"Theory in Action" Revisited

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In the following narrative, the authors of this classic article discuss how the theories they wrote about in 1978 are still relevant today. The original article from *Social Casework,* June 1978, Volume 59, #6, is printed here in its original form.

Carol Swenson, 1978

Judith Lee, 1978

Carol: We have decided to reflect on the ideas and experiences we wrote about 26 years ago in the form of an exchange of letters between ourselves. This reflects new realities: we now live 1,500 miles apart instead of having adjacent offices; and new technologies: the Internet, which didn't exist when we wrote this paper.

Judy: It is such a joy to think and write with you again. When we wrote "Theory in Action" we were seasoned practitioners in our early thirties bringing front-line experiences to assistant professorships at New York University. I still remember the happiness we felt at finding in each other kindred spirits as we struggled with issues of "fit" and relative youth on an established faculty, then briefly headed by "an outsider from Columbia," Hy Weiner, a mentor and friend to both of us.

Hy's community work, group work, "interactionist," and radical background was also out of step with NYU at that time.

We soon discovered that Carel Germain had greatly influenced us both, as doctoral professor (you) and revered mentor/colleague (me). I had been on the Columbia faculty as an assistant professor and faculty field instructor at Claremont Village, the agency we describe in our article. Our relationship with Carel formed a base for our professional discussions and our wonderful friendship, both lasting throughout the years, and intersecting with Carel's life until we, and the profession, lost her, our North Star, in 1995.

We are pleased that the article is seen as a "classic" in the profession, and will point out how contemporary the use of ecological, life-model and interactionist concepts remain. The foundation we noted in the late 70s is

part of the solid base of contemporary practice, though it has been both broadened and elaborated, creating recognizable, familiar and time-weathered constructs that are also creatively altered and sometimes become something new and different. We invite the reader to join us in our conversation.

Carol: This is such an interesting time to revisit "Theory in Action." I've just finished a chapter for a book on "Community-Based Clinical Practice," which is still a new-enough and important-enough idea to have a whole book devoted to it. At first thought, "Theory in Action" could take a place in that book. So, our ideas have certainly not become the "dominant discourse" in the profession, but are, perhaps, part of a vigorous alternative discourse. When recently preparing to teach a course, I remember thinking that it was too bad that "Theory in Action" is "so old." Our students, accrediting bodies, and some faculty, I fear, always think "new is better." The idea of classics being necessary foundations and precious are lost on this "planned obsolescence" world. But maybe if "old" is re-evaluated by being republished, it counts as new!

I think that by the "dominant discourse of the profession," I am referring to the pressures of managed care, the emphasis on face-to-face work with clients (billable hours) at the expense of all other types of practice, and the positivist research tradition. In regard to research, you and I have been somewhat unique in using systematic qualitative research methods to develop practice theory and skills. And, at last, these methods have a degree of respectability that they did not previously!

A "process" thought: I think that our dialogue is a wonderful example of the best of the "new"-the computer and Internet technologies. When you think of it, our ability to edit and/or make clearly differentiated comments on our own or each other's writing,

and pop things back and forth almost instantly is amazing!

Judy: I think that our early attempts to connect the exciting ideas of the day to practice in urban agency setting could have been written yesterday. The ecological perspective developed so significantly by Carel Germain, and the off-shoot "life model approach" of Germain and Gitterman are still very much alive today. The interactionist approach of William Schwartz has also been carried forth, especially by a younger generation of social group workers.

Following Bertha Reynolds and Germain and Schwartz, the article was multi-modal and "generic" before the profession caught up. Yet I wonder how many practitioners or educators have mastered, even today, the "depth and breadth" of a unified profession once standing on five or six methods of helping. The problem of theoretical constructs for broad and deep practice is as contemporary today as it was when we wrote the article.

Today we might include narrative and constructivist approaches, evidence-based practice, culturally sensitive community clinical practice and strengths perspectives as part of our thinking. Yet none of these can stand alone as a foundation for practice. My work in the empowerment approach incorporates all of these, and attempts to put them together in one framework. Some would argue that the umbrella of "empowerment" is open to misunderstanding (note the conservative co-optation of the term by conservative policy makers), and also not big enough. The "mega-theory" we groped for then is closer, but is still a work in progress.

You and I, in somewhat different ways, have also continued to utilize the basic constructs we used in "Theory in Action" as our frameworks, though we have both also branched out in our own directions. The ideas from all three theoretical formulations, however, have been integrated into social

work thinking without the references to the original thinkers, more like household words, and are used and misused as such.

Carol: I have to jump in here and underscore this last point. It is truly disappointing that there is so much "forgetting" of those who have gone before, or even are fellow travelers at the same time! Large numbers of people do not credit Schwartz for the "interactionist approach," Carel for the ecological perspective, and Carel and Alex for the "life modeL" The strengths perspective, services in people's "life spaces," a non-pathologizing view of human nature, psychological distress from life stress and obstacles in the environment (today emphasized in trauma-theory, narrative therapy, and all manner of integrative approaches), are all ideas which, save yours, pay little attention to these origins. I'm not saying by any means that these are the *only* origins, but as people begin to develop ideas, it seems to me that they have a responsibility to discuss the fact that other people have had similar ideas, and maybe earlier! Maybe this is a reflection of the individualism in America, an idea that I will come back to later.

Judy, continued: I'm thinking that some newer technology is a double-edged sword. Hours of "surfing the net" can increase isolation and reinforce individualism or the Internet can help us go beyond ourselves and reach out to each other. Chat room groups, for example for breast cancer survivors, and others who may not have access to face-to-face networks are also important forms of group work these days. Maeda Galinsky and others have written about telephone groups, and expanded into Internet groups.

Carol: Yes, and the Internet is also being used for social action-peace groups, and "Move On," for example.

Judy: "Move On" does a great job of reaching and catalyzing individuals and informing activist networks.

The discussion of social support theory and natural helping networks was key to our 1978 article, and to your writing and research. It was one of the many things I learned from you. For me now, it remains a cornerstone of the foundation-both in my personal life and in my professional life. When I chose, after much deliberation, to leave academia in 2000, my strong networks/communities helped make the transition back to fuller life and practice a good one for me.

Carol: More recently we also include the concept "community" in our thinking and writing. Interesting, isn't it, that it took a while for clinicians to start using the term "community" quite a while after "networks"! Was "community" not objective enough, not scientific enough?

Also "community" implies a contrast with individualism that "social support networks" doesn't exactly. I think that self-awareness about American culture and its impact on professional theory and values was just emerging when we wrote "Theory in Action." And of course, one key cultural element is individualism, which was carried unaware into professional models of individual and family work. Now we can see that relationships with individuals, networks, and communities are of critical importance to people, they have just been overlooked and/or devalued.

One thing I would add that we approach quite differently now is making explicit with clients the social nature of many of their problems - a critical perspective communicated. We were thinking about oppression and marginalization, but I notice that we didn't talk much about it with clients, individually or collectively, in the paper. I remember having a conversation with a client not too long ago about being stranded with car trouble in rural upstate New York. He

was describing how little help was offered. I said, "And are you feeling that there was some racism in that?" I would not have done that in 1978; I probably wouldn't have even thought it. I think that this is an area where the empowerment approach really moves the profession along.

We've been increasingly framing the purpose of social work-including clinical social work-as social justice. You note empowerment as process and outcome, as well as purpose connected to social justice in your work. This puts the concern with diversity and oppression, especially when based on race, class, religion, gender, sexual orientation, physical and mental ability, and so forth at the center of our work, rather than as an "add on." This fits very well with the newer theoretical developments we were mentioning earlier such as trauma theory, narrative therapy, and of course the empowerment approach. But it is also a natural evolution of the ecological perspective and life model's concern with noxious environments and maladaptive interpersonal relationships.

It has also brought American social work into greater alignment with international views and values about social work, where a social justice perspective and community development are much more central than here. I was struck by many things when I was in Australia on sabbatical, but two key ones are relevant to this context. First, they have an absolute conviction that social work is performed at multiple systems levels, and that this is an irreducible part of the profession, and secondly, their pervasive radical critique of the status quo. They, too, however, face the dilemmas of potential reprisals from agencies (read getting fired, pressured to conform, or "reassigned") when social workers and clients challenge vested power interests. You noted that the Guyanese social workers you met were among the most courageous and competent of social workers.

You also see your social activism with and on behalf of a farm workers' organization, The Coalition of the Immokalee Workers, as part of the reason that the climate changed for you at your Florida university, benefiting as it did from money from the powerful local growers. When Simmons SSW was taking part in social action on behalf of the janitors' union in Boston (which was protesting primarily for full-time jobs and health care benefits, mind you), it became clear that Simmons employed members of the same Union. While our employees were largely in a category where they were full time and did have health benefits, our efforts to encourage the president to take an activist stand for the union with the employers put us in a situation of some tension with our own administration.

Both you and I have been making efforts to understand the internationalization of today's world, and to think about and engage in social work responses. Your work with the homeless in the US and in a very poor country, such as Guyana, has familiarized you with the most disenfranchised of marginalized people, and you have been a strong voice keeping this desperately needy population on the agenda of social work.

Contemporary Practice Examples.
Since practice examples were such an important part of "Theory in Action," we might include some further examples of our recent practice. Of course the examples of activism noted above are examples of our practice! But in addition, we've also worked with individuals, families, groups, and networks.

Judy: Much of my contemporary practice utilizes natural groups and strengthening or even creating helping networks. One recently widowed elderly woman who lived in a mobile home retirement community experienced acute loneliness and the early signs of Alzheimer's Disease. The natural network of neighbors in the park
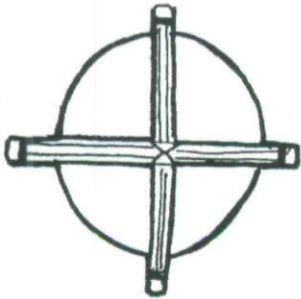
became concerned and reached out to the only outsider who continued to visit her, the Eucharistic minister from her church. They shared stories of her wandering around with her underwear on top of her clothes and of getting lost a few houses from her home. As part of the Visitation Ministry Team, I was called in for assessment and intervention.

"Mary"* and I connected immediately and she sobbed and shared her great grief with me, as well as her fears of "losing it." We did intense griefwork, and her husband's hospice bereavement counselor was also re-involved. She and Joe, her husband of 50 years, had so many plans and now she was alone and didn't know what would become of her. Her neighbors were very good, but they were getting "cross" with her, as she forgot things. She was not eating, though the couple next door brought her food daily. She could not taste the food (a sign of dementia as well as grief) and she couldn't bear to eat alone.

I visited daily at first and ate with her as I shared her pain and connected her with others. These included medical and social systems, including the state's Protective Care Services and her family in another state. I also met with the concerned neighbors/friends, encouraging and supporting their efforts to "keep her going" as plans were being made for a move to her sister's home. Alas, that was not to be, as the sister died suddenly before she moved. I will never forget her sobs as she took the telephone from me to receive the news from her niece. We increased our intense visiting as she accepted the news and made other plans.

We continued to support her neighbors in bringing her food and taking her to her appointments. Finally, her niece and nephew moved her to an assisted living facility in their community so she could be near her family. By this time, she had resumed eating, gained weight, and was able to share her appreciation of her neighbor's and our help. This was a

faith network supporting a network of neighbors with a little professional help and the flexible use of time and space, the person's own home, and community members as well as formal organizations. It made a difference.

In the Lee County school system, learning about and using the natural group formations was also critical. While most of my work was done with the kids as individuals, I often called them in as dyads, triads, and small groups. Some of the kids also became peer counselors, and recommended peers to me, bringing their friend in and "presenting" the case with the peer. And when problems are network problems, a network solution is necessary.

For example, one of my seventh grade boys, "Rashawn," worked with me on his own painful issues, including not living up to high potential, failing courses, sexual orientation issues – and peer teasing, and grief at the loss of the family patriarch, his grandfather. Then he was suspended for calling a new seventh grade girl a '"Ho" (whore). The girl, "Carrie," who had just moved from another state, was devastated. The sexually explicit rumors about her alleged promiscuity spread like wildfire. The seventh grade was caught up in the contagion effect of this explicit talk, and many kids were suspended. This was a systemic and network problem now. Carrie was a very pretty girl who immediately attracted boys and got jealous responses from girls. She barely had time to adjust to a new community and school, having left all her friends and close family behind in another state. She was lonely and also intimidated by the multi-racial peer group here, as she had come from a small homogenous southern town. Rashawn saw himself as a leader, who spoke for his friends, and he "took the heat" for saying what the others were whispering. He and his female counterpart in leadership, China, felt the rumors they heard were true, and that Carrie was a "bad influence."

* All names are pseudonyms

I worked individually with Rashawn, China, and Carrie, and also developed an activities group with Carrie, China, and Tracy, who was part of the rumor mill, and Maria, who was not involved in it. In this activity group, while designing tee-shirts, we talked about peer relationships and their varying racial and ethnic heritages as well. Friendship and heritage became the themes written into tee-shirts and young hearts. As China got to know Carrie, she let me know that she had been wrong about her, and that she would help stop the rumors. Tracy agreed to help. The girls became friends and Marie became Carrie's best friend.

I also met with Rashawn and his best friend, Jerry, who also agreed that they had been mistaken. They identified Tim, another new student, who was trying to fit himself into the group and had started the rumors. I worked with Tim as well, who agreed to help turn things around.

Carrie and Tim became part of the "in group," the rumors stopped, and the seventh grade went back to "normal." The painful bullying was over, and Rashawn and China were free to work on the concerns that initially brought them to me. I wish that systems in the grown-up world of aggression and violence could be worked with so "easily!"

The concerns youth have are vital and important! One fourteen-year-old Mexican-American boy, Pedro, told me that no one had ever listened to him before. He wanted to kill his abusive step-dad and protect his Mom. Fortunately, his mother was able to ask this man to leave the home after Pedro shared his concerns with her.

Another boy, Joel, 15, was beaten often by an older brother and scape-goated at school. He was suspended by the school for a thinly-veiled Columbine-type threat. Fascinated by guns and weapons, he shared his rage and disappointments with me. He later thanked me for helping him keep his sanity in this school and not getting angry and hurting everyone or himself. He said he will always remember me saying "Live, Joel, live! Choose life!"

Carol: As you know, I've also been involved in the development of a faith--based program. This is a Pastoral Counseling Center, begun by one of the oldest Boston congregations, out of their awareness of the cutbacks in mental health services. They have a particular concern that people of faith need a place where their spirituality and religious commitments can be respected and drawn upon. As was anticipated in practice this has meant that the clientele largely comes from this church itself and urban black churches.

There are a variety of special dimensions of this program. All of the clinicians are volunteers or interns, though there are paid executive and clinical directors and an administrative assistant. The clinicians cover a range of spiritual and religious traditions, including Protestants and Catholics - white, black, and Latino; Conservative Jews, and even a practicing Buddhist or two. Training and community-building for the clinicians has been built into the program with great thoughtfulness, commitment, and creativity.

This experience has lead all of us to rethink the worker-client relationship, the place of spirituality and religion in people's lives (and lack of attention to it in even in the very congruent approaches of the ecological perspective and life models), and the intersections of race, class, ethnicity, religion, and spirituality. Most of these clients have had very traumatic and troubled lives, and many of them have turned to the soothing of drugs and alcohol. It is impressive how many have subsequently drawn from their relationship with God or with a church to change their lives.

I worked with one African-American woman who was seeking help because her marriage was falling apart. Her husband was verbally abusive and demeaning. Her church

was her greatest support, but the wisdom within the church was that a woman should stay with her husband, especially if he was not abusing her physically. She should pray for him to change, and stand by him. She needed someone to talk to who was not a member of that church to test out her questions: Did God want her to stay, to let someone (emotionally and verbally) abuse her again? That didn't fit with what she had learned in AA and NA. She didn't have time to wait till he changed, she thought. What were her options if she separated? She wanted to get an Associates degree in human services, to be able to help others as she had been helped. She needed to provide for her family. She wasn't a good enough Christian right now to do what they asked of her. Of course she would continue to pray for him! And maybe if/when things were different they could get back together. I encouraged her to consider her own image of God. What did she think that a God of love, her image, would want her for her, as well as for her husband and her children?

It was a very brief intervention: two meetings - one in my car - and several phone calls. It seemed to be enough for her to mobilize her formidable resources. Did I do anything unique? I held the complexities and tensions of her experiences with Twelve--Step Programs, with secular therapists (for want of another word), and with her church. took seriously her hopes, her faith, her history, her strengths, and her full ecological field with all its resources and stressors. She felt comfortable raising questions about her church with me, which might have seemed disloyal with a clinician under secular auspices. Here the ecology expands to include her faith in God and her church community.

As the PCC reach out to local clergy, they both inform us about how we can be most responsive to their congregants and bring us into the connections they have made with formal systems - the prisons, Division of Youth Services, and so forth. We are thus becoming parts of many helping networks, both natural and formal. We are developing theory as we go, in our weekly and monthly seminars, reflecting on our experiences with individuals and families, with groups, with other caretakers, and with each other.

Judy: It is not a surprise that both of us are integrating faith and spirituality into our thinking, writing, and practice. One of the benefits of getting older is getting more secure in who one is and the risks one takes. Another benefit is that one resolves or learns to live with what others may see as contradictions. You and I talked about spiritually-connected practice many years ago but now can actually write about it.

When I reflect on my practice now, it is clear that I continue to value and use the concepts that we wrote about in 1978 and taught for over a quarter of a century. It is also clear that I value "clinical" knowledge and skills and no longer think that we need to avoid the word as "medical model" or "stigmatizing" nor do we need to avoid the spiritual in our writing or doing.

I enjoy being an "empowerment-oriented clinical community practitioner, who includes spirituality in life and work." What a string of words - and there could be others added - yet these aptly describe the "theory in action" that forms my personal/professional identity. Relying on my own networks for life, I continue to promote natural helping networks, including the worker-client dyad and small groups, in the healing process for others. I struggle to harness community processes for social and economic justice, sharing this task with like-minded others. Thank you, dear friend, for being a part of my life-giving community. Here's to continued Theory in Action!

Carol: And I, moving toward semi-retirement, am cutting back on my teaching

so I can do more practice, and writing, and "living." Being asked to reflect on "Theory in Action" with you is a gift. It marks a life transition, a temporary "book-ending" of parts of my professional career. I, too, am looking forward to further opportunities to practice, probably especially hospice-related work.

I also continue to have questions that I want to research and write about: right now, I'm pondering how students evolve a sense of social justice clinical practice, and "how we sustain ourselves." My paper, "Dementia Diary: A Personal/Professional Journal" has been published in Social Work (July, 2004) and emails are flooding in, saying "Thank you, thank you." I think that there is a tremendous hunger in the profession for personal accounts and narratives, humane and humanistic writing about human experience. This kind of writing is one of the ways, don't you think, that sustaining happens, and there is precious little of it in the social work literature.

This brings to mind that another of the contributions of the "life model" is to keep us reminded that our work is about life, and life-giving, however much we are pressured to dehumanize it, to reduce it to "components" which can be specified and quantified. I loved your phrase about "the exact measurement of non-exact things" (referring to positivist thinking and research).

I am telling the thank-you note writing people about Reflections of course! I'm also beginning to take somewhat seriously people's requests that I write further in this vein. But I also want to spend more time with my family and friends and communities. Or out in my kayak and scuba diving with the fishes! Living. All of this is living. And what a privilege we have to work in a profession that can be all about "life."

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Carol Swenson, 2005

Judith Lee, 2005