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Embodied social work in Zimbabwe: the body as a sensory tool in frontline practice

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ABSTRACT

Social work practice in Zimbabwe, as in many Global South contexts, often unfolds in complex environments where verbal disclosure is limited, and formal indicators of harm are insufficient. While practitioners frequently rely on sensory cues and embodied intuition, these modes of knowing remain under-theorized and institutionally invisible. This study aimed to explore how social workers in Zimbabwe use their bodies as sensory tools in frontline practice and decision making. Using Interpretative Phenomenological Analysis (IPA), the researchers conducted in depth, semi-structured interviews with 11 purposively sampled social workers with a minimum of four years' practice experience. Data were analyzed through iterative phases using MAXQDA software, thematic coding, and collaborative interpretation. Findings revealed that social workers engaged sensory tools—such as smell, silence, spatial awareness, and embodied intuition—to detect hidden risks, assess emotional atmospheres, and regulate relational presence. However, participants faced challenges in articulating or legitimizing these insights within standardized frameworks. The study concludes that embodiment is not a supplementary skill, but a critical professional resource requiring institutional recognition. Implications include revising training curricula to include embodied practice, developing sensory-informed assessment tools, and fostering reflective supervision models. Recognizing embodied knowledge can strengthen early intervention and ethical responsiveness in complex practice settings.

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Introduction

Social work has long held a unique position between science and art. While its scientific aspects are grounded in evidence-based interventions, ethical standards,

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and policy frameworks, its artistic and intuitive aspects—centered on empathy, sensory awareness, and embodied engagement—have remained largely underexplored, especially within formal education, regulatory standards, and institutional discourse (Eriksson, 2025). Over time, the profession has become more standardized, with strict assessment tools and procedural compliance often overshadowing the nuanced, embodied experiences practitioners rely on in their daily work (Eriksson, 2025; Van Rhyn et al., 2021). This has created a professional culture that emphasizes cognitive detachment and objectivity, while marginalizing the affective, intuitive, and sensory dimensions of practice. New scholarship influenced by the 'practice turn' in the social sciences (Schatzki et al., 2001) questions this disembodied approach by viewing the body not as a passive vessel but as an active, perceptual agent in meaning-making. In this view, practitioners' sensory tools—such as smell, touch, sight, and sound—are seen as vital sources of data, especially during home visits, field assessments, and interpersonal interactions.

Recent scholarship has further advanced these debates by examining embodiment, affect, and sensory perception in contemporary practice contexts. For example, Crooks and Mensinga (2021) explore how movement-based and sensory attunement practices deepen relational engagement, while Eriksson (2025) and Van Rhyn et al. (2021) highlight the centrality of embodied empathy and emotional resonance in frontline encounters. These contributions underscore that sensory and affective ways of knowing are not residual or 'soft' aspects of practice but core professional resources that shape assessment, ethical judgment, and relational presence in complex environments.

Despite increasing interest in embodied social work, empirical research remains limited—especially in the Global South, where practitioners often depend on sensory and emotional cues in high-pressure, low-resource settings. Zimbabwe, a context characterized by scarce formal indicators and cultural silences, provides a compelling case study. This research fills an important gap by examining how social workers in Zimbabwe utilize their bodies—through smell, silence, spatial awareness, and intuition—as tools for assessment and connection. The aim is to understand how embodied perceptions influence professional judgment and relational practice in complex frontline environments. Its insights have international significance by emphasizing embodiment as a valid form of professional knowledge. Importantly, the study advocates for social work education to incorporate embodied skills—such as emotional literacy and sensory awareness—into curriculum design, teaching methods, and supervision approaches, offering a transferable framework for training practitioners to work ethically and effectively in diverse relational contexts.

In this article, we conceptualize the body primarily as a kinesthetic sensory tool for professional judgment and decision-making, while acknowledging that the body is also a tool for engagement and communication. Rather than treating these as separate domains, we consider engagement a process that reorganizes the social worker's bodily orientation—through shifts in posture, breathing, proximity, and muscular tension—thereby enabling and sharpening sensory awareness.

Conceptualizing the body as a sensory and practice tool in social work practice

In social work, embodiment refers to viewing the body as a source of knowledge, perception, and connection in professional practice (Eriksson, 2025, Crooks & Mensinga, 2021). It challenges traditional models that see the practitioner as a neutral observer, instead highlighting the social worker as a sensing, feeling, and responsive being whose bodily experiences influence assessment, decision-making, and relationship-building. Embodiment recognizes that social workers engage with clients not only through words and reports but also via sensory cues—such as smell, sight, sound, touch, and spatial awareness—which can offer immediate and crucial insights into a client's environment, emotional state, or unspoken risks (Bogue Kerr, 2025). For instance, the smell of neglect, the silence of a scared child, or a tense household atmosphere may signal harm or distress, even without verbal disclosure or visible signs. Embodied practice also involves bodily intuition, or 'gut feelings,' in which social workers sense physical sensations such as tightness, discomfort, or emotional heaviness that inform their professional judgment (Kong et al., 2022). In this article, I use the phrase 'body as a sensory tool' in a deliberately narrow sense to refer primarily to kinesthetic and proprioceptive sensations—such as shifts in muscle tension, posture, breathing, and felt heaviness or lightness—that arise in and through encounters with clients and their environments. While all perception is embodied and auditory, visual, and olfactory cues are integral to practice, my focus is on how social workers' kinesthetic experiences of their own bodies serve as a medium for sensing risk, relational safety, and ethical direction. Other sensory modalities (such as smell or silence) are therefore discussed insofar as they interact with and reorganize this kinesthetic field.

The body, often overlooked in traditional social work models, is increasingly recognized as a vital tool through which professionals perceive, interpret, and act within complex social realities. Conventional paradigms in social work emphasize cognitive reasoning, procedural compliance, and objectivity—often grounded in Cartesian dualism that separates mind from body (Van Rhyn et al., 2021, Eriksson, 2025). However, this disembodied orientation can obscure the nuanced emotional and sensory dimensions that are central to real-world practice, particularly in high-pressure, low-resource contexts (Mathebula, 2025, Ferguson, 2017). However, such disembodied methods can obscure the nuanced, emotional, and sensory aspects that are often central in real-world social work practice (Mathebula, 2025). New perspectives challenge this view by emphasizing the body not only as present but also as essential to practice. Social workers do not just observe or assess from afar—they connect with people and their environments through bodily presence, responding in real time to visual, auditory, olfactory, and emotional cues (Muzicant & Peled, 2018). This embodied involvement often provides initial insights into clients' well-being, environmental hazards, or relational issues. For instance, the lingering smell of a neglected home, the quiet withdrawal of a child, or the stiff posture of a caregiver may indicate harm or vulnerability that is not immediately visible in formal assessments (Marozza et al., 2025, Wright et al., 2023).

This conceptual shift is grounded in phenomenology, particularly the work of Merleau-Ponty (1962), who argued that perception is fundamentally embodied. For Merleau-Ponty, the body is not a passive object but the primary medium through

which we experience the world—it is the 'pivot' of perception and meaning. Similarly, anthropological and sensory ethnographic research by scholars such as Ingold (2000) highlights that human understanding goes beyond language or conscious thought; it develops through sensory and emotional engagement with space, objects, and others. These ideas have gradually influenced social work through a practice-oriented approach within the social sciences (Schatzki et al., 2001), shifting the focus from abstract systems and cognitive models to the situated, relational, and bodily practices of practitioners. In social work, this perspective is most clearly expressed by Ferguson (2017), whose ethnographic research on child protection shows how practitioners rely on sensory impressions—like the texture of a home, a child's silence, or their own bodily discomfort—to understand risk and vulnerability. Ferguson (2017, p. 1010) notes that 'the embodied presence of the social worker is central to what happens in face-to-face encounters,' and that these interactions are often influenced more by what is felt and sensed than by what is spoken.

Insights from dance and performance studies further refine this focus on kinesthetic knowledge. Brandstetter's (2015) notion of 'kinesthetic listening' emphasizes how bodies listen through movement and muscular responsiveness, offering a useful lens for understanding how social workers sense and respond to subtle shifts in interaction. Similarly, Böhme (2006)'s concept of atmospheres foregrounds the felt, spatial quality of situations, aligning with participants' descriptions of entering homes that 'felt heavy' or 'tense' before any words were spoken. Kraus and Wulf's (2022) work in the Handbook of Embodiment and Learning also underscores that professional judgment is shaped by bodily engagement rather than purely by cognitive processing.

Although embodiment is increasingly recognized in research, social work's official ethics and standards remain silent on the body's role. For example, Social Work England's Professional Standards (2019) promote 'critical reflection' and 'professional curiosity' but lack guidance on how bodily or sensory experiences influence ethical decisions. Similarly, the U.S. National Association of Social Workers (NASW) highlights 'self-awareness' and 'professional judgment' (NASW, 2021) without addressing the embodied aspects of such awareness. The Australian Association of Social Workers (AASW) Code of Ethics (2020) mentions 'holistic practice' but does not define it operationally, including sensory perception. In Zimbabwe, the National Social Work Minimum Standards of 2017 focus on procedural compliance and observable indicators, neglecting embodied, affective, or intuitive facets in assessments (Bohwasi & Chidyausiku, 2021). This gap is especially critical when evaluating vulnerability. Standard tools often define vulnerability narrowly—by age, income, disability, or exposure to violence—yet, in practice, vulnerability is frequently sensed before it is visible (Wright et al., 2023, Ferguson, 2017). Ferguson (2017) notes that a social worker might observe sudden affective changes, palpable tension, or caregiver avoidance of eye contact. Although not traditional evidence, these cues often indicate deeper issues that require urgent attention. In Zimbabwe, social workers in diverse settings who encounter deep vulnerabilities rely heavily on sensory cues, despite these cues being absent from formal assessment methods (Muzingili, 2025a). As Singh and Cowden (2017) caution, universal approaches to vulnerability risk ignore local meanings and lived realities, highlighting the

need for frameworks that recognize culturally mediated, often non-verbal, expressions of need or distress.

To maintain conceptual clarity, I draw on a limited set of terms to describe kinesthetic and relational phenomena. we use 'kinesthetic sensing' to refer to practitioners' bodily awareness of posture, tension, and movement; 'attunement' to describe the process by which social workers adjust their bodily orientation in response to clients and environments; and 'atmosphere' to denote the felt, shared quality of a space that emerges from these embodied interactions. While related concepts such as 'affective contagion,' 'emotional climate,' or 'embodied containment' appear in adjacent literatures, they are not used here as synonyms but as background to this more focused vocabulary.

Literature review

Empirical research on the role of the body, sensory perception, and embodiment in social work is limited but is increasingly gaining attention across various practice settings. While traditional social work models focus on cognitive procedures, assessment strategies, and verbal communication, emerging research highlights the importance of embodied knowledge—how practitioners sense, feel, and use their own bodies as tools for professional judgment and relational connection.

Ferguson (2017) conducted pioneering ethnographic studies providing essential insights into how social workers employ their senses during home visits and case evaluations. His detailed analysis of child protection workers in the UK showed that sensory signals—such as smells, silence, ambient tension, or the tactile sensation of a space—play a significant role in shaping risk assessments and decisions. Ferguson viewed the body not just as an organ of sensing but as a 'communicative presence,' emphasizing how practitioners adjust their proximity, tone, and posture to connect with clients. Although such embodied techniques are valuable, Ferguson observed that they are often overlooked in formal guidelines and training. Lefevre's (2015) study of 35 practitioners involved in child assessments reinforced these findings, revealing that workers often depend on bodily attunement—like interpreting non-verbal cues or sensing personal discomfort—to identify trauma or withholding. This tacit knowledge is crucial for building rapport, especially when verbal communication is limited. Curtis (2024) examined embodied intuition, or 'gut feelings,' as early warning signals in child protection, noting both their usefulness and the professional debate over their legitimacy within evidence-based practice. Research by Fuchs and Koch (2014) and Eriksen et al. (2022) demonstrated that sensory awareness helps practitioners navigate emotionally intense situations, especially during initial interactions. These studies also highlighted the ethical and relational significance of touch, illustrating how practitioners rely on bodily intuition to determine when physical contact, such as holding a hand, is appropriate for emotional support despite regulatory restrictions.

Recent research has broadened the understanding of empathy in social work to encompass embodied and phenomenological elements. Van Rhyn et al. (2021) contend that traditional models—centered on cognitive mirroring and perspective-taking—fail to recognize the embodied, emotional components of social interactions fully. Drawing on Merleau-Ponty's phenomenology, they introduce an alternative model in which empathy emerges from bodily co-presence, direct perception, and emotional resonance. This

framework highlights compassionate ambiguity, which involves holding both understanding and uncertainty to foster deeper relationships. Eriksson (2025) underscores the importance of reflexive inquiry into how professionals experience their own bodies during client interactions—not just to apply theoretical insights afterward, but to reveal the lived body as a crucial site for professional reflection. This view challenges overly cognitive or procedural approaches to reflection and aligns with feminist and post-structural critiques of disembodied professionalism.

While literature describing the explicit use of sensory tools in social work remains limited, studies from related fields, such as occupational therapy and mental health, provide valuable insights. In a large cross-sectional survey, Wright et al. (2023) used the Theoretical Domains Framework to identify barriers and enablers for sensory interventions in Australian psychiatric units. Findings showed that although staff recognized the benefits of sensory tools (e.g. sensory rooms, weighted modalities), implementation was limited by time and resource constraints and by insufficient training. Importantly, staff with higher knowledge, confidence, and access used sensory tools more often, indicating the need for targeted implementation strategies. Similarly, Marozza et al. (2025) assessed the use of sensory profiles in diagnosing children with Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). Although conducted within a medical setting, the study illustrates how sensory processing data can enhance psychosocial understanding of behavior. This has important implications for social work, especially in multidisciplinary settings where sensory-informed approaches could supplement traditional assessments.

Further theoretical contributions challenge prevailing dualisms in psychosomatic and social work theory. Gómez-Carrillo et al. (2023) critique the marginalization of psychosomatic explanations within biomedicine and call for integrative, multilevel models that recognize the interplay of body, culture, and meaning. Their work is especially relevant for social work, where clients' distress is often rooted in socially embodied experiences of trauma, marginalization, or displacement. Mathebula's (2025) study of naked body protests in South Africa provides a powerful example of embodiment as resistance. Drawing on affect theory and Butler's performativity, the research shows how the body serves as a site of political expression, challenging gender norms and institutional power. Although not directly situated in practice, this work broadens the relevance of embodiment to macro-level social justice, which remains a core principle of social work ethics. Lastly, Crooks and Mensinga (2021) examine Dance Movement Therapy (DMT) as a relational, embodied intervention for parent—child attachment. Their work highlights the potential of movement-based, non-verbal interventions to promote healing and intergenerational change, advocating for greater incorporation of DMT principles into social work education and early intervention programs.

Decolonial approaches in social work further challenge universalist and disembodied models of practice by foregrounding Indigenous, local, and embodied ways of knowing. Clarke and Yellow Bird (2020) argue that healing and assessment must be grounded in relational, land-based, and sensory practices that honor community epistemologies rather than imposing external, technocratic standards. Similarly, Kleibl et al. (2020) and Kleibl et al. (2024) call for postcolonial and decolonial frameworks that recognize how colonial histories shape whose knowledge counts as 'professional' and whose embodied experiences are marginalized. Situating embodied practice within these

debates highlights that social workers' sensory attunement in Zimbabwe is not only a practical necessity but also a form of epistemic resistance to disembodied, imported models of vulnerability and risk.

The reviewed literature shows a growing, though still fragmented, collection of knowledge emphasizing the importance of embodiment and sensory perception in social work. While traditional protocols often focus on cognitive-rational processes, these studies collectively argue that embodied knowledge is crucial for relational, ethical, and effective practice. From ethnographic fieldwork to phenomenological theorizing and interdisciplinary applications, the evidence indicates that practitioners routinely depend on sensory and emotional attunement—yet this remains under-recognized in training, policy, and professional discourse. Thus, positioning embodiment alongside decolonial and postcolonial critiques thus underscores that legitimizing sensory and affective ways of knowing is both a practice imperative and a contribution to epistemic justice in social work (Clarke & Yellow Bird, 2020, Kleibl et al., 2020). Taken together, these studies show that while formal protocols privilege cognitive-rational processes, practitioners routinely depend on embodied, sensory, and affective attunement—forms of knowledge that remain under-recognized in training, policy, and professional discourse.

Material and methods

Design

This study employed Interpretative Phenomenological Analysis (IPA) to explore how social workers in Zimbabwe use their bodies as sensory tools in professional practice, particularly during assessments and decision-making processes. Rooted in interpretivist qualitative inquiry, IPA draws on the philosophical traditions of phenomenology, hermeneutics, and idiography (Smith, 2017). It aims to understand how individuals make sense of their lived experiences, which makes it well-suited to this study's focus on the embodied and sensory experiences of practitioners working with vulnerable populations. The choice of IPA was justified by both its philosophical underpinnings and its methodological flexibility. Drawing from the phenomenological insights of thinkers such as Heidegger and Merleau-Ponty, IPA emphasizes the lived experience of the body in context, which is central to this study's focus on embodiment in social work (Heidegger, 1962; Merleau-Ponty, 1962). The approach also embraces the double hermeneutic—where participants make sense of their experiences, and the researcher, in turn, makes sense of that sense-making (Muzingili, 2025b). This dual interpretive process was crucial for examining how social workers not only perceive and use their bodies but also understand, reflect upon, and articulate these experiences within institutional and cultural frameworks.

Participants

In line with IPA's emphasis on small, homogeneous, and purposively selected samples (Alase, 2017), the study focused on social workers employed by Zimbabwe's Department of Social Development (DSD), specifically those directly involved in case assessments, home visits, and intervention planning with vulnerable groups.

Table 1. Participant demographics.

Participant ID	Gender	Age	Years in DSD	Qualification (Highest in Social Work)
P01	Female	34	8	BSW
P02	Male	29	4	BSW
P03	Female	41	13	MSW
P04	Female	38	10	BSW
P05	Male	33	6	BSW
P06	Female	36	9	BSW
P07	Male	45	18	MSW
P08	Female	31	5	BSW
P09	Female	37	10	BSW
P10	Male	40	11	MSW
P11	Female	35	7	BSW

Inclusion criteria required that participants have at least 2 years of experience in the DSD and be actively engaged in field-based social work involving sensory and relational judgments. Purposive sampling was used to identify participants who could offer rich, reflective accounts of embodied practice. This form of sampling is consistent with IPA's idiographic focus, which seeks depth over breadth (Pietkiewicz & Smith, 2014). The recruitment process was facilitated through DSD administrative channels, which helped identify practitioners who met the inclusion criteria and were willing to reflect deeply on their practice experiences. While IPA typically recommends sample sizes between 6 and 12 participants, the final sample size was influenced by both methodological appropriateness and contextual realities. Zimbabwe has experienced a significant post-COVID-19 brain drain of trained social workers, resulting in a diminished pool of experienced professionals in the sector (Muzingili, 2025b). Out of 17 social workers invited from various regions—including Harare, Chitungwiza, Bulawayo, Matabeleland North, Masvingo, and Midlands—11 agreed to participate. This number falls within the acceptable range for IPA studies and allows for sustained, detailed engagement with each participant's narrative. Table 1 below shows the demographic characteristics of the participants:

The demographic profile shows a gender imbalance in favor of female participants, reflecting the general gender trend within the profession in Zimbabwe. The age range (29–45 years) and years of experience (4–18 years) indicate a mature cohort with considerable practical exposure. Most participants held a Bachelor of Social Work (BSW), while three had advanced to master's level, offering a balanced perspective between frontline and supervisory insights.

Research instrument

Data was collected using a semi-structured interview guide comprising open-ended questions, developed by the research team and peer-reviewed by a senior qualitative researcher with expertise in phenomenology. The guide was framed around two primary questions: (1) how social workers use their bodies and sensory perceptions during case assessments and interventions, and (2) the challenges they face in applying these embodied tools within institutional constraints. In line with IPA and drawing from recent methodological innovations by Muzingili (2025b), each core question was followed by layered probes designed to elicit deeper reflection. These included four interpretive

dimensions: contextual (situating the experience within time, space, and institutional context), experiential (exploring sensory and emotional reactions), interpretive (examining how practitioners made sense of those sensations), and existential (uncovering how such experiences shaped their sense of professional identity and ethical orientation). This multi-layered approach was critical for achieving depth and nuance, especially in a study focused on embodied, often tacit knowledge. It allowed participants to move beyond surface-level descriptions to reflect on how their sensory awareness influenced their judgments, shaped their decisions, and intersected with institutional norms and limitations. The flexibility of the semi-structured format also enabled the interviewer to respond to emerging themes in real time, enhancing the richness and authenticity of the data.

Data collection procedure

Data collection was conducted between 13 April and 3 May 2025 across six provinces of Zimbabwe—Harare, Chitungwiza, Bulawayo, Matabeleland North, Masvingo, and Midlands. In accordance with the principles of Interpretative Phenomenological Analysis (IPA), all three researchers participated directly in data collection. This decision was grounded in the hermeneutic foundation of IPA, particularly the principle of the double hermeneutic, in which the researcher seeks to understand how participants themselves make sense of their lived experiences (Smith, 2017). In multi-authored IPA studies, the involvement of multiple researchers in data collection enhances the depth of interpretation, allowing for a richer understanding of experiential meaning through reflexive dialogue (Larkin et al., 2011).

The interviews were conducted face-to-face, with each session scheduled based on the availability of the participating social workers. All sessions were audio-recorded with written consent and conducted in non-directive, open-ended formats, allowing participants to speak freely and deeply about their experiences. The duration of interviews ranged between 51 and 72 minutes, consistent with IPA's emphasis on in-depth, reflective engagement. To mitigate social desirability bias, participants were informed at the outset that the study offered no financial benefits or employment-related implications.

Data analysis

The analytical process followed the principles of Interpretative Phenomenological Analysis (IPA), which emphasizes the idiographic, interpretive, and experiential dimensions of participants' meaning making (Smith, 2017). The analysis unfolded through three iterative, reflexive phases that combined digital tools with embodied researcher interpretation.

Phase 1: Digital-assisted thematic Exploration

Initial data processing began with Researcher 4, who transcribed all interviews verbatim, ensuring fidelity to tone, cadence, and contextual detail. Researcher 1 then imported the transcripts into MAXQDA for preliminary thematic exploration. Using features such as

Table 2. Top 10 recurring words with related terms and preliminary insights.

Word	Frequency	Related Terms	Preliminary Insight
Feel	129	Felt, Feeling, Heaviness, Gut	Central to embodied perception and intuitive judgment
Smell	91	Odour, Stench, Urine, Food	Trigger for identifying neglect or hidden risk
Quiet	84	Silence, No sound, Stillness	Indicator of emotional suppression or fear
Body	79	Bodily, Physical, Presence	Used for sensing, regulating, and engaging relationally
Tension	73	Energy, Vibe, Atmosphere	Affective reading of household dynamics
Child	68	Girl, Boy, Minor	Focus of most protective interventions
Look	63	Eye contact, Stare, Avoidance	Used to detect distress or concealed harm
Space	59	Distance, Layout, Proximity	Spatial arrangements used as diagnostic cues
Voice	52	Tone, Shouting, Whisper	Emotional and relational markers during interaction
Alone	47	Isolated, Withdrawn, Separate	Expression of emotional neglect or client disconnection

the Word Cloud, Word Frequency List, and Keyword-in-Context (KWIC) tools, the researcher identified recurring linguistic patterns, affective language, and embodied terminology. A preliminary dictionary was constructed with key sensory and emotional terms drawn from the data (e.g. *smell*, *feel*, *quiet*, *atmosphere*, *intuition*), which guided automated coding. Co-occurrence analysis was also used to detect how certain embodied words (e.g. *smell*) clustered with emotional descriptors (e.g. *uncomfortable*, *tension*). These patterns suggested early thematic groupings grounded in the participants' sensory and affective vocabularies. Table 2 below shows the process that was involved in developing themes:

These preliminary patterns informed the construction of initial thematic nodes, including embodied knowing, atmospheric tension, nonverbal distress, and relational positioning.

Phase 2: collaborative thematic dialogue

As IPA emphasizes the double hermeneutic—where researchers interpret how participants make sense of their experiences (Smith, 2017)—the second phase moved beyond software-generated outputs. All four researchers independently engaged with the transcripts, reading line-by-line while referring to the preliminary codes. Each researcher annotated key verbatim, emotional intensities, and bodily metaphors that resonated with their interpretive lens. This stage allowed for interpretative pluralism—capturing diverse readings of the same narrative and avoiding over-reliance on automated coding. As Roulston and Shelton (2015) argue, software can assist but never replace the embodied judgment and reflexivity central to IPA.

Phase 3: Interpretive consensus and theme finalisation

The third phase involved a series of in-depth, face-to-face collaborative analysis meetings. These focused on: (1) Discussing and refining the preliminary themes, (2) Merging overlapping categories into coherent, interpretive themes, and (3) Selecting 2–3 vivid verbatims per theme that captured both the emotional and conceptual essence of each experience. Debates centred not only on what participants said but also on *how* they said it—tone, repetition, and embodied metaphor were key interpretive cues. For instance, the theme *'Sensing the Unspoken'* emerged from narratives rich in sensory vocabulary (e.g. smell, silence, stillness) and was validated by the corresponding emotional resonance in the researcher's readings. As Alase (2017) cautions, automation in qualitative analysis can assist but must never displace the embodied reflexivity and dialogic interpretation that

define IPA. Accordingly, software outputs were treated as heuristic tools—not definitive findings. Through this rigorous, human-centered process, the team developed four final themes, each grounded in both the idiographic texture of individual narratives and the shared meaning constructed across participants.

Positionality

All four authors shared a background in social work, with Author 2 having worked within the Department of Social Development (DSD) and Authors 1 and 4 based in academia, who had collaborated on a combined total of four consultancy projects with DSD over the past five years. This meant that all researchers entered the study with some preexisting knowledge of the institutional context, professional norms, and the practice challenges faced by participants. In IPA, researchers are active participants in the meaning-making process, and the aim is not to remove subjectivity but to make it transparent and reflexive (Smith, 2017). To support this, the research team engaged in continuous reflexive dialogue throughout data collection and analysis. Moreover, member matching was conducted to further validate the interpretations. On 22 May 2025, an online meeting was held with nine of the original participants, where emerging themes and interpretations were shared. Participants were invited to reflect on whether the findings resonated with their experiences. Their feedback confirmed the thematic integrity of the results and added additional nuance to a few interpretive categories.

Results

The study revealed that social workers consistently engaged their bodies as sensory instruments in practice, particularly when assessing hidden or unspoken dimensions of clients' experiences. This section explores three key expressions of that usage: the interpretation of smell, silence, and spatial cues during home visits; the role of embodied intuition in decision-making within marginalized settings; and the affective reading of emotional atmospheres in households and institutional encounters, as shown below:

Sensing the unspoken: kinesthetic responses to smell, silence, and spatial cues in home assessments

The findings revealed that social workers regularly used sensory cues—particularly smell, silence, and the physical layout of a household—to make sense of unspoken or concealed realities during home visits. Researchers interpreted that these cues were often more immediate and revealing than verbal disclosures, especially in cases involving child neglect, abuse, or poverty. Participants highlighted how olfactory information (e.g. the smell of urine or rotting food), auditory silence, and spatial disarray acted as early warning signals that something was wrong. These sensory impressions enabled workers to perceive discomfort, emotional distress, or neglect that clients did not articulate. While participants frequently referred to smell, silence, and spatial arrangements, these cues did not operate as disembodied data points. Rather, they became significant through the ways they registered in the social worker's own body—for example, as a tightening in the chest when entering a tense household, a heaviness in the stomach in response to an acrid

smell, or a felt urge to step back or move closer in a silent room. In this sense, olfactory and auditory information were not merely external stimuli but triggers that reorganized the worker's kinesthetic orientation, thereby informing their judgments. One social worker shared the experience by noting that:

> When I visited this home in Dzivarasekwa, the smell hit me before I even knocked—like a strong mix of urine and unwashed clothes. The mother was trying to act normal, but none of the children spoke, and they just watched me quietly. It was the silence and the smell that told me something deeper was wrong. I didn't need her report to know there was emotional neglect happening. (P06, Female, 36, 9 years in DSD, BSW)

This account reveals how sensory cues activated the practitioner's internal alarm system, even before formal assessment began. The children's silence and the odor created a sensory atmosphere that communicated risk beyond words. The researcher interpreted this as a moment when the practitioner's body became a tool of perception, registering physical and emotional dissonance in the environment. In line with the above, another social worker narrated that:

> I was doing a home visit to assess an elderly man for public assistance. The house was very clean, too clean. But the man kept looking at the door, and his wife never came out to greet me. There was this strange quietness. You can feel when something is off—it's not always about dirt or food. In this case, the silence and the way the space was arranged told me he was scared. (P10, Male, 40, 11 years in DSD, MSW)

Here, the sensory experience extended beyond smell or visual messiness. The absence of expected social interaction, the client's body language, and the home's spatial dynamics contributed to a sense of unease. The researcher interpreted this as an example of how sensory and spatial cues work together to provide a deeper understanding of vulnerability and fear, especially in elder care assessments where emotional abuse may be hidden. One practitioner reflected on a case involving suspected child abuse:

> The mother came to the DSD office with the child. The child was quiet, not crying, but clinging tightly to the chair. I noticed the child flinched when the mother raised her voice slightly. There was no obvious injury, but I could feel that something was not right. The room felt heavy. I had to rely on what I sensed, not what was said. (P03, Female, 41, 13 years in DSD, MSW)

From these narratives, it can be analytically deduced that sensory engagement is not incidental but essential to how social workers in Zimbabwe identify, assess, and understand hidden risks. The use of smell, silence, and spatial cues enabled workers to navigate beyond superficial compliance, especially in contexts where clients may be reluctant or unable to speak openly. These sensory cues served as embodied signals, helping social workers detect vulnerability that standard assessments missed. Although smell and silence are conventionally understood as olfactory and auditory phenomena, participants' accounts suggest that these cues became professionally meaningful only insofar as they were registered kinesthetically in the worker's own body. This finding supports the article's focus on the body as a sensory tool: what matters is not smell or silence in the abstract, but how these features of the environment are felt as tension, unease, openness, or safety in the practitioner's bodily experience, and how such kinesthetic shifts guide subsequent decisions.

Embodied intuition as professional judgment in marginalised contexts

The findings revealed that social workers often relied on what they described as 'gut feelings' or embodied intuition during fieldwork, particularly in socio-economically marginalized communities where formal indicators were limited or unreliable. Researchers interpreted these intuitive judgments as being shaped through years of exposure to field-based work and as critical tools for navigating uncertainty. Participants consistently reported that intuitive responses—such as a tightening in the stomach, a sense of inner discomfort, or sudden emotional weight—often preceded or guided professional decision-making. These bodily responses served as internal alerts that something was amiss, especially in environments where clients masked their distress or physical conditions were ambiguous. One practitioner reflected on this by stating:

> I was assessing a family in a peri-urban area. On paper, they seemed fine—there was food, and the kids were in school. But I had this strange feeling in my body, as if I were not welcome there. The father kept interrupting. My stomach was knotting. I couldn't shake the feeling that the children were not emotionally safe, although there was no obvious evidence. I flagged it for follow-up. Weeks later, the school reported signs of abuse. (P01, Female, 34, 8 years in DSD, BSW)

This narrative illustrates how the worker's bodily discomfort became a diagnostic tool. The researcher interpreted this as an instance in which embodied intuition operated as a pre-reflective form of knowing, enabling the practitioner to act proactively despite the absence of formal indicators. The eventual validation of her judgment by external reports reinforces the functional legitimacy of such embodied insights. In line with this, another social worker explained:

> Sometimes, especially in rural communities, people are very polite. They won't tell you what's wrong. But you can feel it in the way they avoid eye contact or how your body reacts. I remember feeling a headache and heaviness in my chest during an interview. I later found out the client was hiding a terminal illness and was not coping. I think our bodies pick up what the mind doesn't immediately notice. (P08, Female, 31, 5 years in DSD, BSW.

This account highlights the affective attunement between practitioner and client, in which the social worker's physical responses served as a mirror to the client's hidden distress. The researcher interpreted this as a form of empathetic resonance, in which the practitioner's bodily state is partially shaped by the emotional environment, thereby allowing deeper perceptual access to what is unspoken. Another social worker narrated a similar experience during a custody case:

> I was interviewing a grandmother who wanted custody of her grandchild. She said all the right things, but something didn't sit well with me. I felt tense, as if something were being concealed. I couldn't explain it, but I delayed the case. Later, the child disclosed that the grandmother's partner was abusive. My body knew before my head did. (P04, Female, 38, 10 years in DSD, BSW)

In this case, the social worker's decision to delay action was guided by an embodied sense of dissonance, even though the client's verbal responses aligned with policy expectations. The researcher interpreted this moment as a convergence of professional intuition and ethical caution, rooted in the body's capacity to detect subtle incongruences in interpersonal dynamics. From these accounts, it can be deduced that embodied intuition was

not merely a subjective feeling, but a central aspect of professional judgment, particularly in contexts where clients concealed information and environmental cues were ambiguous. These findings affirm the pragmatic and epistemic value of bodily intuition in frontline social work practice.

Emotional atmospheres and the affective reading of household environments

The findings revealed that social workers routinely interpreted the emotional atmosphere of households during visits, using affective cues—such as mood, tension, and energy—to assess family dynamics and underlying issues. Researchers interpreted this as a form of sensory-emotional literacy, where practitioners used their own affective responses to gauge the emotional climate of a home. These impressions often offered insight into relationship dynamics, emotional neglect, or psychological distress that were not visible on the surface. Workers used these affective readings to guide further probing, adjust their communication styles, or flag cases for closer monitoring. One social worker shared this experience:

> I entered a home where everything looked okay—tidy, food in place, children well-dressed. But I felt like I had walked into a place where people don't talk. The air felt thick, and the family didn't make eye contact with each other. Even the child sat stiffly, not moving. I felt like I had to whisper. It's hard to explain, but the emotional atmosphere made me believe something was wrong, possibly emotional abuse. (P11, Female, 35, 7 years in DSD, BSW)

This narrative demonstrates how the practitioner perceived emotional suppression and relational detachment not through words, but through the affective field of the home. The researcher interpreted this affective atmosphere as a non-verbal communication of distress, suggesting that emotional climates are powerful indicators of relational harm and should be treated as legitimate data in assessments. In line with this, another social worker narrated:

> I was doing a follow-up visit on a case where the mother had substance abuse issues. As soon as I stepped into the house, I could feel the tension. The children were whispering, the mother was pacing. Everything was loud—not in volume, but in energy. I felt anxious myself. That energy told me they were not coping—it wasn't in the report, but I could feel it in the atmosphere. (P05, Male, 33, 6 years in DSD, BSW)

Here, the household's emotional intensity was registered somatically by the practitioner, who mirrored the space's anxiety in his own body. The researcher interpreted this as a moment of affective contagion, in which the social worker's emotional state is shaped by the household's emotional energy, thereby enabling deeper access to unspoken realities. Another practitioner reflected on an office-based assessment:

> Even in the office, you can feel what's happening in a family. A client came with her teenage daughter. They sat far apart, didn't talk. The girl kept looking down. The mother kept interrupting her. I felt a kind of sadness in the room, even though they weren't saying much. That feeling helped me realise the girl wasn't being heard at home. (P02, Male, 29, 4 years in DSD, BSW)

This example shows that emotional atmospheres are not limited to home visits. Even in structured office environments, practitioners noted how relational energy and affective

silences could reveal power imbalances or emotional neglect. The researcher interpreted this as evidence of the body's capacity to register emotional dynamics, even when verbal exchanges are limited. From these narratives, it can be deduced that emotional atmospheres served as diagnostic spaces, where social workers attuned themselves to the felt sense of safety, tension, or distress within the environment. These affective readings often provide a layer of insight that complements or even challenges formal assessments, especially in contexts where clients may be constrained by fear, stigma, or cultural norms.

Embodied self-regulation and relational presence: the body as a tool for engagement

In addition to sensory perception and intuitive judgment, the findings revealed that social workers also used their bodies as deliberate tools to manage their own presence and facilitate engagement with clients. Researchers interpreted this as a form of *embodied relational regulation*, where practitioners modulated posture, tone, proximity, and energy to shape the emotional dynamics of encounters. This use of the body was strategic and responsive, aimed at calming tense situations, building trust, and promoting client openness, particularly in emotionally charged or culturally sensitive interactions. One social worker described how she used her body language and tone to de-escalate a tense encounter with a distressed mother:

> The mother was shouting, very angry. I didn't raise my voice. I just sat down slowly and spoke softly. I kept my hands open and didn't move too much. After a few minutes, she sat down as well. I think my calm body helped her calm down. (P09, Female, 37, 10 years in DSD, BSW)

This account illustrated how the social worker's intentional stillness and soft tone created a co-regulating effect, enabling the client to mirror the calm energy. The researcher interpreted this as a form of *embodied containment*, in which the practitioner used her body as a stabilizing force within the emotional field of the encounter. Another participant reflected on how adjusting her physical positioning helped a withdrawn child feel safer:

> The boy was very shy—he kept looking at the floor. I didn't sit across from him like an interrogator. I shifted my chair to the side, gave him space. I even leaned back a bit. I wanted him to feel I wasn't a threat. Eventually, he started talking. (P07, Male, 45, 18 years in DSD, MSW)

Here, the practitioner's bodily choices—positioning, posture, and spatial awareness—were not accidental, but relational tools that invited connection. The researcher interpreted this as an example of *embodied empathy*, in which the social worker communicated safety and respect through nonverbal presence rather than words. From these narratives, it was deduced that social workers in Zimbabwe not only sensed but also performed relational attunement through their bodies. This expanded the role of embodiment from perception to intentional engagement, emphasizing the body as both a diagnostic and relational instrument in frontline practice.

Discussion

This discussion demonstrates that Zimbabwean social workers engage in practice through a deeply kinesthetic mode of perception, in which the body functions simultaneously as a sensing instrument, an interpretive medium, and a relational tool. Rather than treating sensory cues, intuition, affective atmospheres, and embodied engagement as separate domains, the findings show that these processes operate as interdependent expressions of embodied knowing. This resonates with phenomenological accounts of perception as rooted in the lived body (Merleau-Ponty, 1962) and with contemporary scholarship that positions practitioners as active, sensing agents rather than detached observers (Eriksson, 2025, Crooks & Mensinga, 2021). In Zimbabwe—where cultural silences, constrained disclosure, and limited formal indicators shape practice—embodiment becomes not an adjunct to assessment but the primary epistemic pathway through which practitioners access hidden or unspoken realities.

Sensing the unspoken: kinesthetic alerts as the first Layer of meaning

Participants' descriptions of smell, silence, and spatial cues illustrate that sensory impressions only became meaningful when they produced bodily shifts—tightness, heaviness, or altered orientation. These kinesthetic responses acted as immediate alerts that something in the environment required attention. A scent of urine or decay, an unusual stillness, or a child's withdrawn posture did not function as isolated sensory data; they reorganized the practitioner's bodily stance, prompting heightened vigilance. This aligns with Ferguson's (2017) observation that practitioners rely heavily on non-verbal cues during home visits, yet the Zimbabwean context intensifies this reliance. Where cultural norms discourage disclosure and formal indicators are scarce, sensory cues become the first and often only accessible evidence of hidden risk.

This finding extends phenomenological insights by showing that perception is not a detached cognitive act but a bodily engagement with the world, consistent with Merleau-Ponty's (1962) notion of the body as the 'pivot' of meaning. It also resonates with Ingold's (2000) account of how atmospheres and material environments shape human understanding. Importantly, these sensory practices reflect locally grounded epistemologies that privilege relational and environmental attunement—epistemologies often marginalized by Western procedural frameworks. Decolonial scholars argue that such frameworks historically devalue embodied, intuitive, and community-rooted ways of knowing (Clarke & Yellow Bird, 2020, Kleibl et al., 2020). The institutional silence around sensory engagement in Zimbabwe's standards, therefore, mirrors broader patterns of epistemic exclusion. The findings highlight the need to recognize kinesthetic sensing as a legitimate dimension of professional judgment, particularly in contexts where vulnerability is sensed long before it becomes visible.

Intuitive judgment: pre-reflective knowing and its epistemic vulnerability

Participants frequently described intuitive sensations—such as tightness in the chest, emotional heaviness, or visceral discomfort—as early indicators that something was wrong, even when no objective evidence was present. These intuitions were often

validated later through disclosures or external reports, supporting Curtis's (2024) argument that 'gut feelings' constitute a form of pre-reflective professional knowledge. Within phenomenological terms, these sensations reflect the body's capacity to register relational dissonance before conscious interpretation, a process central to Merleau-Ponty's (1962) account of embodied perception.

However, the Zimbabwean context exposes the epistemic vulnerability of intuitive knowledge. Practitioners operate within a professional culture that offers no language, training, or ethical framework for recognizing intuition as part of legitimate judgment. As a result, intuitive impressions are trusted privately but cannot be documented or defended unless retrospectively confirmed. This creates a tension between what practitioners sense and what they can justify, limiting their ability to act preventively in situations where early intervention is critical.

This vulnerability is not merely procedural—it is also colonial in origin. Western social work models have historically privileged cognitive rationality and procedural evidence while marginalizing embodied, relational, and intuitive ways of knowing (Kleibl et al., 2024). The discomfort practitioners feel in naming intuition reflects this inherited hierarchy. Yet, in Zimbabwe, intuition is not an optional supplement; it is a necessary interpretive tool in environments where clients may be constrained by fear, stigma, or cultural norms. The findings, therefore, call for a rethinking of professional judgment that recognizes intuition as a culturally situated, ethically significant form of knowledge rather than an unprofessional or private feeling.

Affective attunement: atmospheres as relational evidence

Participants' descriptions of sensing 'heaviness,' 'tension,' or 'sadness' in a room illustrate how affective atmospheres function as diagnostic spaces. These atmospheres revealed emotional suppression, unspoken abuse, or psychological distress that clients were unwilling or unable to verbalize. This aligns with Ingold's (2000) work on affective atmospheres and supports Kong et al.'s (2022) observation that much of what practitioners perceive is sensed rather than spoken. In Zimbabwe, where kinship hierarchies, gendered power relations, and cultural taboos shape communication, affective atmospheres become especially salient.

The findings deepen this literature by showing that atmospheres are not merely emotional backdrops but relational fields that the practitioner's body enters, absorbs, and interprets. This process aligns with Van Rhyn et al.'s (2021) argument that empathy emerges from bodily co-presence and emotional resonance rather than from cognitive mirroring. It also aligns with Eriksson's (2025) emphasis on the lived body as a site of professional reflection. Importantly, affective attunement in Zimbabwe is shaped by cultural scripts of silence, respect, and emotional containment, which require practitioners to read what is withheld as carefully as what is expressed.

These atmospheric readings also carry decolonial significance. Many Indigenous and African epistemologies emphasize relationality, emotional resonance, and communal attunement as legitimate ways of knowing (Clarke & Yellow Bird, 2020). The fact that Zimbabwean practitioners rely on atmospheres to interpret distress reflects these epistemic traditions, even as institutional frameworks fail to recognize them. The findings,

therefore, highlight the need to legitimize affective literacy as a culturally grounded and professionally necessary skill.

Embodied engagement: the body as a tool of Co-regulation and cultural Navigation

The final theme shows how practitioners use their bodily presence—posture, tone, proximity, and movement—to regulate emotional intensity and facilitate engagement. Sitting beside rather than across from a client, lowering one's voice, or slowing one's movements were described as deliberate strategies for creating psychological safety or conveying respect. These practices align with Campagna and Rehm's (2025) concept of proxemic intelligence, which emphasizes the communicative power of spatial positioning. In Zimbabwe, these embodied strategies carry additional cultural significance, as respect, humility, and authority are often communicated through body language.

This theme demonstrates that the body is not only a sensor but a relational actor that shapes the emotional climate of encounters. Practitioners used their bodies to de-escalate tension, signal empathy, and negotiate power dynamics, illustrating what Brandstetter (2015) calls 'kinesthetic listening'—a mode of understanding that arises through bodily responsiveness rather than cognitive appraisal. These practices also reflect Böhme's account of atmospheres as spatially distributed affective qualities that can be intentionally shaped through movement and presence.

Crucially, embodied engagement in Zimbabwe is also a culturally situated practice. Social workers described learning to convey humility, authority, or solidarity through posture and tone—skills rooted in local norms rather than in formal training. This aligns with decolonial critiques that emphasize the importance of culturally grounded relational practices (Kleibl et al., 2020). Yet, these embodied techniques remain institutionally invisible, learned informally and enacted without conceptual support. Their absence from curricula reinforces a narrow conception of professionalism that privileges verbal and procedural competencies while marginalizing the embodied labor through which trust, safety, and ethical presence are enacted.

Limitations

This study is limited by its small, purposively selected sample, which, while appropriate for Interpretative Phenomenological Analysis (IPA), constrains the transferability of findings to broader populations. The reliance on retrospective self-reporting during interviews may have introduced recall bias, as participants articulated embodied experiences after the fact rather than in real-time. Embodied practices—such as sensing emotional atmospheres or relying on intuition—are inherently difficult to verbalize, and their retrospective articulation may have been shaped by the interview context or by the researcher's framing. Additionally, while the study explored how social workers use the body in practice, it did not directly observe these encounters due to ethical and logistical constraints, which limited its ability to capture spontaneous embodied responses. Methodologically, the co-construction of meaning between researcher and participant in IPA risks interpretive bias. Finally, the concept of embodiment itself

remains under-theorized in Zimbabwean practice, which may have influenced how participants understood or were willing to discuss their bodily knowledge.

Implications for social work education and practice

First, social work curricula can intentionally cultivate embodied learning and perceptual attunement through practice-based teaching methods. Structured role-plays, simulated home visits, and sensory ethnography exercises can invite students to notice how they experience space, smell, sound, and bodily tension in interaction. Rather than treating these reactions as merely 'personal,' educators can guide students to articulate how such sensations inform their emerging professional judgments, including how they identify subtle signs of neglect, fear, or relational strain. Assessment tasks might explicitly ask students to reflect on both what they observed and what they sensed in a given scenario, thereby legitimizing embodied perception as part of professional reasoning.

Second, inclusive reflective practices can be designed to honor diverse embodied histories and cultural ways of sensing. Group reflection circles, guided journaling, and supervision seminars can encourage students to explore how their own social locations, cultural backgrounds, and bodily experiences shape what they notice and how they interpret it. This moves reflection beyond purely cognitive debriefing toward a more holistic, embodied reflexivity that recognizes discomfort, intuition, and affect as meaningful data. Such approaches are particularly important in decolonial and postcolonial contexts, where students may draw on community-based, spiritual, or land-related forms of knowing that are often marginalized in formal curricula (Clarke & Yellow Bird, 2020, Kleibl et al., 2020).

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Third, supervision models in both field education and workplace settings can be reoriented to include explicit discussion of sensory and embodied experiences. Supervisors can invite questions such as: 'What did you feel in your body during that visit?' or 'How did the atmosphere of the home affect your decision-making?' Normalizing such dialogue helps practitioners differentiate between bias and attuned perception and integrate embodied insights with other forms of evidence. Over time, this can contribute to an institutional culture in which sensory awareness is recognized as a legitimate, accountable component of professional judgment rather than an unspeakable or purely private intuition.

By embedding embodied learning, perceptual attunement, and inclusive reflection into social work education, programs can better prepare practitioners to navigate the complex, often tacit realities of frontline practice in Zimbabwe and beyond.

Conclusion

This study demonstrates that embodied perception is not an incidental aspect of frontline social work in Zimbabwe but a core epistemic resource through which practitioners detect risk, interpret atmospheres, and sustain ethical presence in contexts marked by silence, ambiguity, and scarce formal indicators. Deductively, the findings show that sensory attunement—through smell, silence, spatial awareness, and bodily intuition—functions as an early-warning system that precedes and enriches cognitive assessment. Yet its invisibility within institutional standards reveals a persistent epistemic gap that constrains professional judgment. Looking ahead, the future of social work in Zimbabwe and comparable contexts will depend on integrating embodied knowledge into training, supervision, and assessment frameworks. Doing so will enable practitioners to navigate increasingly complex social environments shaped by mobility, digital mediation, and shifting family structures. Embodied practice thus offers a forward-looking pathway for strengthening ethical responsiveness, early intervention, and culturally grounded professional competence.

Additional information

This study also collected data on the challenges social workers face when using embodied and sensory tools in practice. Analysis identified three key challenges: *(1) difficulty justifying sensory-based decisions within standardized frameworks; (2) navigating personal bias and subjectivity in bodily responses; and (3) lack of institutional training and support for embodied practice*. Presenting these alongside the current findings would have compromised analytical depth and risked a superficial treatment of both concepts. A separate paper was prepared by the authors and submitted.

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Author contributions

The study involved contributions across multiple roles, including conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resource management, software use, supervision, validation, visualization, original draft writing, and review and editing.

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Data availability statement

Sharing data in a public repository is restricted by ethical requirements. However, the anonymized and transcribed data can be requested from the corresponding authors.

Ethical approvals and informed consent statements

Ethical approval was granted by Midlands State University under protocol MSU/061/2025. Informed consent was obtained in writing, and all participants signed it before the commencement of the interview sessions.

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