for participating in treatment. Staff must therefore be honest with their own feelings and acknowledge their own shame in the encounter with the client. Staff must also strive for honesty about the goals and limitations of therapy. Both hidden conflicts and silent agreements that protect the parties from sensitive topics and from losing face must be avoided to build a secure social bond (Author, 0000).

When the indicators on the left side of the model (Fig. 1) dominate, the conditions for acknowledging shame are met and the social bond between institution staff and clients is stable, secure, and supportive. If the right side dominates, the parties are alienated from each other, and the social bond is weak, superficial, and insecure. Any intervention or treatment can either lead to a positive or negative circle. When clients feel proud of belonging to the social bond, the likelihood of developing a positive self-image with guilt for bad actions committed increases. When clients feel understood and appreciated, the foundation is generated for the client to learn to distinguish between bad actions and themselves as a person. If the treatment induces shame, the clients' poor self-image will likely be confirmed, and this may in turn result in an exacerbation of outward, aggressive, and troublesome behaviour or internalized symptoms such as depression, anxiety, or other self-destructive behaviors (e.g., self-injury) in the client.

3.2. Manifestation of shame and pride among young people in institutional care

The relationship between staff and young people in institutional care is put under strain, affecting the quality of social bonds. Below we present research findings that indicate isolated and alienated social bonds and an increased risk of young people falling back into their bad self as stigmatized. Lack of understanding and communication is highlighted as a cause of fear, threats and violence between staff and young people (Andersson, 2022). Young people with many placements breaks distance themselves from emotional dependency relationships with staff (Skoog et al., 2015), as trust in adults was often damaged, indicating isolation/over-differentiation. Evaluations of care chains in which institutions and professionals are supposed to work with young people at the center show deficiencies in collaboration and bureaucratic struggle and that young people feel that they are on the periphery (Basic, 2012), indicating bimodal alienation. Spånberger Weitz (2011) points out how the sense of self-control and belonging to home, which is central to young people's security and well-being, was often neglected, indicating an engulfing/under-differentiated relationship. Institutional treatment assessments affect young people's self-image and self-presentations and force them to adapt to these, rather than the treatment being adapted to their needs and providing them with safety, security and care (Enell and Wilińska, 2021), indicating a lack of appreciation and false pride. Young people experience ambivalence about having to both accept themselves as an object of change and defend their previous identity. For legitimacy, young people have to adapt to the staff's definitions of how young people should be (Egelund et al., 2010), which can lead to role play and apparent changes, indicating a lack of sincerity and face-work.

3.3. Suggestions for testing the model

We intend to test the model in an institutional treatment for adolescents with a quasi-experimental design (Reichardt, 2019). In the institutional context in which our test study will be conducted, there is difficult for us to make a random assignment of participants, which excludes randomized clinical test designs. Institutional treatment of adolescents is governed by Swedish laws and regulations, which makes manipulation of the organizational structure difficult. We therefore do not plan to manipulate the following organizational power aspects: eclectic or manual-based, open or compulsory, staff working individually or in teams, and restorative or repressive sanctions. The independent variable is a treatment intervention based on pride-building factors from the adapted basic model (Fig. 1). The dependent variable is the predicted outcome, which corresponds to the fact that a test group of young people who receive the treatment intervention will perceive the treatment intervention as more solidarity-generating than what measurements of existing treatment (baseline) have shown. Statistical methods will be used to determine any significant differences between treatments. As an independent variable, adolescents in the test group receive pride-generating treatment interventions over a period of 2–4 weeks. Treatment staff are trained in pride-building methodology and in the following dimensions of the intervention to build pride in the client.

To balance the relationship and avoid isolated/over-differentiated relationships, staff should strive to: Achieve mutual understanding and pay attention to signs of misunderstanding, such as breaks in communication and when dialogue stops. Be honest about feelings and needs and avoid shaming sensitive experiences and past violations of norms. Pay attention to indications of face-work that hide real contact with emotions. Show appreciation for the other, acknowledge small progress and build on young people's strengths and avoid focusing on shortcomings that confirm a bad self. Consciously focus on the emotions, sensitive topics and the relationship. Avoid triangulation to neutral topics that generate less shame and neglect important emotions.

To balance the relationship and avoid an engulfed/under-differentiated relationship where rules, punishment and disrespect alienate the parties, staff should strive to leave space for young people to express needs and be themselves: Relationships should be built on trust and compromise to avoid relationships based on mistrust and sanctions. Interaction should be based on mutual respect for each other's autonomy aiming to avoid disrespect, humiliation, infantilization and ridicule. Staff should also demonstrate mutual respect for both young people/clients and colleagues fostering loyalty. The results will indicate whether the quality of the social bond has been positively affected by the intervention.

4. Concluding discussion

All interacting individuals continuously evaluate themselves in the reflections of others. Nevertheless, individuals have only limited control over the emotions of pride and shame. This is typical of the social bonds between parents and children but also of institutionalized relationships between institutional staff, social workers and clients. There is now a pressing and urgent need for new pragmatic model that can map the quality of social bonds in different forms of interventions and treatments within the framework of voluntary and regulatory interventions in the field of social work. Although the theoretical assumptions on which the model is based are sound, the model needs to be empirically tested for further development. Institutional treatment of young people is framed by legal rules, procedures and manuals which can impede the understanding of what actually happens to young people in treatment. Institutional treatment of young people often relies on the use of disciplinary power to transform deviant young people into normal, ordinary, young people. However, there are obvious risks involved in this quest. Rather than encouraging the emergence of a normalized identity based on the client's good qualities, an asymmetrical power relationship can perpetuate and reinforce a deviant identity where bad aspects of the self are likely to be already internalized by the client.

If institutional staff and social workers lack knowledge of how shame is induced by too little or too much distance from the client in treatment, unintended consequences may result. Exaggerating the idea that one can change the client only by influencing the person's cognitive thinking risks underestimating the importance of the emotional basis of the client's solidarity with society from the client's perspective and the social bond with the institution staff and/or social worker. We suggest that by working with the emotions of shame and pride in both social workers and clients and between them, their social bond can be strengthened, upheld, and developed in a way that positively reinforces any good interventions and treatment plans. But without communicating shame head on, shame will go underground and hide and thus will eventually have a great impact on the possibility that any of the intervention or treatments one pursues will actually work. Human beings are after all more than rational and cognitively oriented but rather foremost emotional beings.

CRediT authorship contribution statement

Peter M. Jansson: Conceptualization, Funding acquisition, Data curation, Writing – original draft, Writing – review & editing, Visualization, Investigation, Validation, Formal analysis, Methodology, Supervision, Resources, Project administration, Software. **Nina V. Gunnarsson:** Conceptualization, Funding acquisition, Data curation, Writing – original draft, Writing – review & editing, Visualization, Investigation, Validation, Formal analysis, Methodology, Supervision, Resources, Project administration, Software.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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