

BUILDING BRIDGES THROUGH INDIGENIZATION

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In this narrative, the authors share their own personal histories and experiences as an Asian Indian social work professional and as an Anglo-American social work professional. Together they draw on these experiences and personal histories to inform their current cross-cultural practice within several Southeast Asian communities today.

Introduction

In the Summer '05 issue of *Reflections*, we read the call for papers to narrate experiences in working with the Southeast populations. This was such a good match to our interests and work that we felt compelled to write. In this paper, we share our personal backgrounds and our practice wisdom from working with this population.

The Authors' Personal Journeys: Mary Ann

My journey as an Anglo-American working with Southeast Asians both in the United States and in Southeast Asia has spanned more than a quarter of a century and has had a profound influence on how I view social work practice as well as how I view the world. Like many American baby boomers, as a college student in the late 1960s I took part in campus protests against the Vietnam War. Much later in life I realized how little I knew about the politics of a war that the United States called the Vietnam conflict and the Southeast Asian countries called the American war. I knew even less about the countries most directly affected by the war (Vietnam, Laos, and Cambodia) and the people who were most directly affected by the American war in Southeast Asia (the Lao, Khmer, Vietnamese, Hmong, and various other hill tribes within all three countries).

The first leg of my sojourn began in New York in the mid-1970s. My local Quaker Meeting House decided to sponsor a family



of refugees from Vietnam and as luck would have it, we found an apartment for them directly behind my own apartment. This experience opened my worldview (although in hindsight it was more of a tiny slit than a full scale opening) so that when other opportunities presented themselves for education/experiences about the refugees from Southeast Asia I would try to make a point of being there. Thus it was that in 1982 I attended an informational session about a joint grant funded project taking place in Thailand between Fordham University Graduate School of Social Service and Catholic Relief Services to assist with social service and resettlement needs of Southeast Asian refugees in temporary Thai refugee camps. I had no intention of actually getting

involved in the project but Dean Mary Ann Quaranta had other ideas for me.

In June of that year, I was off to Phanat Nikhom refugee camp in Thailand to head up a student unit composed of MSW students from three schools of social work from the United States. I spent the next six months living in a Thai village together with students, volunteers, and staff from countless countries, as well as Thai villagers and Thai refugee camp staff. Phanat Nikhom refugee camp housed approximately 18,000 refugees from Cambodia, Laos, and Vietnam, all seeking asylum in the United States and other resettlement countries. Learning new skills in the daily living in a Thai village was as much a part of this field experience as the work in the refugee camp. The experience proved to be a life-altering one and upon return to the United States and following the completion of my Ph.D., I accepted a teaching position at Rhode Island College primarily because of the large Southeast Asian population in Rhode Island.

Over the next twenty years, in addition to my academic responsibilities at the College, I spent my time in community service within the Rhode Island Southeast Asian communities serving in a variety of consulting roles. Last year, my journey took me on a four month sabbatical to Phnom Penh, Cambodia, where I was able to connect not only with Cambodians who remained in country throughout the traumas of the wars—the Pol Pot reign of terror, the Vietnamese invasion, and the current rebuilding of the country—but also Cambodians who had made the journey from Cambodia through the Thai refugee camps to the United States and then later returned to Cambodia, either voluntarily or in some cases, involuntarily.

Jayashree

It was a sunny day in the first week of April in the year 2000. This was my first semester as an assistant professor at Rhode

Island College School of Social Work. I had moved from Tulane University, New Orleans, and was just learning to negotiate the new world around me. As I stood in the copy room, frantically making handouts for my class, my colleague Mary Ann called my name and asked, “Do you want to join me for the Cambodian and Lao New Year celebration next week? It falls on April 14th.” My heart went *thump*. New Year celebration on April 14th! It would be like being home. It had been eight years since I celebrated my New Year (I arrived in the USA in 1992). I can celebrate my New Year along with Cambodians and Lao (Hmong and Vietnamese joined in as well, even though it was not their New Year). On April 14th 2000, I went to the Socio Economic Center for Southeast Asians, in Providence, Rhode Island. My colleague introduced me to all the staff and community people; I was glad that I wore a traditional sari with gold and all the trimmings since everyone was colorfully dressed; we had a scrumptious, spicy meal and wonderful desserts. This was the beginning of my involvement with the Southeast Asians settled in the State of Rhode Island. It was also a step closer to home and culture. As you may have guessed by now, I am from India, South India to be more specific, where we celebrate our New Year in April and follow the same lunar calendar as the Southeast Asians.

I came to the United States in 1992 in pursuit of a doctoral degree in social work. Working in an addiction treatment center in Chennai, India, I had the opportunity to meet two social work professors from the United States who recruited me as a potential doctoral student. Negotiating the American environment, I had first-hand experience in learning to straddle two cultures in daily living (use of language, driving on the other side of the road, food, snow) and also in academic classes (ideas about how to practice, self

determination, theory and its applications, transfer of knowledge).

After my doctoral degree I moved to Tulane University, New Orleans, where a colleague and I worked in the C. J. Peete Housing Project with the residents as part of a larger University Housing Project Collaboration. As a barefooted social worker, the poverty, illiteracy, unemployment, and deplorable conditions were familiar to me, and I felt I had a good practice sense in working with this group. However, it was hard for others to understand that there were similarities here in the United States to the third world conditions and thus we needed to indigenize our knowledge to work in either setting.

Indigenization of knowledge has been my passion for the past decade. I have been intrigued by how social workers from the non-western world make meaning of the models of social work practice that emerge from the west.

Coming to Rhode Island, I was energized to work with a population with which I felt more culturally intertwined. Interpreting the western models of practice to suit the Southeast Asian culture has been an interesting experience. It is like I am back home at work where we were constantly interpreting British and American texts to fit our practice. This interpretation was always accompanied by some uncertainty about whether we were practicing the 'right' kind of social work.

When I began to work with this organization, one of the staff walked up to me and said, "We will call you Dr. Jay." "No! No!" I quipped, "Please call me Jay." She hesitated for a moment and then said, "'Jay' in Khmer means to swear. So we would prefer to call you Dr. Jay. I do not want clients to think that I am swearing!" So since then, I have been addressed as Dr. Jay (it was later that I heard that there is a legendary basketball player called Dr. J).

Respect for the Process of Indigenization

The concept of indigenization has been widely used to reflect the process by which a Western social work practice framework is transplanted into another environment and modified. This has also been referred to as adaptation and highlights the process by which language, local knowledge, and belief systems influence the intervention model to achieve a goodness-of-fit. This exchange is a two-way transfer in which local knowledge is creatively used to evolve a model of social work intervention that is suitable to local needs. Discussions on the process of indigenization have centered on transferring knowledge from the West to the East (Nimmagadda & Cowger, 1999; Nimmagadda & Balgopal, 2000). In this narrative, we share how this two-way transfer works within the context of our practice with the Southeast Asians living in the United States.

Bromley and Olsen (1994) identify as a major goal in working with Southeast Asian-Americans the importance of building creative interventions that recognize the need to bridge Western and Eastern values, norms, and customs. In our work with the Southeast Asian communities in the United States, this respect for the indigenization process has been central to our clinical practice. For example, before implementing any new program or service, we begin with brainstorming sessions involving both professional and indigenous staff in order to search for innovative strategies that are meaningful to Southeast Asian-Americans.

The Context of our Work Together

To those who have worked with Rhode Island's Southeast Asian communities, a major area of concern has been to provide culturally appropriate services. Although a number of 'mainstream' agencies, such as family-service agencies and community mental health centers exist to serve the needs of the general population, very few Southeast Asian-

Americans ever find their way into these mainstream service systems. This is particularly true for the families most isolated from the mainstream society.

There are four distinct ethnic and linguistic communities within the Southeast Asian population (i.e. Cambodian, Hmong, Laotian, Vietnamese) served by the Socio-Economic Development Center for Southeast Asians (SEDC). The largest group, around 16,000, is Cambodian, followed by Lao, Hmong, and Vietnamese. The Cambodians, Lao, and Hmong live primarily in Providence in lower socio-economic ethnic communities, and the majority of ethnic Vietnamese live in the northern part of the state in the city of Woonsocket. SEDC has offices in both Providence and Woonsocket.

In October, 1987, the Cambodian Society of Rhode Island, the Hmong-Lao Unity Association of Rhode Island, the Lao Association of Rhode Island and the Vietnamese Society of Rhode Island joined together to form the Socio-Economic Development Center for Southeast Asians of Rhode Island, Inc. (SEDC). These four community-based mutual assistance organizations had provided services to Rhode Island's Southeast Asian communities since the early 1980's. SEDC is now the primary community-based social service organization for Southeast Asians in Rhode Island. Since 1987, SEDC has provided human services to the Southeast Asian communities in such areas as emergency assistance, crisis intervention, case management, interpreters, casework/counseling, housing and utility assistance, family reunification assistance, English as a second language classes, citizenship classes, early start for pre-school children and their families, substance abuse prevention and assistance for victims of domestic violence. All SEDC staff is bilingual or trilingual with representation from all four Southeast Asian ethnic groups residing in Rhode Island. Staff members and/or their

families came to the United States as refugees from Southeast Asia.

Our role within SEDC

As consultants, our role is primarily to provide clinical consulting for the staff with the different programs. Apart from the clinical consulting, we also are involved in the evaluation of some of the programs. In this section we will describe our roles first as clinical consultants and then as evaluators.

Clinical consultants. As clinical consultants we are involved in supervision of case workers of the different programs. Typically these case workers have an undergraduate degree or are enrolled as undergraduate students at a local university. They are bilingual, probably born at the Thai refugee camps and then came to the U.S. as infants or toddlers. Several older staff members survived the trauma of the war years in Laos, Vietnam, and Cambodia. All of them have experienced trauma in some form or another. There is no full-time professional social worker on staff. Between the two of us, we need to discuss how they can work with clients. Many of them do not have a human service background and therefore need training, which again we provide.

Evaluative consultants. As evaluators we design and implement the outcome evaluation for some of the programs. We complement each other (one of us would serve as the clinical consultant and the other as the evaluative consultant, since for obvious reasons one cannot wear both hats). Research with the Southeast Asian community is a challenge. To get consent forms signed, we need to make several home visits and several rounds of clarification. Clients are wary of more paperwork and forms to sign. Also, instruments that are sensitive to this population are hard to find. Translation of instruments is another challenge. Fortunately, we have a language bank within SEDC that helps us with translations and back translations of the instruments used. Another tough task we face

is getting the funders to understand the barriers in doing this. One example is the trend of insisting on using a standardized curriculum with fidelity measures in place. This may not be best fitted for our work.

Reflections on our Indigenous Approaches: Adapting Eastern approaches to problem-solving in helping Southeast-Asian Americans

The Role of the Buddhist Temple in the Cambodian and Lao communities. Roughly 97 percent of Cambodians are Theravada Buddhists (McKenzie-Pollock, 1996); similar percentages would also be true of the lowland Lao. For Southeast Asians, Buddhist beliefs are not just a part of their religion; they are also an important part of the individual, family, and community life (Bromley & Sip, 2001). According to Ebihara (1987), for most Cambodians, the Buddhist temple serves as a moral, social, and educational center. The Venerable Oung Mean Candavanno states, "The Buddha's teaching is essentially a path, a way of conduct, thought, and understanding, aimed at leading man from suffering to true happiness and perfect peace" (1990, p.1). Given this, the Cambodian and Lao Buddhist Temples have served as excellent centers for prevention and treatment of a number of human conditions, such as problems with alcohol and other drugs, domestic violence, gang violence, child abuse or neglect, and family problems in general.

The Buddhist monks, in conjunction with the indigenous casework staff, work together with individuals, families, and groups. The monks help the clients focus on the 'right' path, while the caseworkers assist the clients with needed resources and education. As pointed out by Green, "the ethnically competent helper ought to encourage clients to draw on the natural strengths inherent in their own traditions and communities, reducing where

possible their dependence on services provided by outsiders or by impersonal bureaucracies" (Green, 1995, p. 95; see also, Handleman, 1976). Every other week, one Cambodian Buddhist Temple in Providence, Rhode Island, is the scene for substance abuse prevention and education workshops led by a Buddhist monk and assisted by a Cambodian Substance Abuse Prevention Specialist. As part of these workshops, clients and staff prepare food for the monks. Sharing food, chanting, and listening to the monks discuss the path to true happiness is an integral part of the client's "treatment plan."

Relying on local knowledge. All staff at the agency are Southeast Asians. We have staff meetings on a regular basis. Eating spicy Southeast Asian food, we often facilitate a group process by which caseworkers discuss their work, clients, challenges, and successes. This helps us understand their way of interpreting the world and keeps the focus on "local knowledge" (Geertz, 1983, p. 167). Through these meetings we discover subjugated knowledge and learn little nuances about how to work with clients from the local caseworkers themselves. The collective knowledge of this group is astounding. They are creative and plan therapeutic activities that are indigenized. Nimmagadda and Cowger (1999) in their research in India found that the local social work professionals were ingenious in their handling of Western knowledge to fit their local culture.

As part of a grant, we help facilitate a group on domestic violence. In our staff meetings we generally opined that domestic violence is a sensitive topic and taboo to speak directly about. To work around this, staff designed flyers that advertised the group as one that discusses 'healthy relationships.' For the first four weeks, the facilitators of the group discussed aspects of healthy relationships and focused on engaging the group members. It was in the fifth week that group members hinted on what some of the qualities of an

'unhealthy relationship' were and eventually the facilitators presented the wheel of domestic violence in the sixth week. At this point the group was engaged and was willing to talk about violence in relationships at this point and we firmly believe that without the help of the indigenous workers we could not have done this dance. This group is now facilitated every year in a similar fashion.

Fostering dependency. Collectivism is the hallmark of the Eastern way of living. Inter-dependency is valued and Asians take pride in helping one another. At SEDC clients often are engaged through concrete help. Staff needs to do things for the client such as providing transportation for a doctor's appointment. Living in the Western world, we often speculate about whether this is 'correct' social work practice, since offering rides can be seen as facilitating a client's dependency on the case worker/agency. However, in our practice we have seen that these concrete services help us to work more in depth with the clients, nurturing trust between client and the worker. As clients continue to grow, we have seen that this dependency can be weaned off. Recently, we worked with a client who was distraught about being caught in an abusive situation. After about a year and a half of working (helping her with several mundane tasks), she felt the courage to learn to use public transportation. She is now independent but still maintains ties with us. A unique tradition at SEDC is that we encourage all clients (former and current, case closed or open) to join in Southeast Asian festivities (e.g. New Year celebration).

Fostering dependency is closely related to the development of trust. Southeast Asians, because of past traumas, are more cautious with authority and any kind of paperwork. Doing tasks for them or helping them with chores helps us connect with the clients and develop trust, which is critical if we are to step into the client's world.

Banking on Buddhist teaching on tolerance and patience. Often we facilitate groups to discuss issues that the clients are facing (raising teenagers, for example). Several clients show up for the group. We have a few who speak Khmer, a few who speak Hmong, a few who speak Lao, and occasionally we have a Vietnamese- or Korean-speaking client. In the group, we may have as many interpreters as clients, and the interactions have to be translated into at least three languages. The process can be quite confusing at first. Patience has been central to our practice here. Clients are patient, too, as the words get translated. These groups usually last a little over two hours, not including the socializing time with a light supper meal.

Yet, we have never had clients request groups where only Khmer is spoken, or groups where only Lao is spoken, so that they can talk and interact more fluently. Clients have been open to the notion that they do not have to always understand what the other person is talking about (tolerance) and they wait quietly until this material gets translated (patience). As practitioners, we cherish this, as it is often difficult for us to keep nodding our head and maintaining contact with the person who is speaking while not understanding a word they say. The clients role model for us the attributes of being patient and tolerant of differences.

Adapting Western Approaches to Problem Solving in Helping Southeast Asian-Americans

Anger management workshops. Many funders today insist that agencies use model curricula and treatment approaches in their grant-supported programs. There is usually a great emphasis placed on the provision of services to underserved cultures; however, scant attention is paid to how best to serve the people from those cultures. The dilemma for the culturally responsive agency is how to

bridge the gap between the service-delivery system the funders want and the service-delivery system that best fits the clients' needs within their cultural context. For example, we were recently funded to provide prevention services only to Southeast Asian adults. Services directed toward children are excluded from the grant as are services for parents to help or improve their relationship with their children. One of the mandated services for this grant is anger management workshops. Having run anger-management workshops in the past for Southeast Asian adults, we found that focusing on adult anger problems was too direct and too threatening. Southeast Asians tend to prefer more indirect communication techniques (Bromley, 1987). Therefore, we used a curriculum that focused on training leaders to help adolescents channel their anger in more constructive ways and adapted it for our Southeast Asian adults, all of whom were parents. We placed the parents in the 'leader' role and once we were 'safely' learning about how to help others with healthy and unhealthy expressions of anger, the 'leaders' were able, in a more culturally acceptable format, to apply the material to dealing with their own anger issues.

Ethical issues. Confidentiality, informed consent, and worker-client boundary issues are regular challenges for us in the delivery of services to the ethnic Southeast Asian communities. These are relatively new concepts to people from Cambodia, Laos, and Vietnam. Indigenous staff is frequently called upon to be both translator and case worker for families. In the role of interpreter there is an expectation that the worker will translate what the client is saying. In the role as case worker, there are certain expectations regarding the worker-client relationship around confidentiality and informed consent. It is easy for both the client and the worker to confuse these roles and cross over boundaries. In order to minimize these problems, we work with staff around what

their responsibilities are in each of these roles and limit their role with each client to either interpreter or case manager. If in the course of being a case manager, the client also needs professional interpreting assistance, particularly when child abuse or other court issues are involved, the caseworker assists the client with getting an interpreter to avoid, as much as possible, these dual relationships.

Boundary issues can also occur because of case workers and clients living in the same ethnic neighborhood. These situations are oftentimes impossible to avoid; therefore, our work usually focuses on minimizing the fallout. Relatives of caseworkers are sometimes mandated to attend workshops run by their sister, cousin, or aunt, and there are no substitute programs for them to attend. Sometimes, a client moves next door or into the same building as a caseworker. In all of these situations, discussing the dilemma as a staff is crucial to understanding the situations within a cultural context and brainstorming how best to proceed, given the circumstances. Oftentimes, a deliberate decision is made, based on 'best interest of the client' and where there is minimum fallout for the caseworker, to stretch the acceptable boundaries in order to accommodate the clients' needs. These decisions are made on a case-by-case basis, carefully weighing all alternatives.

Cultural norms for child care and development. The role of children in the family varies from culture to culture. Green (1995) takes it for granted that ethnic clients have a view of the world that is different from the mainstream provider, unless shown otherwise. For example, toys in one culture may represent an opportunity for children to explore and learn new things; in another culture, this cause-effect relationship may not exist between toys and learning. In a case example involving a Lao child in foster care, there were supervised visits between the Lao mother and her child at the local child-protection agency. The child protective

worker was concerned when she did not see the mother playing with the child in spite of numerous toys in the family visiting room. The mother, on the other hand, just wanted to hold her child close, feeding and nurturing her during the one-hour weekly visits. Caseworker and consultant bridged the gap between the child-protective worker and the client in two ways. First, they explained some of the cultural differences in child rearing among traditional Lao parents. Second, they explained and illustrated some of the child-rearing customs in the United States to the Lao mother. It was important that neither the mother nor the child-protection worker felt judged as to which methods of child care were superior. Rather, the information was presented as two different approaches to child rearing with both sides having merit.

Our Struggles and Challenges

Throughout our work together at SEDC, we have sought not only to assist staff in the delivery of culturally sensitive human services to the Southeast Asian community members and their families but also to face up to the challenges of applying Western cultural knowledge, values, and skills within cultural groups that straddle a rather wide continuum from the culturally distinct ethnic Khmer, Lao, Hmong, and Vietnamese roots of parent and grandparent generations to the more Americanized lives of the new generations of Southeast Asian-Americans born in the U.S. This cultural continuum exists among staff and clients alike and can be seen in all aspects of community, including religious and cultural traditions. As staff and consultants we need to continually work on our individual and collective cultural competence as we traverse a number of different borders with almost every client and community encounter. Group meetings involving staff and consultants are one way that we do this. In our early work with staff, everyone always brought ethnic food to share. In the evolution of the staff to

the younger generations, the concept of ethnic food and sharing has also evolved so that now it is more likely to see individual servings of food from fast food restaurants. Hamburgers and hot dogs are now staples at staff picnics.

As Southeast Asian social workers become more 'professionalized,' there is more of an acceptance of western therapies by the Southeast Asian practitioners and less of an acceptance of the Buddhist Temple and other traditional sites as places where healing takes place. At the same time many of the agency clients, particularly older clients, are looking for more culturally distinct healing rituals and solutions. The rates of acculturation vary widely right now within the traditional Southeast Asian families and communities.

Conclusion

Reflecting on our work with the Southeast Asian population, we wonder at the many 'learning moments' and several times we have felt like 'deer caught in the headlights.' Straddling many cultures, which include our own Indian-American and Irish-American identities, has oftentimes been tricky. However, the process has always been rewarding. We have used each other as reality checks, particularly when there is self doubt or questions about what's the best practice approach in a particular situation or when we wonder about the interface between each of our own cultural backgrounds and each of the unique Southeast Asian cultures and experiences. The Southeast Asian staff has been a tremendous help to us in understanding and moving through this interface. Our cross-cultural discussions between 'outside' consultants and 'inside' culturally competent case workers have grown over the years to a level of comfort that allows for honest dialogue and reflection about who we are. Constant interpretation and reinterpretation of practice has been integral to our everyday life as social work practitioners.

Indigenization does not necessarily need to happen only in the non-Western world. It is happening right here in the United States in our cross-cultural practice. As Americans we may sometimes have a tendency to view international social work as the one way transfer of ideas from the Western world to other countries. In our experience, indigenization has been a two-way street. We utilize Eastern concepts to shape our Western model as much as we use Western concepts to shape Eastern models of practice.

We get together as often as possible and share a meal and our experiences. The meal always takes place at a Thai, Cambodian, Lao, or Indian restaurant and the conversation focuses on where we are and where we want to go in our cross-cultural experiences. These moments serve to rejuvenate body, mind, and soul. The writing of this piece has brought us together one more time to share our experiences, and, of course, food.

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