

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



Volume 11, Number 1

Winter 2005

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Cover and original artwork by Daniel Jimenez

REFLECTIONS FROM THE EDITOR

Jillian Jimenez, PhD

In this issue of *Reflections*, several authors tell of their experiences in other countries, reminding us of the global implications of our professional work. One aspect of our relations with countries across the globe has emerged over the past few months -- the desire to spread democracy to areas of the globe that currently do not enjoy it. The idea of democracy is a protean one. Most commonly it refers to the way leaders are determined, as in democratic voting over the past few months in the United States, Afghanistan and Iraq. In the Middle East, democracy has become inextricably linked to the interests of the United States, and has taken on a suspicious cast that few of us in this country can understand. Our view of democracy as the highest achievement of a political order is grounded in our own story about the establishment of democratic institutions in this country. The colonists rebelled against a tyrannical English government whose representatives attempted to deprive us of our natural right to determine our own destiny. And so we went to war. According to this, our founding narrative, democracy is the product of heroic sacrifice and must be maintained with the utmost vigilance.

Currently we are embarked on a different mission: democracy must be exported, sometimes after military campaigns, to places where people have not had the chance to enjoy the natural rights to a voice in their own governance. Those who doubt the possibility of armed struggle leading to democracy should think of our own Revolutionary War. It is surprising that supporters of current policies in Iraq have not reminded us of this more often.

Yet our historical narrative is limited in its resonance for current and contemplated

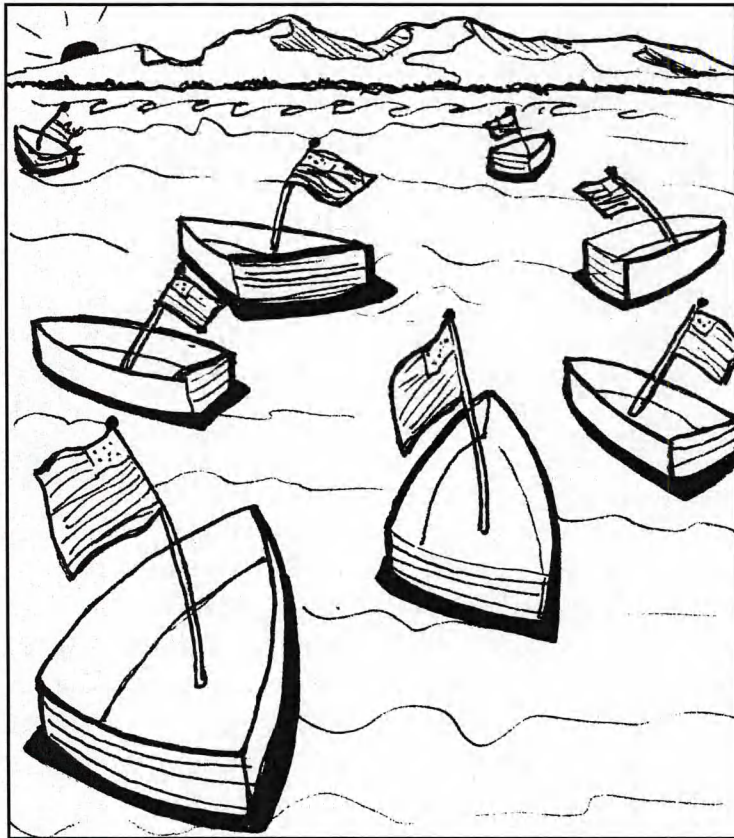
actions taken to promote democracy in the Middle East. It seems paradoxical to argue that it must be achieved for a country through outside military intervention. Voting at the behest of the United States, after being attacked by the United States, may indeed be, as the current administration maintains, a triumph of democracy over oppression. We must each decide as we will about the truth of that assertion. But the notion that other countries in the Middle East will inevitably enjoy the benefits of democracy as a result of our actions, as this administration further maintains, seems to borrow from a public health model, as though the democratic process is so compelling as to somehow be contagious. Reformers in the Middle East have expressed alarm that democracy has become "tarnished if seen as a euphemism for meddling by Americans or others whose backgrounds, values or religious beliefs clash with those of the region."¹ In spite of current hopes that the model of Iraq will become irresistible across countries in the Middle East, from "Morocco to Jordan to Bahrain," we should be very careful not to connect such advances with U.S. power; this linkage can only backfire and lead to more violence.

This unfolding narrative of the United States mission in the Middle East harkens back to earlier times, when our foreign policy was linked to the spreading of democracy to various parts of the globe. In these instances, the needs of capitalism and the glories of democracy were inevitably coupled. Woodrow Wilson wanted to export American ideals and American products to Latin America, as did McKinley to Cuba and the Philippines. The language of mission has not changed since the 19th century, when our political leaders pointed to the differences between the free institutions of the United

States and the tyrannical ones of Europe. The belief that the United States has a mission to bring democracy to other parts of the world is an old one; it resurfaces periodically and consistently in our foreign policy. It speaks to a deep yearning to be a unique and special people. Its fits with our story about ourselves as akin to a city on a hill, a beacon to the rest of the world. As a rallying cry, it is unsurpassed. Perhaps now is the time to question whether some of the discordant themes drawn from our collective narrative about democracy call for a different ending.

Endnotes

¹ Tyler Marshall and Sonnie Efron. "Rhetoric of Reform Discomfits the Mideast," *Los Angeles Times*, February 6, 2005, pA13.



JOURNEY TO INTERNATIONAL SOCIAL WORK: A PERSONAL AND PROFESSIONAL REFLECTION

Miu Chung Yan, Ph.D., University of British Columbia, Vancouver

The author has been a traveler traversing not only the geographic and cultural but also professional social work boundaries of Hong Kong, London, Toronto, San Francisco, Beijing, and now Vancouver. The stories that unfold in this article are closely knitted with the notion of "international" in contemporary social work. As a former colonial elite, an immigrant, a minority, and a privileged social worker and scholar, he experienced "international" in social work as a continued struggle against imperialism in both the local and global levels. To conclude his narrative, the author highlights some issues which may be worthy of contemplation if the social work profession really wants to have a fair exchange among social work communities from the developed and developing worlds.

"The image of traveler depends not on power, but on motion, on a willingness to go into different worlds, use different idioms, and understand a variety of disguises, masks, and rhetoric. Travelers must suspend the claim of customary routine in order to live in new rhythms and rituals. Most of all, and most unlike the potentate who must guard only one place and defend its frontier, the traveler *crosses over*, traverses territory, and abandons fixed positions all the time."

(Said, 1994, p.17, italics in the original)

I am a traveler. The stories that I will relate in this paper are not only about an immigrant's sojourn experience; they are also stories of the professional growth of a social worker who *crosses over* boundaries of international social work territories. As long as I am a traveler, my experience is in constant change. According to Said (1994), travelers "belong to more than one world" (p.11). All travelers are thus "international."¹ The internationality embedded in my own journey may offer some interesting dimensions to the current discussion of international social work. Reflecting on my personal and professional journeys between the developed² and developing³ worlds, I argue that we must critically reflect on the imperial/colonial relations hidden in the current discussion of *international* social work. The stories

recounted in this paper will be used to examine concepts and principles—including *interdependence, reciprocity, cultural competence, and the exportation model*—proposed by major international social work scholars. Implications on the theory and practice of international social work will be discussed.

Embarking on the Social Work Journey

In October of 1981, I embarked on my professional journey as a student of a two-year diploma program in social work. Social work, both as a discipline and a profession, was not only western but also modern—an enlightened progression toward which Hong Kong was striving. Said (1994) observed that in a colony "it was assumed native elites would be taught the rudiments of intellectual culture in idioms and methods designed in effect to keep those native elites subservient to colonial rule, the superiority of European learning and so forth" (p. 6). This was an accurate description of Hong Kong—a British Colony. Perhaps social work was one of many examples of 'the superiority of European learning' through which I, like many other people of my age in Hong Kong, was kept subservient.

My first exposure to the rudiments of modern social work was through the texts that were chosen for us. The first English social

work textbook that I had ever had was a U.S.-Canada collaboration—the earliest version of *Social Work Process* written by Compton and Galaway (1979). Except for a very few Hong Kong-based materials, the majority of the textbooks and references we used were from the West. Chinese materials were largely from Taiwan and were either translated from or based on Western (mainly British and American) materials. These Western materials indoctrinated us with a set of social work values, knowledge, and skills that were mainly developed in two major Anglophonic countries, Britain (U.K.) and the United States of America (U.S.).

In the 1980s, a postsecondary education in Hong Kong was indispensable for members of the lower class who aspired to join the ranks of the colonial elite. The prospect of upward mobility was so appealing that we young people from the lower class seldom questioned our desire to be part of the colonial elite. This desire, however, did hamper us from questioning what we were learning. We tended to perceive the knowledge and values of this Western learning—for instance, those underpinning social work—as noble, progressive, and even emancipatory, despite the vivid conflicts we encountered between what we were learning in school and what we were actually experiencing in the field. For instance, my classmates and I found it challenging to uphold the principle of confidentiality with our clients who, like us, lived with six to eight people in a physical space of 100-200 square feet. Likewise, we were uncertain about how to apply the principle of self-determination to our clients, who, also like us, were socialized in a culture in which making major personal decisions without consulting or seeking permission from family and/or elders was widely perceived as disrespectful.

The traditional Chinese culture in which many of us—and our clients—were socialized, tends to be structured around relations of

authority. As I have discussed elsewhere, Chinese who identify with the traditional hierarchical culture may tend to incorporate or interpret authority relations into other systems. As an educated professional, I was often seen as an authority by my clients, who expected that I, as someone with a higher status, would provide them with answers. Hoping to learn how to deal with cultural expectations that did not fit well with my professional role, I brought these dilemmas to the supervisory meetings. However, these difficulties were very often understood as nothing more than issues of professional amateurism and thus were framed simply as areas in which I needed to improve. The inconsistencies between the Western theories that we learned and the actualities of the local cultural context therefore eluded critical examination, as their cultural relevance was displaced by a standard discourse of job performance.

In October of 1985, after two years in the field, I decided to return to school to pursue a baccalaureate degree in social work (BSW). This two-year program was full of fascinating theories and concepts, such as Titmuss' grand ideas of a welfare state. Western success in the social engineering approach ignited the fire of our progressive minds with respect to social remedies that were needed at that time in Hong Kong society, which had a prosperous economy and numerous social problems. We were also introduced to the Western philosophy of social welfare, such as John Rawls' distributive justice. Just as with the diploma course, almost all my teachers had been educated in the West. International materials, mainly from the U.K. and the U.S., dominated our reading lists. Local materials were again rare.

Likewise, the relevance of Chinese culture was seldom a part of what we learned and was, instead, positioned as somehow savage. I still have a recollection of a particular lecture in which a guest speaker from our Philosophy

in Social Welfare course showed us a book written by a Taiwanese social work scholar who had tried to re-interpret (or deconstruct) the ten famous Chinese legends of filial piety from a western child abuse perspective. These traditional stories, treasured by many generations of Chinese, were turned into vivid examples of child abuse. For instance, there was a boy called Huang Xiang who would warm his parents' bed with his body in the winter and cool his parents' bed by fanning in the summer. The book interpreted this story as a child abuse case. The filial piety of Huang became a forced labor by his abusive parents. We were completely stunned by the author's "new" Western interpretation and became skeptical as to whether Chinese culture could ever accommodate the rudimentary principles of modern social work.

A Journey to the Imperial Capital

In the 1980s, many young social workers in Hong Kong went abroad to pursue their graduate studies, partly because of the lack of graduate programs in Hong Kong and partly because we wanted to acquire firsthand knowledge of the West. As Hong Kong was a British colony, it was not surprising that many of us chose to study in England. In 1989, with enough savings, I gave up my job as the manager of a children-and-youth community center in Hong Kong and went to London to pursue my Master of Science in Social Policy and Planning at an internationally renowned university.

As an international student, I crossed over not only the geographic but also the cultural boundary to the imperial capital, London. Traditionally, about sixty percent of the students of this renowned university are foreign students⁴. Many are from developing countries, particularly the existing and former British colonies. With its pioneer role in contemporary welfare state development and its imperialist history, Britain has been a center of welfare state study. For many of us,

studying in Britain was more or less a "secular pilgrimage" (Janin, 2002), a journey in which people travel to the *holy land* "to pursue their own academic, literary, historical, scientific, political, military, artistic or other interests" (p. 3). We sought not only to experience but also to learn from the wisdom of the imperial center.

However, such knowledge did not come without its share of disillusionment. The year that I was in England was also the year of major social discontentment over Prime Minister Thatcher's poll tax, a measure seen as further reduction of government welfare responsibilities⁵. The crisis of the British welfare system was especially disturbing to those young intellectuals from the developing world, including myself, who admired so much of Beveridge's legacy of the modern welfare state. Living in the imperial capital—the birthplace of the modern welfare state—I realized that the West, or at least Britain—the imperial master—was not as successful or as effectual as portrayed in our textbooks.

This prestigious educational institute of the imperial capital provided me an international scope, particularly through its diverse student body. However, in my recollection, localism, rather than internationalism, was perhaps a truer reflection of the interests of this imperial academy. For instance, I still remember my first book-searching experience in its library. Coming from a polytechnic in Hong Kong, I was quite used to a library full of international literature. It surprised me that materials at the library from foreign countries, particularly developing countries, were relatively inadequate, at least in those sections related to social policy and social work studies.

Nor did classroom discussion reflect the internationality of the diverse student body. Most classroom discussions were largely about domestic issues. International examples were occasionally brought up by foreign students who knew so little about the British systems that we needed to use examples from

our home countries to demonstrate our understanding of the theories that were taught. Although such input was appreciated as exotic, it was never at the center of discussion and learning. After all, it was the British examples that we needed to know for our examination papers.

The university has always had two Master of Science in Social Policy and Planning programs: one for developing countries and the other one unspecified. When I applied for admission, I was perplexed by the title of these two programs because I was unsure how to position Hong Kong. Was it a developed or developing city? The very existence of two different programs may indicate that they were tailored to suit the needs of the two different social and economic contexts. However, to uphold the dichotomy between developed and developing countries may also indicate a logic of imperial "otherness" (Said, 1979) embedded in the program design.

After all, like many colonial elites from the developing world, I had paid a secular pilgrimage to the imperial capital. Such a pilgrimage may, in hindsight, reflect an imbalance in knowledge generation and transmission between the developed and developing worlds, an imbalance rooted in the historical imperial-colonial relations. We elites from the colony were there to learn. Our experiences and stories were of little use to the imperial center. However, the knowledge and, perhaps more importantly, the degree that we gained from there were viewed as powerful in our homeland.



Returning to Hong Kong

I returned to Hong Kong in 1990. The master's degree from a prestigious British university brought me both professional and social advantages. Not only was I promoted to a midlevel management position in the agency where I used to work, I also attained a part-time teaching position at a college. Unlike that of my predecessors, my teaching was situated in the social context of the early 1990s, an unsettled period for Hong Kong. One of the major social debates of that time was centered on Hong Kong's social security system. Recently returned from our studies in England and North America, colonial elites such as myself formed various policy groups, eager to apply our learning to ameliorate the social conditions of Hong Kong.

Since it had been agreed that Hong Kong would maintain its status quo for fifty years after 1957, time was running short for those who wanted to change the colonial minimalist welfare system before 1997. These groups were actively critiquing not only the colonial government's policies but also the Chinese and British governments' future plans for Hong Kong, in hopes that a more comprehensive social safety net could be installed. Our goal was not to challenge the appropriateness of Western social security systems but rather to optimize their value in Hong Kong within a short time. Western concepts, theories, and methods were still the tools that we used to analyze and tackle local problems, and Western standards were still the yardsticks we used to measure local conditions.

Meanwhile, the brutal suppression of the student movement in Tiananmen Square, coupled with the impending return of Hong Kong to China, fueled social concerns that, come 1997, the people of Hong Kong would lose many of the freedoms they had enjoyed under the British imperial regime. One proposal to defend against this fate was to further internationalize Hong Kong, justifying Hong Kong's claim to a unique socio-political

status by appealing to its internationality. The rationale was that Hong Kong was vital and irreplaceable as an international hub. The social work profession of Hong Kong thus took a proactive approach not only to maintain its international scope but also to try to broker a greater linkage between the social service professions of China and the international community. To broker such a connection, we needed to know what China needed. Therefore, the exchange became two way. For instance, my colleagues and I organized a tour of 200 seniors to visit the social services of a city in southern China. In the meantime, social work schools in Hong Kong also started offering courses on social policy in China. I was one of the instructors who taught such a course in an undergraduate program.

It is now widely recognized that the Hong Kong social work profession has had a major impact on China's social work education development (Garber, 1997; Liu, 2003). With China's reintroduction of social work education in 1984, scholarly exchanges between Hong Kong and Mainland China became even more frequent. Social work scholars and practitioners from Hong Kong enthusiastically engaged in different levels of exchange with social service colleagues—mainly communist cadres and social work scholars—in China who showed a great eagerness to learn from us about how to *modernize* and *professionalize* their social services.

In order to survive, the social work profession prioritized internationalization. The colonial baggage of the Hong Kong social work profession was turned into a valuable asset that not only helped defend its future but also established its role as a broker in bridging China's social work profession with the rest of the world. Internationality became a means of continued viability. Consequently, the cause of indigenization within the Hong

Kong social work profession received relatively scant attention (Chu, 1999).

Becoming Canadian

In 1993, like tens of thousands of people from Hong Kong, I migrated to the great multicultural metropolis of Toronto. Moving to Toronto was another form of internationalization for me. This time, the internationalization did not embed in a locality, for instance Hong Kong, but in my body. All travelers with more than one cultural experience are international by nature (Brah, 1996). However, this international dimension is confined by a local context in which the travelers are positioned as minorities needing to adapt to the host culture.

Three months after settling in Toronto, I was fortunate to secure a position as a coordinator of a youth employment program in a mainstream agency. The daily commute was like a transformational tunnel through which I temporarily dropped my Chinese language, culture, and beliefs and assumed my professional persona. As an immigrant and a social worker, I crossed back and forth between my Chinese life world and my English work world. Like all immigrants, I had to be culturally competent in and adaptive of different cultural environments. The need for such adaptation leads me to wonder what it means to be culturally competent, a major requirement of international social work. As many international social work scholars contend, with an increasing number of immigrants in our caseloads, social work in a multicultural society is inevitably international (e.g., Healy, 2002; Midgley, 1990).

Very often, cultural competence discussion implicitly assumes a bicultural process in which the Caucasian social worker crosses the cultural boundary into that of his/her minority clients (Lam & Yan, 2000). Yet, for a social worker who is an immigrant and a minority, cultural competence may not be merely a bicultural issue. I routinely worked



within a web of culturally diverse constituencies. For instance, when a Caucasian employment counselor referred a Somali refugee youth to me, and I, a Chinese social worker, decided to place this youth with a South Asian training employer, the notion of cultural competence became complex and intriguing. In which culture(s) should I be competent? How can I be competent in all these cultures?

Each immigrant is a linchpin linking at least two countries; immigrants are always transnational (Brah, 1996). In this sense, social work, a local helping activity, can be affected by international dynamics. I remember that there was always some uneasiness between my Eritrean colleague and his Ethiopian clients due to the colonial history and long-time conflicts between these two countries. Their encounters were transnational and closely linked to the conflicts between the two countries. This transnational linkage was juxtaposed with and complicated by the power difference embedded in the helping relationship between my colleague – the helper – and his clients – the helpees.

Through unequal racial dynamics, the internationality embedded in a local setting of a Western country is inescapably connected with its imperial history. In my doctoral dissertation study (Yan, 2002), I found that many visible minority social workers reported having had the experience of being rejected by their Caucasian clients. More interestingly, some of them even experienced being rejected by clients coming from their own ethno-racial community. According to their accounts, they were told by clients that compared with their Caucasian counterparts, they as minorities were not competent or powerful enough to help them or advocate for them. The experiences of these workers may signify a racist reality that many visible minority immigrants experience.

To ground international social work in a local context, perhaps we should start from

the issue of racism rather than cultural competence. Racism is not only a local problem. It is also rooted in the history of imperialism – a hidden dimension of internationality. After all, as argued by many authors (e.g., Anthias, Yuval-Davis, & Cain, 1992; Omi & Winant, 1994), the whole idea of racial difference was the result of the colonial/imperial hegemony. Many immigrants come from the developing countries, a large number of which are either current or former colonies of the West. Their status in the developed host countries is often understood as inferior.

As a social worker helping many immigrant youth attain employment, I found that very often such racist attitudes were disguised by the hegemonic premium put on the so-called “local experience.” For instance, employers, sometimes even minorities and immigrants themselves, frequently used the excuse of “a lack of Canadian experience” to deprive thousands of qualified immigrants of jobs and promotion opportunities. The local accreditation bodies of various professions have similarly turned away thousands of immigrants who were trained in the universities of their home countries, even though the instructional models and curricula of those universities were largely based on Western models introduced in and/or imposed during the colonial period.

In brief, the *internationality* of social work practice in multicultural societies of the West may need to be understood within the context of imperial/colonial history and white supremacy, both of which internationally infuse and regulate the everyday life of not only people of the developing countries but also tens of thousands of immigrants from developing countries who now reside in the developed world.

Journey of International Exchange

In 1998, I returned to school full time in order to pursue my doctoral degree in social

work. As a Chinese doctoral student who could speak the Chinese language, I was involved in an international collaboration between my school—a Canadian university—and a college in China. This proved to be a valuable experience for me in terms of understanding the meaning of international social work. International social work is important because we live in an interdependent world (Healy, 2002; Hokenstad & Midgley, 1997a), and it has been suggested that reciprocity should be the principle of an equality-based international collaboration (Healy, 2002; Hokenstad & Midgley, 1997b; Midgley, 1990). According to Miriam-Webster's Online Dictionary⁶, reciprocity is defined as "mutual dependence, action, or influence." In other words, mutuality in exchange must be based on the dependence of both sides. In real life, however, this mutuality is not yet realized since the interdependent world is a global world dominated by the West. In the global era, military imperialism is transformed into economic, political, and cultural domination. The reciprocity that these scholars urge cannot be disentangled from the brutal reality of economic globalization.

In the very beginning of the project, we were very aware of the need to follow the reciprocity principle. The idea of reciprocity is, however, not an easily achievable goal. First, social work is largely a Western construct. As in the case of Hong Kong, it was introduced to many developing countries during the colonial era by the imperial regimes as a superior form of knowledge or a paternalistic social mechanism to resolve indigenous social problems. Second, over the years, the West has established a paradigm of modern social work that is supported by myriad literature written and accumulated by its scholars and disseminated through its powerful and aggressive publication industry. (I will come back to this point later.) Third, many developing countries, including China,

do not have sufficient resources to develop their social work programs. They rely on substantial support from the developed countries.

Scholars from the West, who, deliberately or unconsciously, position themselves as experts, are reminded not to export knowledge to the developing countries. In employing their Western lens to see the primitive condition of social work services in the developing world, colleagues from the West are, genuinely but sometimes uncritically, eager to share (or teach) their knowledge. Though the reciprocity injunction may sound right in principle, it is not easily put into practice. Any reciprocal exchange involves at least two agents. The dynamics between them are not unilateral, nor are they exclusively regulated from either side.

When I visited China in 1999, my colleagues expressed a strong desire to obtain access to Western (particularly U.S.) literature. Along the lines of the early phase of social work development in Hong Kong, my colleagues in China viewed Western knowledge as a means of modernization—a national policy since the 1970s—which has mandated the social work profession itself in China (Yan, 1992). To be modernized is understood as *jiegui* ("connecting the rail track") with the international community. My colleagues in China equate modernization and *jiegui* with learning, following, and adapting to their counterparts in the West. To "import" social work knowledge from the West becomes the foremost goal of international collaboration. We scholars from the West are always uncritically positioned as experts, and colleagues in the developing world are always eager to learn due to their lack of access to information about and experience of the Western world. Refusing to share our social work knowledge with them may be seen as arrogant and unfriendly.

As a result, the reciprocity of international exchange is hampered by the unequal dynamic

of importation and exportation of western knowledge between colleagues from the two different worlds. This dynamic is, however, the result of the history of imperialism, through which the West is positioned as an internationally accepted standard of modernization and advancement. All developing countries must aspire to this standard or, as my colleagues in China say, to *jiegui*. Yet, the standard of the *gui* (the track) with which to connect is always Western.



Teaching in the United States of America

Having finished my doctoral study, I started a new journey by accepting a teaching position at a university in the United States. The fact that I need a visa to work in this country signifies that crossing the Canadian-U.S. border is an international act. As a traveler crossing the border, my identity shifted from Canadian citizen to U.S. foreign worker. This crossing was more than a change of legal status. Said (1994) claimed that "travelers must suspend the claim of customary routine in order to live in new rhythms and rituals." Crossing, therefore, is also cultural. Culturally, I must adapt to the new host. Despite many similarities, Canada and the U.S. are culturally different in many aspects. Perhaps Michael Moore's film *Bowling for Columbine* is a good, albeit simplistic illustration of some of these cultural differences. Meanwhile, the socio-political-cultural milieu in which social work is practiced in these two countries is also different. After all, Canada and the U.S. have two different welfare systems.

Intriguingly, the international aspect of crossing the Canada-U.S. border is not

perceived by many international social work scholars. For them, international is confined to the exchange between developed and developing worlds. For instance, Caragata & Sanchez (2002) note that North American schools of social work have actively participated in international collaboration. However, in their articles, Canada and the U.S. are lumped into one socio-political entity: North America. Collaboration and exchange between these two countries are not defined as international. Meanwhile, Mexico, a member of the North American Free Trade Agreement, is positioned differently. Collaboration between Canada and Mexico, and between the U.S. and Mexico, is classified as international. By classifying their international partners according to the developed/developing paradigm, many Western social work scholars reinforce the imperialist notion of "Otherness," in that the developed is understood as the helping subject, and the developing is understood as the object to be helped.

The exchange between the developed and developing worlds is not reciprocal. Now situated at the center of the global economy, I grasp a sense of the power of the capitalist market economy in creating and maintaining an unequal knowledge base between the developed and developing worlds. This unequal base makes reciprocity and mutuality of international exchange hard to attain. As noted by Wachholz and Mullaly (2000), the textbook (including journal publications) industry of this country is so powerful that it not only impacts on one's teaching at the local level but also dominates the international generation and dissemination of social work knowledge through its profit-driven control of the global market.

Despite the ethnocentric nature of U.S. textbooks and journals, they are perceived by many social work scholars from developing countries, particularly those who have been educated in the Anglophonic Western

countries, as state-of-the-art knowledge. To compete with their local and international counterparts, higher education institutions in the developing world tend to assess their faculty's productivity according to their number of publications in U.S. journals. Sustained by this push-and-pull force, social work knowledge from the developed countries is elevated to a superior position. In brief, under the existing global order, international exchange constitutes a new form of imperialism, and is always unequal. Despite forceful advocacy for reciprocity from many social work scholars, cultural imperialism in international social work is part of the untamable global economic domination of the West, which may be beyond what socially conscious international social work scholars can control.

Observations and Implications

To summarize my personal and professional journeys, I state a few observations and implications. First, the word "international" is never neutral. It is rooted in the imperial-colonial history of the human race during the last four centuries. Owing to its origin in and transmission through imperial regimes, social work in the developing world has, by default, already been internationalized. My professional journeys in Hong Kong and to China indicate that social work in developing countries has always been "international," or, more specifically, "imperial." Through various channels, including textual materials, secular pilgrimages, and appointments of expatriate scholars from the West, social workers in the developing world are trained with values, knowledge, and skills from the West, particularly Britain and the U.S. To borrow Du Bois's concept, social work students and practitioners in the developing countries, through exposure to Western materials and local actualities, have developed a "double consciousness," an intimate knowledge of the two worlds, which

allows them to practice the Western-constructed social work in a local context.

Second, scholars in the developing world have recently given much attention on how to indigenize social work inherited from a colonial history (Hammoud, 1988; Walton & Nasr, 1988; Wang, 1998). Indigenization and internationalization are not antithetical but rather dialectical to each other. According to the imperialist understanding of social work, the "local" culture and actualities of the developing world are always subjugated as primitive, underdeveloped, and ignorable. A true mutuality in international exchange may need to be built on an equal sharing of knowledge, which requires our colleagues from developing countries to generate their own indigenous understanding of social work, a form of privileged localized knowledge that they can share with their colleagues in the West. Currently, I am co-editing a Chinese book on community work for readers in China. To ensure a genuine exchange with indigenous scholars, a dialogical approach is employed to organize the book. Each chapter has two parts – an introduction and a commentary – written by a pair of scholars, one from inside and one from outside China. The international (outside) and local (inside) perspectives are mutually appreciated, challenged, and validated. After all, *internationalization* of social work inevitably interfaces with *indigenization*, which is seldom addressed in international social work literature.

Third, though colleagues in the West may consciously try to avoid any form of cultural imperialism (Midgley, 1981) in which Western social work values, knowledge, and skills are positioned as elite, superior, and hegemonic, a strict refutation of the exportation model may nonetheless ignore the fact that the social work profession in the developing world is deeply entrenched in both the goal of connecting with their counterparts of the developed world and the hegemonic global standard defined by the

West. We need to recognize that as long as the desire for importation among colleagues from the developing world is intense, it may take a long time to achieve an equal base between the developed and developing countries in international exchange and collaboration. To resolve this difficulty, a constant negotiation of the exchange agenda may be critical (Tsang, Yan, & Shera, 2000). As in the above-mentioned Canada-China collaborative project, despite all the logical problems (details see Tsang, Yan & Shera, 2000), almost all major decisions were made bilaterally between the two sides through regular long distance phone calls of the two co-chairs.

Fourth, in terms of social work knowledge generation, we need to empower colleagues from the developing world and de-center the leading role of the developed world. We need to let the voices, ideas, experience, and theoretical conceptualizations of our colleagues from the developing world be heard, not only in their own countries as indigenous knowledge, but also in the Western world as an alternative perspective. To do this, we must create more platforms for this kind of equal exchange, for example, by comprising international journals of editorial boards and reviewers from both developed and developing countries. To enable more colleagues from the developing world to share their local knowledge with colleagues from the West, domestic journals in the West should recruit more international peer reviewers who have knowledge of the two worlds. Domestic national conferences should proactively invite participants from the developing world. For instance, the Annual Program Meeting of the Council of Social Work Education could extend its invitation to colleagues all over the world. Special panels could be organized to encourage foreign presentations. Fee waivers for social work scholars from developing countries might permit them to attend conferences whose fees are prohibitive.

Fifth, language is a critical issue in allowing the voices of colleagues from developing countries to be heard. English, as the dominant language in the international social work exchange, inhibits many non-English-speaking colleagues from the developing world from participating on an equal footing. Recently, the Canada-China project has published the first book on China's social work development in an English edition (Tsang, Yan & Shera, 2004). It took three years' time and involved the work of more than five translators and two professional English editors to translate more than twenty-five articles written by colleagues from China. Despite the fact that bridging the language barrier is a demanding process in terms of resources and time, this proves to be an important task for international social work. In the traditional practice, colleagues from the West have relied on an anthropological approach—"going native," observing, and writing about the "other" or the voices of social work scholars from the developing world either are unheard or are represented by scholars from the West. Now, stories of the development of social work in China can be told directly by the indigenous scholars.

Sixth, if we are to understand global interdependence, we cannot ignore its imperial/colonial history and relations. It has been argued that globalization is not a process driven by equal participation among countries of the developed and the developing worlds (e.g., Ife, 2000; Kellner, 2002; Steger, 2003). Fanon (1967) has suggested that "the gravest mistake would be to believe in . . . automatic interdependence" without taking historical context into consideration (p.13). Therefore, in order to translate the ideal of interdependence into a social work curriculum in the West—at least in North America—we must not lose sight of the imperial history embedded in and the neocolonial dimension imprinted in notions of "international," particularly in view of the recent trends in

economic and cultural globalization. Perhaps the first aim of an international social work curriculum should be to equip students to reflexively understand the ideal of interdependence in international social work, vis-à-vis the imperialist history of social work development in the developing world, the local oppressive conditions faced by transnational minorities, and the brutal realities of globalization imposed on the developing world.

Conclusion

Upon finishing this manuscript, I accepted an offer from a Canadian University. This time I will be moving back to my second home. However, as a Canadian social work scholar who has taught in the U.S., returning to Canada will be another international experience. My traveling story has not finished but turned a page. Traversing the boundaries of the social work communities of the developed and developing worlds in the last two decades reminds me of the complexities abounding in the discussion of international social work. We live in a global world. The meaning of "international" within the current global order is inherited from the imperialist era, which has not totally vanished from the human experience. This imperialist history has located social work communities of the developed and developing worlds in unequal power positions, particularly in terms of knowledge generation and transmission. While we promote an interdependent world, we should not lose sight of this unequal imperial dimension that is hidden both in the local social work practices of multicultural societies in the developed world and in the international exchange with social work colleagues from the developing world.

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Footnotes

¹ Healy (2001) defines *international* as "between or among two or more nations, of or pertaining to two or more nations of their citizens, pertaining to the relations between nations, having members or activities in several nations, or transcending national boundaries or view points" (p.5). She also recognizes that the word *international* is used interchangeably with *cross-national* and *global*. In this paper, *international* also includes a transnational dimension.

² The term *developed countries* refers to countries with advance industrial development , for instance, the G7. However, very often in social work literature, *developed countries*

is used interchangeably with *the West or Western countries or the North*. Very often these terms are loosely defined. Since it is not the intention of this paper to define these terms, I will use them interchangeably to signify a group of Anglophonic industrial countries.

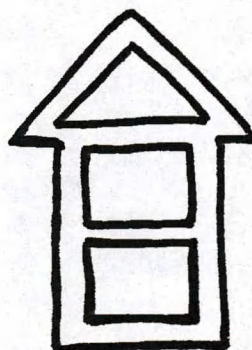
³ Some people use *third world or the South* to describe countries that are economically underdeveloped. In this paper, for consistency, *developing* is used to signify the process of development.

⁴ Please refer to <http://www.lse.ac.uk/collections/pressAndInformationOffice/aboutLSE/information.htm>

⁵ Please refer to http://www.bbc.co.uk/history/timelines/england/pwar_poll_tax.shtml for further information on the poll tax.

⁶ See <http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&va=reciprocity>.

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Manuscripts are due by: March 31, 2005

AFRICAN-CENTERED RITUALS: REFLECTIONS OF SOCIAL WORK PRACTICE STUDENTS

Carolyn S. Carter, Ph.D., Juniata College, Huntingdon, Pennsylvania

This narrative describes the author's use of interactive teaching methods in order to broaden students' knowledge and skills in the cultural diversity aspect of social work. The activities specifically focused on African-Centered rituals.

It is extraordinary to have instant feedback regarding the extent to which students in my classes understand the concepts and skills that are being taught. Even as an avid user of interactive teaching methods, I was unprepared for the electrifying responses from students in my Spring 2002 generalist practice course to content on diversity. Class members enthusiastically shared rich personal stories! Their stories enthralled me, amply rewarded my personal commitment to interactive teaching, evoked some of my favorite childhood memories, and provided impetus for this narrative.

An objective of the course was to broaden students' knowledge and skills regarding various aspects of social work, including how to best work with diverse populations. Because of the school's emphasis on the Black Perspective, special attention was devoted to African/African American population groups. The ensuing class discussion and vivid stories of students illustrated that many class members not only understood the concepts but also could share relevant experiences. Methods by which I presented the concepts and the highly descriptive stories of class members are related in this narrative.

Lifting the Voices of Students

An article on Afrocentricity provided a conceptual framework for discussing African/African American populations (Schiele, 1996). Afrocentricity can be defined as having Africa at the center of thought and actions. Because over ninety percent of the students

in the course were African, Caribbean, or African American, it was predictable that each would bring life experiences, personal definitions, and other content to enrich the class discussion. I began the short didactic presentation by defining Afrocentricity and introducing the concepts of informal support groups or natural helping systems (Daly, Jennings, Beckett, & Leashore, 1995; Waller & Patterson, 2002). Examples of natural helping systems are unlicensed barbers, hair stylists, and transportation providers. I also provided content about other aspects of African/African American populations such as communality or liberal sharing among members; respect for elders, ancestors and fictive kin; the importance of blood ties; the high value placed on education; and the nurturing role of the black church (Billingsley, 1992; Carter, 1997, 2000; Karenga, 1995).

The didactic segment was followed by a slide presentation of my previous trips to Western and Southern Africa. During the slide presentation, I disclosed certain similarities between my experiences in West Africa and in America. One example pertained to hair grooming. While in Africa, I noticed that some mothers, similar to my own mother, sat on a chair to groom their daughters' hair, while the daughters sat on the floor between the knees of their mother. Another example was food preparation. I pointed out to the class that recipes such as *gumbo*, a soup containing generous amounts of meat and/or seafood, were commonly prepared using several of the same spices, e.g., cayenne and file, used by my Southern parents and grandparents.

Students were also informed that many villagers continue the practice of using informal support groups for such services as childcare, transportation, barbering, and hair styling.

Many Voices, One Class

After the slide presentation, the class discussion took on a life of its own by becoming lively, personalized, and protracted. Class members, many of whom had been nodding and smiling during the earlier didactic and slide segments, excitedly shared childhood experiences of having grown up in various African, Caribbean, and American communities. A student, for example, eagerly, humorously, and in great detail recalled a member of his community who provided informal bus transportation once weekly to people in the community who did not own a car. Several students remembered having their hair combed as a child in the sitting position described previously. Almost everyone in the class voluntarily narrated a scenario, often vigorously reinforcing the comments of a classmate.

As the two-and-one-half hour class period came to an end, it was evident that the students were not ready to bring the topic to a close. I, therefore, invited them to bring to the next class a paragraph or more describing their relevant African-centered experiences. A week later, most students brought one-to-two page narratives relating even greater historical information than had been shared during the class period. After reviewing the written material during office hours, I subsequently commended class participants on the richness of their work and mentioned how practitioners and other students might benefit from the material if it were published. The idea of having their narratives published intrigued some of the students, who readily gave me written permission to develop the work into a manuscript. Following are excerpts from some of the narratives,

beginning with a student named D (*not his real name***).

While touting an informal transportation system, D articulated the a) utility of informal support systems and b) bonds that develop among members of helping networks over time.

"Living downtown, we had access to a terrific transit system and the need for a vehicle was minimal. But living in the suburb... life was nearly impossible without [a car]. [The community] pulled together to make life easier for one another.

"I can remember the way we coped with our transportation issues as a community. The [Jones] were one of the families who lived in the complex and owned a car. Not only did they own a car, they also owned a school bus.... a big bright blue school bus. That bus was a Godsend.

"I have fond memories of bus rides to church on Saturday mornings. We would all wait, some thirty of us, until we saw the big blue bus as if it came out of thin air. There were some Saturdays we would all go out after church instead of going straight home (depending on the disposition of the driver).

"There was also the Thursday night shopping trips to... the very large grocery store. Every second Thursday, the big bright blue bus pulled up to the corner and [we] would enter the... bus. Don't miss it [because] unscheduled trips were very rare.

"As time wore on, one by one families started to get cars. Some even had two. Eventually, the bus rides were fewer and

****Note:** To ensure anonymity, letters were randomly assigned to replace the name of each student.



further between. Twenty-two years later, I have my own car. I was recently talking to a good old friend of mine.... He and his family rode that same bus. We reminisced about that bus and the many people that rode it. It's funny, most of the riders of the bus I still keep in contact with today; however, I have no idea what happened to the big bright blue bus."

S connects D's narrative to African experiences by describing communal or resource sharing she observed while residing in West Africa.

"In the African tradition, having female children was not very appreciated because it was generally thought that girls could not be next of kin [when girls marry, they generally relocate to the village of their husband's family]. My mum had six girls [consecutively] before my father retired to ... village. The only boy we had was ten years old when we went to the village, which means that [my mother] didn't have male assistance with her work [e.g.] bringing wood from the forest, fetching water and so forth.

"The other women in the village felt sorry for [my mother] and decided to help her in their own way. Some of the women would assign one of their sons each vacation to help my mum with her farm until the end of vacation period. Another woman [would] assign her son to...split wood...to get wood for cooking. Others [would] assign their sons for different purposes and at different times. All of these my mom found so very helpful and [showed] appreciation by cooking food for these guys. Sometimes, my father [would] pay part of the [male helpers'] tuition and buy clothes for some of them. This is the kind of love and assistance that was shared in the community where I grew up."

The experiences of the two students above, one raised in North America and the other in West Africa, exemplify similarity and the continuity of certain practices across members of the African Diaspora, e.g., communality and using informal support systems. Similarities among class members were also demonstrated in the following excerpts concerning hair grooming. For example, F said:

"Some of my earliest memories of comfort and loving assurance came from my mother combing my hair. The combing [ritual] was to get the step stool, then run [to] get the comb and brush. The one with the comb and brush in hand got [her hair combed] first. There were many times I did not want to finish breakfast [so as to] beat my sister to the bathroom where the comb and brush was kept.

"The stool [on which we sat] was a short wooden one ... [placed] in front of the couch...mom [sat] on the couch and [we sat] on the stool between her knees, halfway up her thighs. As she would gently comb, she would talk to us, mostly about how we were expected to behave in school, how we could do better at something that had not gone so well before. No matter what the subject, the feel of gently pulling the hair or the brush massaging [our scalp]...was a real comfort softly working the hair and the soul at the same time [and] encouraging [me] to grow with the love of my mother.

"When I had my own children, probably very [sub]-consciously, I remembered the good feeling associated with hair and talk; so as I combed my children's hair, I talked to them of values and morals, plans and pitfalls. Hair combing was a time of love and sharing. Even my son, who wore cornrolls, was part of the cycle.



"Everyone is grown now ... my daughter combs my [granddaughter's] hair between her knees and talk... of life and expectation, of love and the future, not knowing how much of the past they show me. ... I will always remember the goodness, not of the hair, but of the act of love that hair combing is in my family."

G, a student who grew up in West Africa and lived in a polygamous family, where her father had several wives, remembered hair grooming in this way:

"As kids, our mums were responsible for washing and grooming our hair. They would wash with ordinary bars of soap [and] towel dry or we would sit somewhere sunny and let [our] hair dry. We would then sit on praying mats on the floor, resting our heads on our mum's lap. They would apply a kind of hair food (palm oil processed) and then braid [our hair]."

Following is R's hair grooming scenario.

"We sat in the kitchen waiting to get our hair done. Moma heated the comb on the stove. She would comb and press... We talked and sometimes I whined 'You burned me.' She would say 'sorry.' When [the grooming] was over, I went to the mirror proud as a peacock ...proud of my new 'do.'"

While H recounts hair grooming quite differently than her classmates, she, too, demonstrates the long-term memories associated with the ritual.

"[The] traumatizing experiences of getting my hair done as a little girl... was a chore for me and the person doing it. My mother wasn't a "hair person." When I was 5 or 6 years old, at least two people [were required] to wash my hair. Usually,

my mom held me down while my aunt washed my hair. Even though I grew out of my temper tantrums, I am still whinny when I go to hairdressers and have to sit under dryers too long!"

Students remembered other aspects of growing up in Afrocentric families, such as the value placed on educational enrichment, even among parents with limited formal education. Ironically, the semester following R's (referred to earlier) enrollment in my class, she proudly gave me a copy of a recent article written about her mother's life. In the article, captioned "An Oral History from Sumter County, South Carolina," R's mother's description of the mother's life paralleled some the experiences she made available to her children, e.g., exposing them to outdoor activities and insisting that they get the best education possible. R stated:

"Now that I look back on life, I wonder how Moma, [who was] born in the South, and received no more than a sixth grade education was so resourceful. Moma would find ways to expose her children to what was going on in the world. There were incentives for attending church regularly [and] those who attended church 10 Sundays in a row would get [a chance] to attend...camp for a week. Moma made sure we were on the bus every Sunday so we could receive our 10 Sundays in a row. The camp was surrounded by a lake. We enjoyed horseback riding, archery, arts and crafts, canoeing and other activities."

A common theme in the narratives was the pleasure of visiting the homes of relatives, especially grandmothers. Pleasurable aspects of sharing, eating rituals, and respect for elders are prominent in I's narrative.

"My grandmother on my father's side [had a] tremendous impact on me as a

child. She lived in Harlem, where both my mom and dad grew up, [and] was a strong, short, attractive, neat...woman. She and Grandpa owned a little store where all the kids used to hang out. She always made [room] for company [and babysat] us while my parents worked. Her home was always fun. My grandmother could make the best cakes in the world. For my birthday, she'd make double Dutch chocolate cake for me. [She] always had Sunday dinners and holiday feasts. My grandmother liked to lean out of the window and observe the people on...street. I did this with her and learned so much about life and people.

"[When we had] informal family reunions at Uncle B, my grandmother always...packed a truck full of food and clothes [although] we were only going for one day. Besides, Aunt M, his wife, always had enough food to feed armies. The other women also brought food. Friends and families swarmed in and out of that house. Every time I went to my Uncle B's house, I met new cousins."

The following student, J, also reflected on Afrocentric family gatherings. She prepared separate narratives regarding her paternal and maternal grandmothers, identifying them mainly by the state in which they lived. Similar to the narrative above, sharing among relatives and eating rituals are described. Also shown are the close relationships among blood relatives and extended family, or fictive kin. Extended family is uniquely defined among some traditional African Americans as anyone who has made a significant contribution to the family or has been accepted as a family member. Examples are church members, godparents, and neighbors.

"Granny lives in a row house in North East [Washington] D.C. [Row houses]

aren't that big, but at holidays they were always big enough. Seems like everyone congregates in her home especially at Christmas time...family, friends, and anyone else that's been invited from the church, schools, work, anywhere. People come in with gifts for the regulars and their invitees. Some [family members] come in with a few extra [gifts] to ensure that no one [gets] left out.

"There's always heaps of food and everyone [is] sure to go home with a plate at the end of the evening. Seating can get crazy with so many people but a system has...developed. Older folks and middleagers eat in the dining room and living room, kids [eat] in the basement, adolescents [eat] on the [stairs] and young adults and older teenagers [eat] in the rooms upstairs.

"After dinner, it's gift time. Usually a poem, or story or song is shared,...the sleigh bells are rung, and gift calling begins. Everyone opens gifts, showing them off while sipping homemade eggnog, having a dessert, or a second helping [of dinner]. As the evening winds down, people gather their gifts and...plates, while shouting goodbyes, see you later, call me, and yuletide greetings."

Following is a portrayal of family gatherings at J's second grandmother, who lives in the state of Louisiana.

"Grandma...lives in a totally different side of the world... After being raised in the Washington, D. C. metropolitan area,...the dust roads and lack of streetlights [where grandma resides] are a shock. [My grandparents] got to name their own street;...[so] did my aunts and uncles,...whose streets bear the name of my cousins. It was wonderful being down there. Everyone lives in walking distance of [each other]. Extra beds [are]

everywhere so there [are] always plenty of places to crash for the night. ...my great, great grandma['s]...house is set up for any out of town family to...stay.

"It's like the land of no worries for me. Everyone is on your side and so close knit. You [can] go to one house and talk to your aunt while she washes your hair. After you [are] all braided up, to dry [your hair], you may walk over to another aunt's house where she'll [groom] your hair while you [and other relatives] all talk.

"After you have been all 'done up,' your soul [has] been soothed [and] you may bump into an uncle working on his car. As you stop to talk, he gives you the details on fixing 'whatever,' after which you may go in to play a few games of pool before you head back to your original destination. [When you arrive] grandma may have called leaving a message for you to come for dinner. You go [and receive]...good food and spiritual healing/nurturing. All in all, you are cared for by family close in spirit and proximity."

K recalled the adult supervision associated with visiting her grandmother, whose neighbors also helped to "keep a watchful eye" on K.

"When I was younger, I spent all of my evenings, days from school, and vacations with my grandmother. She lived in an apartment building [that] is populated mostly by seniors ... of the same Southern background as my grandmother. [Because] my grandmother was acquainted with or [a] friend of nearly all of the [residents], they, of course, [knew] me. They would watch everything I did and tell my grandmother. [This meant] there was nothing I could do and get away. They would tell my grandmother when (and where) they saw me and especially [with whom] they saw me. So, my grandmother

was rarely in the dark about anything I did while I was in her care."

While several narratives alluded to religion, church involvement, and spirituality, the following one by L provides greater detail.

"As I was growing up, I was raised to believe that there was a God. Every Sunday morning, my mother would gather us together to attend a church service. I participated in church worship service, i.e., leading prayers, [making] opening remarks, youth choir, and...Sunday school. [When] I became an adult, I had to understand for myself. This understanding came from a religious instructor who believed in [God]. This old woman and I would pray...together and she encouraged me to re-establish my faith. The experience gave me confidence, meaning, and a sense of purpose...."



Transferring Experiences to Practice

Students' skills and knowledge of diversity were enhanced in meaningful ways by reading relevant literature, viewing slides, and actively participating in class discussions. Some class members' definition of Afrocentricity became more global to include individuals of Caribbean and African ancestry. Perhaps the most valuable change was the vicarious knowledge class members gained from listening to the voices of each other. For example, class members learned that although African-centered families bear many similarities, they are not monolithic. By examining the heterogeneity of African, Caribbean, and African American families, students were better able to understand the

diversity within other ethnic families at their field agencies. Hair grooming was touted as a parenting skill that could improve the relationship between clients and their children of various ages, as well as students and their own family members. In that the black church had enhanced the emotional as well as spiritual development of a number of class participants, they deemed assessment of client's religious background important to practice. The interns assigned to child welfare agencies articulated greater confidence in such skills as locating fictive kin when placing children. Students also mentioned how becoming skillful at using informal helping networks could supplement scarce resources of agencies. Members of the class were grateful for a course module that reviewed ethnicity in a manner that was nostalgic, esteem-building, conceptual, and applicable to practice. They were ecstatic that their personal experiences might contribute to social work practice literature.

I wish to thank the former MSW students, now graduates, who enriched this article by allowing their narratives to be included:

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EXPLORING ARRANGED MARRIAGES IN MY FAMILY: NEGOTIATIONS OF CULTURE, FAMILY, GENDER, AND LOVE IN THE ADVENTURES OF MARRIAGE

Janaki Santhiveeran, Ph.D., California State Univeristy, Long Beach

The purpose of this narrative is to explain how arranged marriage is an integral part of an Indian family, to describe how marriages are arranged, and to offer explanations for the acceptance of arranged marriages by educated women of Indian origin. Additionally, the author illustrates the changes that have occurred in arranged marriages over the decades by presenting the arranged marriages of her parents, her sisters, and her own. The author discusses how girls in her family were socialized to accept marriages arranged by their parents, and illustrates how love before marriage was frowned upon in her family and in India when she was growing up.

When I came to this country ten years ago, even strangers on college campuses stopped and asked me questions about arranged marriages. After my marriage, whenever students asked me some personal questions, the concept of arranged marriage always came up. I was looked at with disbelief. "Your marriage was arranged, too? Does it exist?" Such questions motivated me to address some of the myths that are associated with arranged marriage and how the tradition of arranged marriage has evolved over the years by presenting the case examples of arranged marriages in my family.

The purpose of this article is to explain how arranged marriage is an integral part of an Indian family, to describe how marriages are arranged, and to discuss how gender plays an important role in the acceptance of arranged marriage. In addition, I illustrate the negotiations of culture, family, gender, and love in the adventures of arranged marriages.

Indians from Asia are referred to as East Indians by the Census Bureau. East Indians are ranked third among the Asian groups (Census, 2002a). Of 11.9 million Asians living in the United States in 2000, 1.9 million were East Indian origin. More than half of those (1.007 million) were born in India or outside of the United States (Census, 2002b). Foreign-born East Indians living in the U.S.

have more than doubled since 1990 (4.5 million). The majority of the Indian couples I have met in the U.S. over the past decade had arranged marriages despite their education and western lifestyle. An understanding of arranged marriage as an integral part of East Indian family life is important for social work practitioners and family practitioners so they can develop sensitivity toward couples whose marriages are arranged and understand arranged marriage as a complex social phenomenon. First, I discuss the life style in India when I was growing up. Second, I discuss how girls were socialized to accept arranged marriage in our lives and how love before marriage was chastised in my family and in India.

Throughout our lives we were reminded that marriage is to be a happy union of families, a source of blessings from relatives, and recognized by the community. Marriage was considered as a place for developing new relationships and for promoting the networking of families and family interests. We were socialized to believe that only "arranged marriage" would be conducive to developing a healthy relationship between the families of a couple. There was always some arranged marriage being planned in my family, as I had eleven aunts and uncles and several cousins. Every year we had one or two marriages of

my cousins. The success of a majority of the arranged marriages in my family showed that arranged marriage does work. Parents and relatives reminded us through their actions and words that marriage is the elders' business and not the business of a boy or a girl. My mother was certain that "we will find a boy for you from a respectable family."

Growing up Female in India

India is a gendered society where the roles of men and women are distinct. Women were mostly passive in the Indian culture, and men typically were the primary breadwinners and managers of issues requiring interaction with individuals in the community, such as arranging marriages for their children (Mahajan, 1996). My family was not an exception; my mom was a stay at home mother and my father was the only breadwinner and had final say in family decisions. My father financed the education of all his children.

My parents were extremely strict with girls; we were not allowed to stay out after dusk and had a strict curfew. Girls in my family were not allowed to travel on our own for more than a couple of hours. My parents always made sure that we were safe, as chastity and virginity are highly respected in East Indian marriages. We girls were trained to focus on our studies and family tasks. We attended only a limited number of trips sponsored by our schools. Occasionally, we were actively involved in girl scouts and other extra-curricular activities and attended camps and other trips, which were special privileges. My parents usually distracted us from teen activities. Early attractions were chastised as shameful and unacceptable by both school and family.

The dress code was strict. "Guard yourself. Do not make others look at you by dressing differently, by leaving hair untied, or by laughing loud." My father blamed my mother if we ever did not abide by the expected dress codes or curfew times during

our teenage years. This is the strategy many fathers use to discipline their daughters, and my father was not an exception. We did not like my mother getting into trouble. My mother was less authoritarian but reminded us often that "your father may not like that."

Love and Modesty

Schools and colleges discouraged any discussion of love before marriage and seldom permitted any public demonstration of love such as kissing or hugging. Schools and colleges sometimes took drastic disciplinary actions by as suspending students who demonstrated romance in college/school campuses. Early attractions and crushes were responded to at the teasing level among friend, and we advised one another not to go beyond what was acceptable by our society and our family members. Getting phone calls from boys was forbidden in several families. Dating was out of the question. However, we all socialized as a "group" by studying together, helping one another, and attending trips and camps arranged by the school. Only a small number of courageous women and men dared to exchange "love letters" or to meet secretly at their own risk behind the scenes. These types of dating behaviors are mostly forbidden in families and schools in India. My aunts were firm that "love or dating occurs only in fantasy or movies; it will not work in real life." Stories, movies, and news highlights associated with love before marriage showed that these were usually followed by elopement and were viewed as having a negative effect on good relationships between the families of the bride and groom. Therefore, "love marriages" were not highlighted as being happy marriages when I grew up in India.

We were taught all along through a Tamil proverb: "Kal [stone] analum kanavan[husband], pul [grass] analum purusan[husband]." Stone is used in the proverb for "hard-hearted person" or "a person with no emotions" and grass is used



for “useless person” or “a person of no value.” The tentative meaning of the proverb is, “Even if you have a hard-hearted husband like a stone accept him as your husband and even if you have a useless husband like grass accept him as your husband.” When I asked my mother about the inherent meaning of the proverb she stated, “Accept your husband as he is and live with him.” Since husbands are chosen mainly by family members, the proverb probably emerged to encourage women to accept their husbands “as is.” Moreover, men and women are required to honor the choices of their parents and elders in their family as India is a collectivist society (Sinha, Sinha, Verma, & Sinha, 2001). Family cohesion and conformity is given importance in traditional Indian marriages. Romance or compatibility or feeling is not given importance.

When I was in my teen years, for the first time in my family one of my cousins chose a “love marriage” by dating a girl who was not selected by his parents. That created much shame in my family as several people made fun of his marriage in front of my mother. The concept of “love marriage” in India refers to a marriage that does not meet the criteria of an arranged marriage where collectivist views dominate. Instead, the woman or man chooses his/her spouse on his/her own, dates, and loves before marriage. We were reminded of this often and told through direct and indirect conversations not to do the same thing. Since then, a handful of “love marriages” have occurred in my family without the approval of the parents.

Arranged Marriage: My Parents

Traditionally within families of Indian origin, arranged marriages vary based on each family’s own traditions, and these traditions have changed over the years.

My mother was 18 and my father was 24 when they married in the late 1950s. My mother was born and brought up in a remote

village and completed high school just before her marriage. Their families lived 50 miles apart. Within the fifty-mile radius there were hundreds of small villages. During that time, the main form of transportation was a bullock cart to connect to neighboring villages. Public transportation was rare in the villages. Several children, including my mother and father, walked three to five miles to attend school. My mother’s village did not get a formal road or public transportation until the late 1970s. Despite lack of formal communication between villages, arranged marriages existed, due to active grass-root, caste-based organizations and mutual friends. My father’s and mother’s family members were total strangers to each other and they were not related by blood or by any means. My father’s and mother’s family met due to a mutual friend, whom my mom met and interacted with when she and her classmates went to a nearby town to take their high school final-year exam. My father saw my mother at a traditional family bride viewing at my mother’s house. Their parents arranged the marriage because my mother’s brother believed that my father was a federal government employee and could therefore provide a good life for my mother. They had no way of verifying whether he actually had a job or not, due to their inability to travel to be able to verify his place of employment. At that time, trust played an important role in marriages.

My parents’ marriage ceremony was held at my father’s village, as it is the tradition in our subculture for the marriage to be held by the bridegroom’s family. My parents met up close only when my father tied the nuptial cord around my mother’s neck. Nuptial cord is a yellow cord used for “tying the knots.” Still today, men tie the nuptial cord around the bride’s neck with a gold pendant, which is a form of wedding band that pronounces the marriage between men and women. In my subculture, men tie three knots at the time of marriage. “Tying the knots” symbolizes the

lasting bond of marriage between husband and wife, lasting bond between the families of bride and groom, and lasting relationship between the communities where the bride and groom lived before marriage. My mother left her family immediately after her marriage and went with my father, who worked hundreds of miles away from both families.

Arranged Marriages: Second Generation

After my parents' marriage there were several arranged marriages in our family, including the marriages of my two uncles and an aunt. The marriages of all of my aunts and uncles were arranged in the same way, by their parents or older brothers. In the 1970s and 1980s, several of my cousins' marriages were arranged. Some of my cousins married their first cousins.

It was an early evening on a Sunday and my house was decorated like a model home with fancy draperies. The whole house had a festival look. It was a special day for youngsters like me, as a potential groom and his family members were coming to see my oldest sister who just had completed her graduate degree in 1982. She was 24. My parents were delighted to search for a groom for my sister, as they felt that she was ready. Nobody directly asked her opinion at that time. My oldest sister was one of the most beautiful girls in my family, tall and fair. My sister did not express much interest in the beginning years of the search but cooperated with my parents in wearing a silk sari, a lot of jasmine on her braids, and jewelry. On top of that, she agreed to come and sit in front of the bridegroom's family and friends in the traditional bride-viewing ceremonies arranged by my parents. At the family bride viewing, my sister sat in front of the prospective bridegroom's family. Occasionally, family members of a prospective bridegroom's family asked questions about her college and

her culinary skills, as Indian girls are expected to cook nicely.

In the beginning years, my parents were less intrusive and permitted qualified, prospective men and their families to see my oldest sister. My parents had four important criteria that had to be met before they considered anyone as a prospective groom. First, they verified with our family astrologer that my sister's horoscope was compatible with the prospective groom's horoscope. Second, since my sister had a graduate degree, they wanted someone with the same or higher level of education. Third, the family history had to be clean and simple without any negative events that could flag our attention. Fourth, the groom had to be capable of supporting his family by having a decent job and income. In addition, we siblings had our own criteria, which were not given much consideration by our parents. His appearance was more important to us siblings, as my sister was a princess to all of us. Moreover, we did not know much about other needed traits of a husband. We had to sneak in order to check how fat and tall the groom was. We had to check the sofa on which the bridegroom sat to determine his weight. We told our parents not to proceed any further with some grooms whom we did not like. We wondered whether our parents ever heard us.

It took two years for my parents to find the right groom for my sister. My sister saw her husband a few months before their wedding at a traditional bride-viewing event at my home. The groom visited my sister for a second time at her work with one of my cousin's family members. My parents then visited his family and home and did some enquiries about the groom before they finally decided to arrange the marriage. My father also visited the groom's place of work and enquired with others about the groom and his job.

None of my siblings had a chance to talk to my sister's groom. Only my father and my



mother spoke to him for a couple of minutes. My sister never heard a word from her future husband before marriage and, like my mother, she met him up close only on the day of her wedding, just minutes before her husband tied a nuptial cord around her neck. Her marriage was a first, a special event in our family. My parents were overjoyed and arranged the marriage ceremony for my sister at our home, which is unusual in our subculture, where the groom's family usually arranges marriage ceremonies. Her marriage took place in the mid 1980s. Since our house was large and had several acres in the front and back, the place was prepared like a temporary marriage hall to accommodate nearly one thousand guests. The wedding was traditional, with a priest's blessings.

Usually, marriage is arranged for the girls of the family first. The oldest girl in a family usually gets first priority. The following year, my second sister's marriage was arranged. My parents were a bit more comfortable with the process by then and did not let several grooms and their families come to see my second sister. My second sister was only in her early 20s. Similarly, my second sister also met her husband up close only minutes before her wedding. My second sister also cooperated with my parents.



My Arranged Marriage

I was next in line and was only 20 years old. My parents were extremely modest in not letting the prospective bridegroom's family come and see me. Although as a teenager I enjoyed seeing prospective bridegrooms' families flocking to our home to see my sisters,

I refused to appear in front of anyone. How did I speak up? I might have gotten the courage to speak up because of my social work education. The bottom line was, I did not like the idea of sitting in front of a group of people. My parents respected my wishes, as they might have started thinking about the pros and cons of making their daughters appear before a prospective groom's family or their fear of a daughter being rejected by prospective grooms and their families. My parents were not alone in the hunt for a husband for me, as they had help from my sisters and their husbands.

In 1992, I got an international scholarship to come to the U.S. for my doctoral studies. My parents and my older sisters were against my plan to come to the U.S. as none of the girls in my family had left the country to receive a higher education abroad. They tried to convince me to stay back. My sisters were worried that it might be hard to find me a groom with a Ph.D. One of my sisters asked, "Who will marry you if you go abroad?" My brothers and I worked hard to convince my parents into sending me abroad. To avoid the troubles and stigma associated with girls who leave the homeland, my parents were determined to find a groom for me before I left the country. I also cooperated by agreeing to appear before a prospective groom. Luckily, they found a prospective groom, a university instructor who was teaching at a local university. When his parents came to see me and heard about my scheduled trip to the U.S., the groom's parents backed off by giving an excuse that they needed a stay-at-home bride.

My mother slowly prepared herself to see me go abroad, as she really did want all of her children to grow. My mother, who nurtured us all along by actively participating in our school and extra curricular activities, always wanted the best for her children. My father, on the other hand, felt the pressure from my aunts and the large society and wanted to

abide by societal views. Finally, my father was also willing to send me abroad with the condition that I complete my education within a short period. My trip to the U.S. in 1992 was the longest trip I had ever taken on my own. It was the first flight I had ever taken.

From the day I started school in the U.S., my father always asked when I would graduate. He always nagged my mother and my oldest sister about me, making them frequently write letters containing their usual advice and a list of dos and don'ts. He also sent newspaper clippings from the local newspapers that highlighted the struggles and successes of Indian women in the U.S. All these actions demonstrated how nervous my parents were after they sent me abroad.

I was partly involved in the search of prospective grooms by going through matrimonial columns in a local newspaper, *India Abroad*, and getting information from friends in the U.S. These prospective grooms from abroad did not match my father's expectations. For example, one groom was not tall enough and another groom's horoscope was not compatible with my own horoscope. Height was one of the most important factors, as all the girls in my family are tall. Therefore, my parents expanded searching for prospective grooms who worked and lived in India. They became nervous as the days passed by. Since my parents were becoming desperate, they advertised my profile in a local newspaper in India as seeking an eligible groom, a new strategy for my parents. Indian newspapers usually had regular matrimonial pages with a list of profiles for their 'brides wanted' and 'grooms wanted' columns.

It was early in October 1994, when I got a telephone call from my father. He asked, very authoritatively, "Could you come for a short visit to India?" I explained about my commitments, my workload at school, and the most important factor, my inability to afford a short trip. My father was adamant, saying

that he needed to meet the demands of a prospective groom's family who wanted to see me before they decided whether I would be suitable for their son. My father and one of my sisters were willing to sponsor my trip. In my opinion, a trip would not be feasible and would probably not have been fruitful. Our arguments ended with my father giving me some information about the prospective bridegroom and saying that I should anticipate a photograph from the groom's family.

Fortunately, my parents already had pictures of me in a traditional sari and gave a couple of these to the prospective groom's family. I waited for his picture. I was 27 and I cooperated with my parents, as my parents had become very nervous about not being able to find a groom. Since my parents' marriage was arranged, we children view our success as the product of their dedication and satisfaction with their marriage. With all this, I was comfortable with the concept of arranged marriage despite my living in U.S. Of course, my parents' search for a groom was an interesting topic among my colleagues in my doctoral classroom in Florida.

Due to a postal strike in India, I did not get the groom's picture. Instead, I got a call from my father saying that they had made an informal engagement in a small ceremony of 30 to 40 guests. I was dumbfounded, and I was hurt because the decision was forced on me. I made several phone calls to express my frustration with their hasty act of making an informal engagement. My father claimed that he had discussed the groom and his family with me on several occasions. My parents also made my sisters talk to me about the groom and their opinion about him. Since I did not anticipate seeing the groom before the engagement, I wanted my parents to ask my opinion "directly" before they made their decision. To my great relief, my father said, "I will not proceed with your marriage if you do not like the groom when you meet him in

person.” I was happy with the deal cut by my father.

A couple of weeks after our engagement, I got the groom’s picture. The picture was not helpful. I could not tell what he looked like, nor could I tell his height. I discovered that we both were in the process of completing our dissertations. One or two times my parents let the groom contact me over the phone. I was thrilled with the privilege, as neither of my sisters had had an opportunity to hear her husband speak before her marriage. When I reached India, I expected that the groom would come and receive me with his family and my family. However, only my family, his sister, and his brother came to the airport. Finally, my parents let the bridegroom see me. It was a great relief for me when I saw him. He was charming and lively. They allowed us to talk with each other for an hour at a nearby restaurant. I could not believe that my parents gave me that opportunity. We both were competing with each other to say as much as possible in the short time we had, sharing what we liked and what our family liked. We liked one another. In the Indian tradition, giving compliments directly is uncommon; therefore, we did not express our liking of one another.

The following day we talked about our wedding card and its design. After a couple of days, my sister and I went with him and his family to select my wedding sari and a sari for a formal engagement. I had met my husband in person four or five times before our wedding. I felt extremely privileged, as none of my sisters had received that opportunity. My father said that I should not ask my husband intrusive questions such as “Do you smoke? Do you drink? Have you dated others?” and so forth. My father merely told me, “Based on my enquiry, he seems to be good” without any definitive answers. I guess my father was extremely nervous and worried that my husband and his family might judge me negatively if I asked too many

questions. Like my older sisters, I entered my married life with many unanswered questions. Our marriage was in 1995. As was the custom, my husband tied the nuptial cord in a wedding ceremony attended by more than 500 guests.

A Modern Arranged Marriage

In 2002, my little sister’s marriage was arranged. She had far too much advice from all of us suggesting how she should select her groom. I am not sure how helpful we were. We older siblings spoke to various prospective grooms and asked several questions that we had not been allowed to ask our husbands before our marriages. Some were honest and expressed that they had dated girls and others admitted that they enjoyed smoking. I was impressed with the honest information provided by some of them. We had contact with several prospective grooms directly and chatted over the phone several times to know more about them.

This time my little sister was an active participant in the search and selection of her husband. She was open about the type of husband she wanted. She searched several sources on her own and with us to find a person who would match both her dream and my parents’ expectations. She did the compatibility matching of the groom’s horoscope with her own horoscope, using the programs available on the Internet. The matrimonial Web sites enabled us to post the profile of my sister and get proposals via email from prospective grooms in the U.S., India, U.K., and other parts of the world. She was extremely active and cooperative in the search for a groom. She received her Master’s degree in Australia and lived and worked in Canada, therefore, her financial condition was much better than that of her older sisters at the time of her marriage. She flew from the U.S. to India to meet a prospective groom when a groom’s family wanted to meet her. She met her husband a couple of months

before their marriage and spoke to him over the phone several times before their marriage. She was actively involved in planning her wedding arrangements with our parents.

Still, the basic tradition of arranged marriage has not changed. What has changed is that girls are playing an active role in the search and selection of their groom with their parents and siblings. Girls are coming forward and getting answers to their questions before they commit themselves to marriage. Roles of women are changing due to education and influence of western culture. Nowadays, matrimonial websites make the search for a bride or a groom easy and simple. In traditional Indian marriages, all girls wear a wedding band (nuptial cord) tied by their husbands as a necklace and silver toe rings. In South India, the nuptial cord is a yellow thread with golden beads and ornaments. The majority of the women from South India wear the cord around their neck every day. Men, on the other hand, do not wear a wedding band or symbol. The Indian marriage system does have double standards in requiring only women to wear wedding bands. Again, the majority of women who live in India and abroad accept these symbols as a customary practice.

On Having an Arranged Marriage

If I explore why we all accepted an arranged marriage, I find several reasons. For example, family pride is partly based on the conformity of the girls to family traditions and by the standards set by the family and the community. If we do not conform to the family values, it is considered shameful, aggressive, and disrespectful. In order to let other girls in the family enjoy the privilege we girls had, such as going to college and living abroad, we were directly or indirectly forced to conform to the family norms.

Falling in love before marriage is not encouraged in East Indian society. East Indian culture is a collectivist culture where family is

given more emphasis than just a union of two individuals. Girls' parents usually consider the character, health, and ability of men to provide a good living for their daughters. A boy's parents look for physical appearance/attraction and the girl's culinary skills when they look for a bride for their sons. In modern arranged marriages, the parents let the women and men talk before they finalize the marriage deal, and sometimes they let the girl and the boy meet and talk on a frequent basis after an informal engagement. Indians overall discourage individualistic views, such as women's or men's selection of their own mate. Most recent research confirms that girls tend to go by the choices of their parents in India as women are more inclined toward collectivist behavior (Sinha, Vohra, Singhal, Sinha, & Ushashree, 2002).

My family was not an exception. All women in my immediate family accepted and married men chosen by our parents. However, some men, including two of my own brothers, chose their own spouses. Are the men in my family against arranged marriage? I do not think so, as my brothers played active roles in searching and interviewing prospective grooms for their sisters. However, when their turn came, they went with "love marriage," as they said that they fell in love with the women they met at work/school. Their courage and assertiveness might be partly due to the difference in socialization of men and women in India and in my family in specific. Boys are given much more freedom than women to exercise their wishes. Although my parents were disappointed by my brothers' actions, they accepted graciously since they are "boys."

Did my view about arranged marriage change? Certainly, my view has changed tremendously on how arranged marriages should occur. During my student years, I never visualized how a girl could participate actively in an arranged marriage. I perceived such involvement as less traditional and aggressive.

Now, I strongly believe that girls and boys must actively participate along with their parents in the search for their spouse and must play an active role in deciding their life partner, which is happening in modern arranged marriages among Indians living in India and abroad. Certainly, I am against arranged marriages in which parents force their son/daughter to accept their selection blindly. I am also against arranged marriages in which dowry (gift) plays a major role.

Summary

Arranged marriage is a concept that has been part of the socialization of all boys and girls of Indian origin. Neither girls nor boys have been trained in how to date. All the girls in my family were comfortable with the idea of having an arranged marriage and cooperated with our parents. All four of us have college degrees. Two of us got our terminal degrees abroad and lived on our own for two years abroad before our arranged marriages. None of us married men who are closely related by blood. All of our husbands were total strangers to our family. The tradition of arranged marriage has survived and is still thriving in India even though the western culture has a strong influence.

The discussion of arranged marriages in my family shows how arranged marriages have been changing over the years, yet the tradition of arranged marriage is still alive and practiced in Indian families living abroad and India. While my father remained powerful in making the final decisions in all our marriages, he respected and considered our views about what type of groom that we preferred. I am not sure whether we would have chosen better husbands if we had dated and found our own.

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"US" IS "THEM:" WORKING WITH THE PSYCHIATRICALY LABELED

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In this personal narrative, the author recounts his experiences with psychiatrically labeled adults that have increased his understanding of and appreciation for people beyond their labels, and have helped him to de-program his pathology-based training and understanding of mental illness. He also discusses the integration of some of these experiences into courses he teaches with graduate social work students.

Note

Case narratives have been modified so that privacy is respected and confidentiality maintained. This article is dedicated to the lives of people with severe and persisting mental illness, and to those who provide services to this population.

The Joy of Sex

Scott was 25, loved baseball, classic rock, and his car. He also was an amazing classical and jazz guitarist. When I first met him, I thought that Scott was a staff member of the community support program. He was dressed like other staff members – jeans, oxford shirt, deck shoes, and had a confident, self-assured manner to him. In fact, he was the first person to greet me at the door of the Tudor-style house and to give me a tour of the day treatment program. Scott was warm, friendly, and accommodating. I was interested, curious, and attentive. I had been told to look for "Scott" who would give me a tour of the facility.

"Great to meet you. I've been expecting you. Come on in. Would you like the petit or the grand tour?" Scott said.

"Well I've got time if you do, and I will be spending a lot of time here, so I'll take the grand, if that's all right," I replied.

Scott ushered me along a short corridor. "This is the day activity room," he said, his arm sweeping a large living room with several

couches and chairs lining the walls and facing a large television along one wall. "As you can tell from the smoke and yellow walls, it is also the designated smoking area," he chuckled. "There are a lot of smokers here. It sure makes it tough to quit."

He continued along, giving me a brief yet very thorough history of the day treatment program as he went. "Yorke House was opened six years ago and was designed to provide support for folks recently discharged from a mental hospital. Many of the folks here have spent time in the state-operated psychiatric facilities. Some have been in and out for years; some are more recently diagnosed. We are a consumer-driven, low-barrier facility that emphasizes recovery from psychiatric illness and peer support. Services include case management, transitional housing, transitional employment, counseling, psycho-education, and psychiatric services." He paused. "It's a great place just to hang and socialize, too – you, know, a drop-in." Scott had an ease that I appreciated. I looked forward to working with him as a colleague.

"Where is everybody now?" I asked. We had continued through the dining room and into the kitchen, which like the rest of the house was empty. The clubhouse was not at all the hub of activity that I had expected.

"On Tuesdays folks get driven to the mental health center for med checks and appointments," he replied. "I'm just here

today to give you the tour and to meet with you."

"Where's your office?" I asked. "I was told that you were housed here."

Scott looked at me confused, then embarrassed. "Oh, that's the other Scott - Scott Patton. He's running late and asked me to keep you busy until he arrived. I don't work here, I'm a consumer."

"Oh, I'm sorry. You're the other Scott. I didn't make the connection," I stumbled. He paused as we continued out the back door onto the deck. He offered me a seat. The porch overlooked a sloping back yard bisected by a large vegetable garden distinguished by several rows of large cornstalks. It was late summer, and the heat was oppressive and humid.

"I'm doing pretty well, right now," he continued. "I got out of the State hospital in April after three months. They say I have schizophrenia, though I don't really know." He paused. "I do know that I was at the community college, finals were coming up, I hadn't slept for a while, and that it was a really stressful time." He looked at me. "They wanted me to meet you, because you're going to be helping me get into a transitional apartment."

"Yes, you're in line for an apartment as soon as we match you with a roommate. It should be ready before the fall semester. Will you be continuing college?" I asked.

"My case manager thinks that I should take a year off, but I really want to push through. I really feel fine now, except for the medication they have me on - makes me sleepy and screws me up in other ways."

"What's really important to me is that I have a roommate that likes music," Scott stated. "It's not loud or anything - classical and jazz - but I do like to play late at night at times."

He continued on about his passion for music as I reflected on the information I recalled about Scott from his chart. I didn't

notice any overt signs of his illness as we completed our tour.

Scott and I worked together closely over the next several months. He got his apartment with a clubhouse friend, Steve, and continued community college in the fall and started to attend the clubhouse less and less frequently. He appeared to be doing great.

I received the call late on Friday night. It was a crisis team member. He'd received a call from a consumer neighbor of Scott's who had been concerned about Scott and his increasing isolation. I was surprised. I'd not seen Scott in several weeks and had assumed that he had been caught up with school. I agreed to pay a visit first thing in the morning.

The first thing that struck me as I drove into the complex and glanced at Scott's third floor window was the drawn shades. I parked and walked the two flights to his door, pausing briefly to listen before knocking. There was no answer, and I knocked more loudly. Muffled sounds approached the door, and I sensed myself being assessed through the peephole. A pause, then the door opened a crack, stopping at the end of its short chain.

"Yeah. What do you want?" Scott was curt.

"Scott it's me, David. I hadn't seen you in awhile and wanted to stop by to see how you were doing" I stepped back as the strong, foul stench of stale cigarette smoke wafted over me. "I tried calling several times, but there was no answer so I thought that I would just stop in." I paused when Scott didn't respond. "May we talk?" I asked.

Silence. Then the door closed, and I heard the chain being removed.

The change in Scott's appearance was striking. His hair, once neat and clean, was now greasy and matted, cowlicks sticking this way and that. He clearly had not shaved in some time, and he wore a stained white t-shirt and jeans. The contact lenses were gone, and he had thick glasses on. He was barefoot and disheveled.

The transformation in the apartment was equally severe. It was stifling. Windows were closed, shades drawn, and despite the cool fall day outside, the temperature must have been 80. Stale cigarette odor permeated the apartment, intermingled with body odor and bad food. Several small plates on the coffee table serving as ashtrays were overflowing, and there were numerous burn marks in the new Crate and Barrel table. Dirty dishes were on the counter, in the sink, and on most tables. A few empty beer bottles, some half full with cigarette butts floating in them, were scattered about. A plastic trash container was tipped on its side in the dining room, its contents spilled over onto the floor.

I was momentarily speechless, unsure how to address Scott. He ushered me to the couch, tossing some newspapers to the floor to make room. Scott slouched in the chair kitty-corner to me, his legs crossed and his head resting on his chest.

I decided on a somewhat direct approach. "Scott, I'm actually here because folks were concerned about you. We haven't seen you in quite some time at the clubhouse." I paused, "I'm concerned about you ... can you tell me how you're doing?"

He said nothing. It was almost as if he didn't hear me. I waited a moment and continued, leaning forward and speaking more softly. "Scott, what's going on with you, right now? You seem so far away ..."

Nothing. I sat quietly, pondering.

After a moment, Scott's head raised his head and looked at me warily. Then he spoke, slowly and deliberately, his eyes still very far away.

"David ... It's been a while ... how's the apartment program? ... It's good to see you ... I haven't been to Yorke House ... too much shit there. You know they worship the devil there? It's in their eyes, the little flecks of yellow ... cat eyes, the eyes of fire ... that's the sign of the devil ... I can't go there anymore, because I don't have the yellow and

they'll know and they'll kill me because I won't breathe the fire ..."

Scott leaned forward with slow deliberation, his eyes locking onto mine, searching, suspicious. His voice increased in volume and became more pressured and tense.

"You said they sent you. Have you come for me? I'm not coming." He peered even more closely into my face. "You have yellow in your left eye. They almost have you now. You're the messenger. I see the shit in you." He looked haunted and challenging. I suddenly appeared to be a great threat to him.

In a moment, Scott had gone from looking almost catatonic to showing a fierce, focused intensity. His behavior was frightening me.

"Scott," I said, with confidence I didn't altogether feel, "I'm your friend, and I'm here only to offer my help to you." I gambled. "Scott, look in my right eye, and you'll see that I'm speaking the truth ... I'm here to help ..."

Scott stared at me, frightened. He looked to his left and responded to an unseen presence: "Okay, but I'm not going there." Gradually the look of panic diminished and he seemed to relax a bit.

"They haven't taken you yet," Scott said. "They tried to lower my shield with the pills, to make me more receptive, but I fought it off and my eyes are blue. See, David?" He removed his glasses, leaned far forward, and using his thumb and fingers he pulled his eyes open wide like an owl for me to see.

"Scott, how long have you stopped taking your Melleril?"

"The pills?" he asked, wariness edging back into his voice. "Why do you care? Did they send you to check on me? The pills suck ... I can't get off. They're no good while I'm in school."

I calculated quickly – five weeks since the start of the semester. "Scott, I'm not going to ask you to come to Yorke House right now,



but I would like you to see Dr. Mishra again. Maybe she can help come up with some other ideas about helping you. Are you still going to school?"

"Mishra was all right, but my teachers are all shit. I can't go there. I'm not going to take any more pills, they're shit."

"Scott, I'd like to make an appointment for you to see Dr. Mishra. Would that be all right?" I rose and walked toward the window. "Do you mind if I open a window?"

"The smoke in here keeps out the smoke of hell. The devil won't come here." He looked wary again. "You want to bring in the smoke of hell. The yellow is back. You have to leave now." He stood abruptly. "Tell everyone that I am fine. Thank them for their help, and tell them I don't need any more help."

I complied with Scott's request and left, pondering his condition during the 15-minute ride back to the mental health center. This was my first experience with Scott in a psychotic episode and I was shaken by the transformation. Though he did not appear to be an imminent threat to himself or to others, his decompensation was frightening. But his psychosis was bizarre and appeared to include command hallucinations. He did not seem able to care safely for himself at the moment, as I recalled his active psychosis and the cigarette burns on the coffee table. I decided to consult with the crisis team and to request a psychiatric evaluation.

Scott was deemed a danger to himself and involuntarily hospitalized. He spent the next six months in the State psychiatric facility. Initially he refused all medications and his condition deteriorated rapidly and drastically. During one of my visits midway through his stay, I hardly recognized Scott. His hair was long and uncut, his fingernails uncut and curling over the tips of his yellowed fingers. He chain smoked "to keep away the smoke of hell." The negative symptoms of his illness were now much more apparent. Scott exhibited

significant degree of alogia, or poverty of speech – his responses to my questions were empty and lacked any substance. He also was experiencing avolition to a milder degree; his hospital case manager reported that Scott appeared to have difficulty in initiating goal-directed activity and appeared lethargic and lifeless much of the time. The flattening of Scott's affect was attributed more to the side effects of the antipsychotic medication that he ultimately agreed to take. Certain antipsychotic medications may produce extrapyramidal side effects, such as bradykinesia, that can mimic flattening of affect (DSM IV, 2000).

At the persistent urging of his sister, with whom he had a very close relationship, Scott eventually agreed to remain on a course of treatment that included anti-psychotic medication and within three months he was released again into the community. Months later Scott was able to explain to me the course of his decompensation.

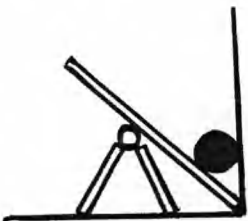
"Really, what it came down to was sex," he told me in a moment of self-reflection. "I met this wonderful girl in school, Lisa, and we really wanted to have sex." He paused. "I hate Melleril because it screws up my ejaculation. It's always been how I relax at night, you know, de-stress. With Melleril everything goes back up inside of me instead of coming out. Doc calls it retrograde ejaculation. It hurts like hell. Being with Lisa really pumped me up and she wanted to have sex, but I couldn't. I couldn't relieve myself and couldn't have sex with Lisa. It really sucked, so I said fuck the pills. By the time I was ready to have sex, I was so screwed up in the head that I thought Lisa was the devil. We never did end up doing it."

Medications have side effects that can be painful and distressing. In this case Scott, a young, healthy, and sexual man had been experiencing a very real side effect of the medication he was taking – sexual dysfunction. The desire was stronger than ever, particularly

with a new girlfriend, but ejaculation was painful and distressing. Scott found himself in a quandary. He could remain on his antipsychotic and suffer painful sexual dysfunction or gamble with ceasing his medication and regaining his previous level of sexual functioning. The conflict was all the more pressing with the pressure in his new relationship to have sex. Over the years that I knew him, Scott tried various anti-psychotic medications, and while many did not have the sexual side effects that he so disliked, they also did not effectively control his psychosis. For Scott it came down to a choice between possible psychosis versus sexual pleasure and self-soothing; for him, the two appeared to be mutually exclusive. Eventually Scott chose to remain on a moderately effective medication that kept his delusions and most of the hallucinations under control, but had as a side effect mild flattening of affect; sexual dysfunction was not a side effect.

A Matter of Perspective

Sara was a 25-year-old woman who was a prime candidate for the supported living program. She was very high functioning; she was religious about taking her medication and very good about attending the day treatment program. She'd been living at home since leaving school at age 21. The voices had started during her junior year at college, and she had been hospitalized, diagnosed with schizophrenia, and was never able to return to college. She had been a Philosophy and English Literature double major, and during her first two years had maintained a 4.0 GPA. Her history indicated that when she decompensated, Sara experienced only the positive signs of her illness, meaning an excess or distortion of typical functions (DSM IV, 2000). In her case, this was manifested by bizarre delusions and visual and auditory hallucinations. She had none of the negative symptoms often associated with the illness.



I enjoyed meeting with Sara. We would engage in spirited discussions about Shakespeare, Elizabethan literature, and Chaucer; she would run circles around me discussing Kant, Mills, and Heidegger. She was extremely bright. We also would discuss her mental illness. Diagnosed with schizophrenia, Sara had researched the disease extensively and knew much more about the illness than I did – I could leave it at the office; she lived with it every moment of every day.

Part of her coming to understand and to accept her illness was to conceptualize her disease through a framework that she could understand – in her case philosophically and through literary metaphors.

“The weird thing is, when the voices come, I really believe them,” she told me one afternoon. “It’s as if I’m a player in a Shakespearean drama. The voices are as real as your voice in this conversation.” She paused. “I know that they are not real, but at the time they are as real as anything you can imagine. As real as your two hands, the sun and the moon ...”

“I can only imagine how it would feel if everybody were to tell me that the sun doesn’t really exist, that it’s ‘all in my head.’ I can imagine myself initially trying to convince others, and then thinking that they were all ‘crazy,’ that they were somehow conspiring against me,” I said.

“That’s it exactly,” Sara said, “except that some folks really mess with my head by pretending to know what I’m talking about. Totally messes up my reality testing

That’s when I really start feeling paranoid. I know that they’re lying to me, but why, to ‘assess’ me? To see if I’m taking my meds and if not, to convince me to do so?” She paused. “Don’t they know that I’m assessing them?”

“I have no doubt as to your skills in assessing others Sara,” I chuckled. “And as to the medications, they really do seem to be

helping, don't they?" I paused, and then laughed at her bemused glance. "Don't worry; I'm not assessing your med compliance at the moment."

She laughed in response, "Don't worry; I would know if you were. Besides, it appears that it's pretty obvious when I'm off my meds or they're not working. I can't distinguish between the real voices and the imaginary ones, so I don't know which ones to cover up anyway," she continued.

"I haven't known you when you're hearing the voices ... what do you hear? What do they say?" I asked.

She reflected a moment. "I know it sounds weird, but I see evil in people, and the voices in my head tell me that the people are bad and are going to hurt me. It's almost as if I have to destroy them before they destroy me ... the people, I mean." She paused. "You know me, I wouldn't hurt a flea, but when I hear the voices, I feel more like I would be wrong not to stop the others from hurting someone else ... it's more like I would be saving people rather than hurting them ... like if you could kill Hitler before he killed all the people in the concentration camps, would you kill him? And would that be a bad thing?" she asked rhetorically.

Such was the nature of our conversations as we struggled with Sara's mental illness. I did not always have answers to her questions, but together we struggled to an understanding of her illness and to have her regain a more typical life in the community. Sara was a model resident and a delightful human being. She eventually graduated into fully independent living while continuing to check in on occasion at the day treatment program.

A couple of years later, I opened the local newspaper and was shocked to see Sara's face splashed across the front page. "Woman Kills Six in Homicidal Rampage," the headline screamed. "Dies in Fiery Highway Crash," read the subheading. Transfixed and full of dread, I read the article. She was identified

as a 27-year-old schizophrenic woman who lived alone in a neighboring town. Witnesses described a car driving at a high rate of speed down the wrong side of the four-lane expressway. The driver of the car appeared to be deliberately aiming at oncoming vehicles, several of which managed to veer away before being hit. Sara's car had glanced off one car, which skidded and rolled, before hitting a minivan head-on. The first crash had killed an elderly man; his wife suffered a broken pelvis, bruised ribs, and multiple lacerations and was in critical condition. The second accident claimed the lives of all four occupants – a young mother, an infant boy, a three-year-old boy, and an elderly, unidentified woman – in a fiery explosion. Sara had died en route to the hospital, never regaining consciousness. The author of the article speculated that Sara was suicidal and had taken her life and those of others in a tragic homicidal rage.

I was stunned and heartbroken over the lost lives and grief-stricken over the death of my friend Sara. I was also angry at the portrayal of Sara as a psychotic, suicidal, homicidal madwoman. Newspapers go for sensation, often at the expense of truth and of real understanding. Though I had not seen Sara for some time, I was convinced that she had been neither suicidal nor homicidal in the time leading up to and including her tragic car crash. Rather, I suspected that she had ceased her medications and that the voices had overwhelmed her. Her words echoed in my head "... I wouldn't hurt a flea ..." This was the Sara I had known – kind, rational, and compassionate. And it was undoubtedly the kind, compassionate Sara that drove the car down the highway in her psychotic state, truly believing that she was saving others, not killing them, that she was doing a good deed, not an evil one. The outcome was the same – unimaginable loss and grief.

The community was devastated by the tremendous tragedy and loss. Many

newspaper stories followed. Those who had known Sara just prior to the accident (some in positions where confidentiality was expected) confirmed that she had been decompensating over the previous couple of weeks and that she had likely not been taking her medications. Then there were the expected slew of articles on the fault of the mental health system, the problems associated with deinstitutionalization, and the dangers of mentally ill people walking the streets.

What was not discussed were the significant strides being made in care for folks with severe and persisting mental illness, the much more typical lives that many are leading, and the contributions that have been made and are being made by these same folks. What was not discussed was the research that suggests that folks with severe mental illness are no more likely to commit violent acts than the general population. (In the city in which this took place, there was on average one gun-related death homicide per day, and these did not receive nearly the notoriety as this tragedy.)

I still believe that psychiatrically labeled folks need to be in the least restrictive and most health-enhancing situation possible. Those with a severe and persisting mental illness need some supervision and sometimes assertive case management, but they have the same rights as the rest of us for liberty and happiness. What Sara did was tragic, painful, horrible. Should she be condemned for it? No. Should the mental health system that failed her be examined? Absolutely. What has stayed with me through the years is the 'face' that Sara put on schizophrenia. Now, when I read about or meet someone with schizophrenia, I look beyond the label to a whole person – a multidimensional human being with joys and passions and so many other aspects of self not defined by the condition.

The Creative Edge

It was late Saturday night when the call came in. Actually it was Sunday morning, 2 a.m. I was on call, had loads of energy, and was busy finishing up painting the living room walls. I prided myself on my ability, at times, to push through projects on little sleep. Of course there would always be the payback of exhaustion a few days later, but in the moment I could be quite productive.

"This is your answering service. I've got a call for you in Branderfield. Woman sounded pretty upset and wanted a crisis worker to call about her son Steve." The operator was crisp and efficient. I retrieved the number and called immediately.

"David, you've got to come." The caller was frantic. "It's Steve. He's out of control and made a mess of everything. I think he must have stopped taking his medication."

Field visits in the middle of the night were usually reserved for folks who were an imminent threat to self or others, in other words, suicidal, homicidal, or psychotic to the point that they were unable to care for themselves and/or represented a danger to others. I knew the family well, having worked with Steve as a client for several years, and knew that Anne would not be calling unless it was a true emergency. My assessment was brief and to the point.

"Take a breath and tell me what's happening," I said.

Anne launched in immediately. "He started getting wound up about two days ago. Lots of energy, riding his motorcycle at all hours and full of ideas. Talking a mile a minute. I asked and he told me he was taking his medications. Clearly he hasn't been." She paused, taking a deep breath before continuing.

"Last night he didn't come home at all, and I didn't see him until tonight when I came down to the kitchen." Her voice broke. "He's been painting the living room. It's ruined. There's paint on everything – furniture, carpet,

floors. He's got no clothes on and is just covered in paint himself. He needs help," she implored.

"Where is Steve right now?" I asked

"He's sitting on the couch, just staring ... I covered him in my mother's afghan, it's ruined now anyway." She paused. "He's not a danger or anything, but he needs to be in the hospital."

"I'll be there in 20 minutes." I paused. "How are you, Anne?"

There was moment of silence, then a resigned sigh. "I'm fine, I just want Steve better, and I need to get this mess cleaned up ... I'll see you in a little bit," she finished.

I had some time to reflect while making the drive to the posh subdivision. Steve, 32, had always lived with his mother. He was a very bright, passionate man who dabbled in photography, wrote poetry, and had a love of motorcycles and fast cars. He attended the clubhouse regularly and usually remained fairly stable on his medications. When he crashed, though, it was dramatic and quick.

I recalled a conversation I'd had recently with Steve. He'd been struggling with the loss of his energy as a result of the lithium he was on for the affective manifestation of his schizoaffective disorder. He was also taking Melleril for the psychotic features of the illness.

"I know that I do better on the meds, and I feel much more stable," he said. "But I really miss the highs. You know that's when the poems really flow from me, and that's when I take my best photographs. I just feel so restricted on these fucking meds ... I lose my edge. You know what I mean?" It was a rhetorical question, but I responded.

"It must be really hard to lose the good high when you can be so productive. Your creativity is so clearly such an important part of who you are," I agreed. "Unfortunately your body doesn't know how to stop at that moderate, productive hypomanic place, and these days seems to shoot right for manic. It

must be tough to lose a part of you that's so much a part of yourself."

"I know that I need to control the manic times with meds, but they get rid of the hypomanic times as well, and that's where my creative edge is. I wish I could just keep the hypo and control the manic, you know?"

We'd had this conversation before. "Until the science of medications improves, Steve, it's kind of a package. Either no meds and you get so high that you get out of control and land in the hospital; or meds and you lose both the out-of-control highs and the productive creative highs ..." I paused. "It's a tough choice."

I wondered now, as I pulled my car into his driveway, if Steve had decided (yet again) to tinker with his meds in order to regain that creative hypomanic edge that he seemed to long for. I wondered, too, how I would feel if I needed to rely on meds to keep my moods stable but at the expense of my healthy, functional, high energy. Hypomania is great for many folks and can be a time of high productivity. But when linked with depression and/or manic episodes, it's a red flag for bipolar illness and is pathologized; it is likewise demonized when co-occurring with symptoms of schizophrenia.

Anne quickly ushered me into the living room where I found Steve sitting, still staring into space. He appeared oblivious to his surroundings. Anne had not exaggerated the destruction of the living room. A deep blue paint was splattered everywhere. What was on the walls had been rolled haphazardly; most of the paint appeared to be on the floor, furniture, and lampshades. There were no drop cloths, and a gallon of paint was tipped over on the coffee table, still dripping slowly onto the carpeted floor below.

"He's been like this since I called," Anne whispered to me.

The paint was beginning to dry on Steve's hair, which it stuck every which way. He was naked except for the paint splattered on his

body and a floral afghan loosely draped over his lap. His eyes were glassy and fixed and he had a bemused smile plastered on his face.

I was distressed to see Steve in such a state. He would not respond initially to my questions and gentle attempts at interacting with him. We sat for several minutes in silence. I took the time to compose in my head the words I would write to recommend involuntary hospitalization. The magistrate who would consider my recommendation would inevitably sign the legal documents to commit Steve to a local psychiatric facility for a 48-hour observation period. In five years of crisis work, I had never had a recommendation denied. This was less a reflection of my assessment skill than a fact of the legal system – magistrates acted largely as rubber stamps and seldom refused a mental health recommendation for an involuntary psychiatric commitment. I chuckled wryly as I recalled the colleague who had presented papers to have his dog, Casey, involuntarily hospitalized on April Fool's day. The magistrate had filled out the paperwork and been humiliated and angered when he discovered the prank.

My reverie was interrupted by a chuckle. I glanced back to Steve, startled. His eyes were fixed on mine.

"Steve, hello," I offered gently.

"Hello," he responded.

"How are you?"

"How are you?" he asked in return.

"I'm here to talk with you."

"I'm here to talk with you," he lobbed back to me.

"I'm concerned about you."

"I'm concerned about you," he echoed.

This was sounding familiar ...

Echolalia. I'd seen it before in Steve. It was a symptom of the schizophrenia manifestation of the schizoaffective disorder. In Steve his echoing of my words often co-existed with echopraxia – a mimicking of body posture and movements. I noticed now

that Steve and I were both sitting with our left leg crossed over the right. I ran my hands over my face; Steve did the same.

It was not unusual to see a decompensation of Steve's schizoaffective illness manifesting both the affective features of his illness (in his case, mania) and the schizophrenic features (the delusions and the echolalia and echopraxia). I suspected that Steve had decreased or ceased altogether his mood-stabilizing lithium, probably in search of that elusive hypomanic high that he was grieving. As his mood elevated, Steve had likely ceased his anti-psychotic medication as well, increasing his cognitive disorganization. He'd gone this path before, unfortunately, with the same results – the need for hospitalization and stabilization. It had been a long road for Steve to be properly diagnosed. His mania had originally been diagnosed to the high sometimes attributed to the active phase symptoms of his schizophrenia. Steve's delusions and hallucinations often had a manic quality to them. Steve experienced manic episodes concurrent with symptoms that met Criterion A for schizophrenia (in this case, delusions and hallucinations).

It was a quick assessment as far as assessments go, and the trip to the magistrate's office was a quick one. During the late night ride on quiet back roads, I contemplated Steve's predicament and wondered what I would do in similar circumstances. On the one hand, he seemed to understand that the mood stabilizers and anti-psychotic meds help him, and that they would help him to function within the parameters of behavior accepted in this society. On the other hand, these same medications dampened his creativity, creating in him a feeling of 'deadness' and lethargy. Often Steve longed for the mild highs during which time he could be so creative and productive. He was grieving the loss of control over a part of him that in earlier years had defined him. I wondered if I would so easily be able to relinquish control of the more

natural, healthy, self-induced 'hypo' times in my life when I have been able to complete my dissertation, renovate houses, and write into the early hours of the morning, energized and excited on very little sleep. How I would long to recall and re-experience that creative, energetic, passionate flow; and how I would grieve and resist giving it up.

At Whose Expense?

The dawn was just breaking as I left the magistrate's office. The fall air was crisp, and I was relieved to see the oppressive heat of summer fading over the past several days. Paul had been the magistrate on duty. He was one of my favorites – he had a great sense of humor and gift for storytelling. It was a slow night and we had chatted for some time after the paperwork had been delivered to the police. They were responsible for the transport of folks legally committed to a psychiatric facility. I had reminded him of his assessment of a canine, and he returned my jab with a reminder of what he referred to as "the night of your spiritual awakening." We had different perspectives on the case, but the facts were the same.

It had been another late night call, rousing me from a deep sleep. I'd been a crisis worker long enough now that calls didn't pique my anxiety, and in fact I could often go on auto pilot and complete a call and even a routine field visit in a full functioning, competent manner, even while maintaining a mild, internal, sleep-like state. Over time it was a learned coping strategy and the only way to survive long on-call weekends.

This call sounded routine (if stripping someone of their right to freedom and involuntarily committing them to a psychiatric hospital is ever really routine). It was from the police, again. I'd been awakened four times already and had had to conduct a field visit earlier in the evening – I was tired. It was 3 a.m. A woman had been found wandering on a back road and she needed to be

evaluated for involuntary commitment. I knew the officer well enough not to question his assessment – this would be serious.

I played Miles Davis en route to the police station parking lot, mellow enough to keep me in a mild state of sleep, yet lively enough to keep me awake to navigate the winding back roads. The officer on site was someone I had dealt with on many other occasions. Bob was a ten year veteran of the police force, and normally very mental illness-friendly. His wife was a psychiatric nurse specialist, which undoubtedly provided him with more insight into mental illness than most officers.

I was relieved to be out in the early morning when the temperature was more tolerable. The full moon cast a silver glow over the landscape, and through my open window I could hear the cacophonous buzz of the cicadas – they were out in full force.

The police department parking lot was empty except for three police cruisers; one was set off by itself, the other two had a cluster of three officers standing beside it. I pulled up to the latter, parked, and approached the officers. They appeared at ease and two were laughing at the third, who appeared to be delivering a punch line.

"G'Morning. What's up?" I asked Bob. I recognized the other officers, Paul and Rob, but hadn't had many interactions with either.

"The full moon and it's keeping us busy," he replied.

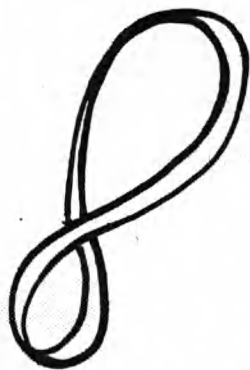
I glanced in the two cruisers.

"Where's the woman?" I asked, eager to get home and save what I could of the night.

Bob looked uneasy. The other two officers cast sidelong glances at him. One spoke up.

"Oh, she's in the back of Paul's cruiser," he replied, indicating with a nod of his head the third cruiser, parked 20 feet away.

Paul chimed in. "Yeah, go ahead and have a look ... we'll be right over. The passenger door is unlocked."



"Great. At least one of us wants to get some sleep tonight," I said, yawning involuntarily and determined not to let go completely of my mild, sleep-like trance. I could feel the eyes of the officers on my back as I sauntered away and was vaguely aware that something didn't feel quite right. Behind me, Paul made a comment to Rob, who seemed to stifle a laugh.

The streetlight cast a glare on the window of the cruiser, and I needed to peer in closely to view the occupant of the car. I was jolted out of my sleep-like trance and heard peels of unrestrained laughter from behind me.

A young woman, perhaps in her late twenties, slouched naked against the opposite door, her legs splayed open with a cross pressed tightly against her crotch. She glared at me, a wild look in her eyes.

I realized that I'd been set up. My anger at Paul and Rob was quickly replaced by concern as I recognized Kim, a relatively new member of the day treatment program. I didn't know her well but recalled her as a bright, shy, and reserved young woman who lived at home with her mother. She was an amazing pianist, and I would always know if Kim was at the house as she would spend much of her time there engrossed in playing classical. Her father, a combat veteran of Vietnam and past police officer had committed suicide a few years back – shotgun blast to the head. Since then, Kim had divulged that she had been sexually abused by him regularly through her adolescence. Her diagnosis was psychotic disorder, not otherwise specified. She hadn't quite fit into any of the other diagnostic categories. In my mind, the trauma that Kim experienced at the hands of her father clearly was a piece of understanding her mental condition.

Recovering from my initial shock, I glanced back at the officers. Rob and Paul were still laughing; Bob looked guilty, his eyes remaining fixed on the ground. I opened the door to the cruiser and leaned in.

I was greeted with a barrage of words delivered in a pressured, staccato-like fashion. This was a Kim I had not met.

"Don't talk to me, get away, you will not enter into me, I know you, you're the devil, you won't come to me, get away, I reject you, I repeal you, I condemn you, you cannot have me, the Lord protects me, I am protected, you cannot have me," she chanted, the cross clenched all the more tightly.

"Kim, I know you," I said. "It's David, from Yorke House, and I'm here to help you ... may I talk with you?"

She continued uninterrupted, "I reject you, I repulse you, I revulse you, I revile you, I release you, the Lord is my protector, you cannot have me, you cannot enter into me." I felt Kim's eyes bore into mine. In her fixed stare I could see nothing but contempt, hate, and fear.

I made a few more futile attempts to reach Kim before concluding quickly that she needed to be more fully evaluated, medically and psychiatrically, in a hospital.

Paul and Rob had approached the cruiser at this point and were unabashedly looking in the window.

My voice was cold as I closed the door to the cruiser and quietly addressed the officers.

"Her name is Kim Smith, and as you suspect she needs to be in the hospital." Because of confidentiality I could not share much, but I needed to convey my revulsion of their behavior. I was brief and to the point.

"Her father was a Vietnam combat vet and cop who killed himself a few years back ... how would you feel if she were your daughter?"

I didn't wait for their reply as I strode off to the office of the magistrate, whose dismissive attitude about the police behavior was "boys will be boys," and "gotta do something to get through these long nights."

Dawn was breaking as I made the half-hour drive home, and I reflected on the

evening. I was appalled at the behavior of the police and their adolescent behavior and practical joking at the expense of an obviously distraught woman. They saw a young woman wandering naked on an isolated rural back road and hadn't transported her to the hospital for any kind of an assessment for trauma or substance abuse. A crisis assessment could easily have been conducted within a medical setting. Rather, the officers had delayed more intensive assessment and evaluation in order to show her off to their fellow officers and to set me up as a crisis worker. The officers appeared to have been blinded by their objectification of the woman and her nudity, their apparent assumption of her mental illness, and the novelty of the situation. I wondered about the role of race on the experience – the three officers were white, Kim was black. Would the lack of respect and concern shown to Kim have occurred had she been white?

Appalled as I was by the inappropriate and insensitive treatment of Kim by the police, and while I would never under any circumstances condone their behavior, over time I have come to realize that theirs are incredibly difficult jobs and that folks will use humor as a means of de-escalating tension and coping with the stress of their jobs. Though healthy humor allows helpers to cope, humor should never be used at someone else's expense or to exploit another.

Kim was hospitalized on the psych unit of a comprehensive medical center where she was also evaluated for recent sexual trauma and substance abuse. Both evaluations came back negative. With antipsychotic medication Kim recovered quickly, without much memory of her decompensation or what had triggered it. She did have vague recollections of and extreme embarrassment over her sideshow treatment by the police. Her treatment continued to focus on trauma issues and to treat her psychotic symptoms.

Lessons Learned

What do these four vignettes have in common? At the time, I would have answered that each person was diagnosed with a severe mental illness. This was the lens of pathology through which I had been trained to perceive and to work with these folks. And this is reflected in the narratives. With the wisdom of hindsight, I now see a profoundly different commonality. First, I see incredibly gifted and creative individuals. Scott was a gifted classical and jazz guitarist; Steve an accomplished photographer and painter; Sara a poet; Kim an amazing classical pianist. My training had programmed me to look at pathology and abnormal behavior and to work with the "severely mentally ill" around managing their illness and understanding its impact on their lives. I realize now that while this is vital and important, equally valuable in recovery is assisting individuals with a psychiatric label in finding creative ways to lead full, creative, meaningful lives; to see beyond the pathology and disease to the creative, energetic life force of the person in the moment.

Another lesson had to do with "us" and "them" thinking. Through the years, I have reflected on the shift in my perception when Scott first identified himself to me and later corrected my assumption that he was a staff member. The lens through which I was evaluating Scott shifted quickly, and at the time I caught myself spending less time listening to his music and more time informally assessing for symptoms of his schizophrenia. It was a valuable lesson. I recall a conversation I'd had with another staff member regarding Sara's poetry. The staff member, a psychologist, suggested in a staff meeting that Sara's delusional thought processes were evident in her poetry and had proceeded to deconstruct one of Sara's poem line by line and attach the meanings to delusions and cognitive distortions. I had thought the poem was pretty good. Did knowing that the author

of the poem had a diagnosis of schizophrenia color the interpretation and simple enjoyment of the work? In this case, I believe so.

Along the same lines, I reflect now on how typical, healthy and rewarded behaviors such as hypomania in non-labeled individuals, are pathologized and medicated away in labeled folks. I do not have the stigma of psychiatric label. If I go through periods of hypomanic activity and am able to be very productive, energetic, and euphoric, the behavior and the experience is seen as positive; were I to have a diagnosis of bipolar I disorder, and therefore a past history of mania, I would be encouraged to take mood-stabilizing medication to extinguish the manic episodes and, in the process, extinguish the hypomania as well. Likewise, were the diagnosis bipolar II disorder, I would be medicated again with a mood stabilizer to extinguish the depressive episodes and the hypomanic periods as well. Hypomania is symptomatic of either of these disorders and is medicated away. In the absence of these illnesses, hypomania is not pathologized and aspects of the episodes are seen as valuable and desirable – a positive trait.

Another area that I struggle with is the contextual definition of and the unconditional pathologizing of suicide. Suicide is not always as it appears and needs to be considered within the context of the individual. I do not believe that Sara was suicidal, but died in a tragic accident caused by her delusions; it was a product of her disease of schizophrenia. In contrast to this, there are occasions, I believe, when suicide may be considered a rational, courageous, reasoned act. I recall Scott Nearing, a social reformer in the late 20th century. He was clear toward the end of his life that when life became too painful to enjoy and death was imminent, he would choose to leave life. As he neared his 100th birthday, increasingly infirm and in pain, Mr. Nearing made his intentions clear to his family that he was going to cease eating and thus allow

himself to die. He followed through on his intention and died a few weeks later at home where he had spent much of his life, seemingly at peace and surrounded by loved ones. Should his death be pathologized? Should he have been evaluated for major depression? Should he have been forced into a hospital under a medical involuntary commitment so that he could live a few weeks longer strapped to machines and pumped full of medications? I would respond with a resounding "no" to each of these. Was he suicidal? In the technical sense, yes. But suicide is not always as it appears. There are times and situations when it is an act of grace, courage, and even love.



Coda - They Are Us and We Are Them

I no longer practice with consumers with severe mental illness. My "practice" now is with graduate students. I teach several sections of Advanced Psychosocial Assessment (APA) in a graduate School of Social Work. In this role, I try to convey to students the importance of conducting strengths-based comprehensive assessments that consider the whole person, including their strengths and resiliencies, and to consider and evaluate their challenges, behaviors, and symptoms within the context of their individual lives and unique experiences. We examine and engage in critical analysis of the DSM IV, cover to cover.

I like to emphasize with students that many of the symptoms listed within diagnoses in the DSM IV may be thought of on a continuum and that most of us have experienced some degree of many of these symptoms. It is only when there is an increase in the level of severity of the experience of the symptom and when several symptoms cluster together and interfere with a person's interpersonal, social,

or occupational level of functioning that a psychiatric label is attached. I want students to identify with their own internal experience of symptoms, albeit perhaps at a lower level of severity, so that they can identify with psychiatrically labeled clients. We also explore the social construction dimension to this – culturally grounded meanings about what are acceptable and what are unacceptable behaviors.

Finally, I like to de-mystify and “normalize” psychiatric conditions by fostering an atmosphere in classes where students consider and share, as they feel comfortable, their own experiences with being assessed, assessing others, and psychiatric labels. Due to the nature of some self-disclosures, I contract with students to keep personal material discussed and shared in class confidential. While some professors bristle at this ground rule, I hold firm to it and consider it essential to ethical, effective, and meaningful teaching practice.

Students often warm up to the invitation to share by discussing medical assessments (ob/gyn, surgery, physical examinations) and academic evaluations (grades, GREs, SATs); they follow with their own psychiatric labels and experiences. The most common self-revelation among students, and perhaps the least stigmatizing, is phobias. This is followed closely by panic attacks, substance abuse and dependence, and post-traumatic stress disorder. Less commonly shared, though present in virtually every APA course I have taught over ten years, are eating disorders. I also have had some students share their struggles with bipolar disorder, with sleep disorders, and even some who have acknowledged past labels of a psychotic disorder.

I believe that the more we as helping professionals are able to internalize mental illness and put a face, even our face, on psychiatric experiences, the more effective and compassionate we will be in working with other individuals with psychiatric labels.

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Call for Papers

Special Issue

Social Work Practice with Southeast Asian Populations

Guest Editor: Brian Trung Lam

This special issue focuses on the resilience of Southeast Asians in social work, allied human service, and helping professions. *Reflections* seeks narratives that encompass experiences in teaching, personal histories, professional practice as well as the design and implementation of successful interventions related to South East Asians.

Narratives may address but need not be limited to the following:

- Experiences or studies that illustrate, in a traditional professional helping context, the differences between help-seeking behaviors of Southeast Asian populations and the help-seeking behaviors of the mainstream population.
- Experiences or studies that explore resilience in research or clinical practices related to Southeast Asian populations.
- Experiences or studies that illuminate immigration histories, cultural norms and beliefs that are sources of resilience, or serve as a source of empowerment to either the practitioner or the client.
- Experiences or studies that report how cultural blue prints have been integrated into clinical practice, macro practice or social work education.
- Experiences or studies that address ethical dilemmas, particularly those uniquely associated with Southeast Asian populations and how these dilemmas are resolved.
- Experiences or studies that reflect the narrator's personal struggle in understanding social justice and equality issues.
- Experiences or studies that reflect the narrator's personal history and how that has impacted him/her professionally.
- Experiences or studies about the process of acculturation that had an impact on the narrator's professional development.
- Experiences or studies about the importance of various networks of social relationships within the community and how the involvement with these networks influence worldviews and coping strategies among Southeast Asians.

Mail manuscripts to: Brian Trung Lam, Ph.D.
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(562)985-4625 or email: blam3@csulb.edu

Manuscripts are due by: June 30th, 2005

REFLECTIONS ON DESTROYING SOCIAL WORK

Joel Fischer, DSW, University of Hawaii, Honolulu

Here, the author reflects back on his controversial article "Is Casework Effective?" which was originally published thirty years ago in the journal *Social Work*. The original article, in its entirety, follows this narrative.

Ubi explorari vera non possunt,
Falsa per metum augentur.¹
Quintus Curtius Rufus
De Rebus Gestis Aleandri Magni

How naïve could I be? When I wrote "Is Casework Effective?" (Fischer, 1973a), I had no idea what I was doing. Okay, that's not completely accurate. I was just a kid of 32, fresh out of Berkeley a few years earlier with my social welfare doctorate. But I did know a little bit about research. And I did know that my goal in writing that article was to call the profession's attention to the issue of what were, to say the least, questionable outcomes of research on the effectiveness of social work practice. And I was pretty sure that social work had yet to deliver any sound evaluations that reasonably could be used to provide evidence of effective practice.

But, hell, lots of social workers knew something about research. And others also had raised the issues of questionable outcomes (e.g., Mullen & Dumpson et al., 1972). And others before me also had stated that social work wasn't delivering, in a demonstrable way, on implicit and explicit promises to provide effective services (Briar, 1967). Why, around that time, Scott Briar, then of Berkeley, soon to be dean at the University of Washington, even had dubbed that era "The Age of Accountability" (Briar, 1973). So, what, I reasoned, could possibly be *that* big of a deal about my review?

What I didn't know, though, and therefore hadn't counted on, was just how much and how many social workers *cared* about those



issues. What I never would have believed, but perhaps should have known, was how personally my professional colleagues would take even hints that the field had not produced a single study providing sound evidence of effectiveness. And what I was certainly unprepared for was the number of new, but refreshingly delightful, enemies I made just by publishing a review of research. Ah, those were the days, my friends. Those were the days.

Planting the Seeds (of Destruction?)

*Then take him to develop, if you can
And hew the block off, and get out the
man.*

Alexander Pope, *Dunciad*. IV.

I started my doctoral program at Berkeley as a 27-year-old, scared and quaky, clinical social worker. I moved in one day from

a V.A. clinical social work position in San Francisco with a staff of 25 women and one man (me) to the Berkeley doctoral program with a faculty of 25 men and one woman (Lydia Rapoport). It was for me, perhaps, simultaneously culture and gender shock. But at Berkeley I was exposed to great minds, talking about their books and other publications and whose wealth of knowledge I thought I could never even *hope* to acquire, people like Scott Briar, Henry Miller, Henry Maas, Harry Specht, Neil Gilbert, Lydia Rapoport, and a bunch of others. (Intimidating, these folks, especially to a practitioner; no wonder I was so scared.)

I graduated three years later as a scared (and maybe scarred) DSW, scared because I wasn't sure if I knew as much as I hoped I knew. (I'm still scared about that because I found out I didn't and still don't!) But what I thought I *had* learned was a whole new way of approaching and thinking about my field: more analytic than simply accepting what the so-called experts said; more willing to ask tough questions and to try to find the answers to those questions. Somehow during that experience, I also started wondering, if we are really doing everything we can in my beloved social work to provide the best possible help for our clients.

I'm not sure where that idea came from, but I spent my whole second year at Berkeley studying for the comprehensive exam at the end of the year (thinking at the same time that I was getting a brain tumor). No formal classes, just "get ready for the exam!" I started reading outside the literature of social work, primarily in clinical psychology and counseling ("mental health" and "theories of psychotherapy" were two of my three areas of specialization; the third was "casework"), and I was floored by the differences in the contents of our two fields. In clinical psychology and counseling, I was exposed to the work and research of Carl Rogers and his disciples, Truax and Carkhuff (1967). I

read about the burgeoning behavior therapy/behavior modification movement and about cognitive therapy. I read Joseph Wolpe's (1969) book on systematic desensitization and assertion training. I read so many books, in fact, that my head was swimming. Most of all, I read study after study that showed that some interventions demonstrably were helping clients and that some interventions, especially the ones we used in social work, weren't.

And I read social work literature too. But where was the research on effectiveness? And where was the literature on the newest intervention approaches? I could find only Harold Werner's (1965) groundbreaking book on cognitive therapy and Ed Thomas's (1967) work at the University of Michigan on behavior modification and only a tiny handful—actually, maybe just one, as I recall—of published articles at the time in the entire social work literature on behavior modification. How could that be? I couldn't understand why there was such a huge information gap between those fields and ours, especially since many of our clients were suffering from the same problems that other fields seemed to be successfully addressing. Where the heck was the social work research and literature on all these issues?

When I graduated from Berkeley, I really scored. The University of Hawaii, a little-known program floating out in the middle of the Pacific, made me an offer I couldn't refuse: an associate professorship right out of my doctoral program, after having taught only one course (a 1-year casework class at Berkeley), and with my three years of clinical practice background. (I later learned it wasn't such a big honor. The University of Hawaii in those days really was hard up!)

I spent about a year wondering what I had gotten myself into, and then, serendipity hit. A colleague mentioned to me that a publisher's rep was in town and asked if I would like to meet with him to present any ideas I might have. Quickly, I decided I did,

indeed, have an idea. I met with the publisher and told him that our field sorely needed an introduction to the literature of other fields that appeared to be having more success in dealing with client problems than we social workers were. We agreed that I would edit a book on those approaches, and for the next year, I worked almost non-stop (no student assistants in those days) assembling material for that book, copying literally hundreds of articles from the literature for consideration for that book (Fischer, 1973b).

I also wanted to see whether my assumptions about the lack of effectiveness research in social work were correct. So, as a sidelight, and with the help of a group of students, I went about trying to identify all the controlled studies I could find on the effectiveness of social work intervention. Again, this was purely a sidelight to what I really was concerned with: finding evidence of the most effective approaches to dealing with the problems with which we deal in social work, no matter what the professional source of that literature.

The Harvest

*They have sown the wind,
And they shall reap the whirlwind.
Hosea. VIII.*

My students and I found 11 controlled studies that evaluated the effectiveness of *any* form of social work, though they all referred to "casework" as the main intervention. (I later learned we missed a couple of studies; there weren't any online searches in those days.) We analyzed those studies to death. When I thought the results were worth publishing, I asked each of the students if they would like to work on publishing an article with me. They all said "No"; they were sick of the whole business, having worked on this project for a whole year. So, I set out to publish these results myself.

Here's what I concluded in the article "Is Casework Effective?" (Fischer, 1973a): there was not a single study of social work intervention available at the time that provided sound evidence of the effectiveness of any form of social work practice. Perhaps even more striking, I also found that in almost 50% of the studies, clients in experimental groups, all of whom were "treated" by MSW-level practitioners, actually did worse or changed more slowly on at least one measure than clients receiving no treatment or treatment by non-professionals. I called this the "deterioration effect," in line with the same term used in the psychotherapy literature (Bergin, 1971).

So, what's such a big deal about that?



Reactions

The central finding of a social research study has a disturbing effect when at variance with commonly accepted values. For some, the finding then becomes a challenge to be disputed phrase by phrase; for others, a challenge to reexamine assumptions on which the values rest.

Gordon Brown, *The Multi-Problem Dilemma*

"Their" Responses:

You mighta thought I had announced the end of the social work world! Indeed, I was told by some social workers many years later that that is exactly how they perceived it. One noted practitioner from the east coast, who eventually became a good friend and actually ended up setting up a series of workshops for me in the 1980s, told me that she threw the journal across the room yelling an

unprintable “s-word” when she read the article.

Another person, a social work professor at Columbia, after meeting me at a CSWE, APM, invited me to do a presentation in her class. She told the class that she “used to hate me.” I received some delightful hate mail informing me that legislators in some states were using my article to justify the hiring of non-professionals rather than professional social workers since professionals do no better with their clients than non-professionals “according to Fischer.” Why not get the same terrible effects for less money I guess was the reasoning.

Most startling to me, though, were the *published* responses—“Letters to the Editor” in our most important journal, *Social Work*. Some were supportive, but most were, shall we say, “unsupportive.” These latter responses ranged from condemnations of me to condemnations of the research, from blatant defensiveness to outright hostility. Some were thoughtful, but many were ridiculous (“Other professions don’t evaluate *their* practice, why should we evaluate ours?” “Social work doesn’t have to be evaluated; we *know* it works!”) After the first shock of seeing all those responses in print, and I know those authors were dead serious, I have to admit I started seeing the whole thing as almost a game, and a pretty hilarious one at that.

A few years later, while working on another review of research on the effectiveness of interventions in five fields—social work, corrections, psychotherapy and counseling, elementary and secondary education, and psychiatric hospitalization—I found that the results, with a few prominent exceptions, were similar across the board: replicated evidence of effectiveness was sorely lacking (Fischer, 1978a). More to the point, I also found that practitioners’ reactions to reviews with negative findings were strikingly similar to the ones I had seen in social work. I could have removed the term “social

worker” from all those responses and substituted “teachers” or “psychologists” and we wouldn’t have missed a beat. I guess people are people, no matter what the professional label.

Several years after the “Is Casework Effective?” flap, Harvey Gochros, my friend and colleague at the University of Hawaii, who was the pioneer in bringing human sexuality content into the social work curriculum, said to me: “Well, anyone who knows about the University of Hawaii School of Social Work probably thinks that all we do is teach about sex and *how to destroy social work*.”

I’m not sure that some people *ever* “forgave” me for that paper. I was doing a keynote address at a conference in 1980; my paper was about the way social workers were addressing—and addressing positively in theory, research, and practice—what many of us viewed as a crisis of confidence in the old intervention methods. [This paper was published later as “The Social Work Revolution” (Fischer, 1981, 1993).] I had provided a discussant with a copy of the paper in advance. When I finished, she stood up and spent 30 minutes denouncing me for “Is Casework Effective?!”

My Responses:

*Est proprium stultitiae aliorum vitia cernere, oblivisci suorum.*²

Cicero, *Tusculanarum Disputationum*

Continuing the “Destruction.” I couldn’t resist. After reading those “Letters to the Editor” in *Social Work*, I wanted to write a response. But I wanted to do it a “different” way. I chose parody as the type of response that seemed to fit most readily with my perceptions of the whole experience. Remember, it was the early 1970s. Baseball was the national sport. Nixon was in trouble in the White House. So, I relied on both phenomena to write my favorite article of all time, including those written by everyone else:

“Has Mighty Casework Struck Out?” (Fischer, 1973c). I can still remember sitting in my office in the oldest building of the University of Hawaii, trying to think up humorous ways to react to all the furor. I actually had an unindicted, co-conspirator in there with me, a promising young faculty member named Stuart Kirk, now comfortably ensconced in a policy chair at UCLA. The two of us were howling as we put together, among other things, a list of sports-related depictions of some of the critical responses, e.g., “The Manager’s Motto (Evaluations of Won-Lost records aren’t necessary. Everyone knows the Players always Win. So why study the Game?).” I even threw in a few veiled references to Nixon’s troubles, talking about a “select committee of groundskeepers” (which was supposed to be a metaphor—or whatever you call it—for the Select Committee of U.S. senators that was investigating Nixon). Ha ha.

The editor of *Social Work*, my former professor Scott Briar, phoned me to tell me that the journal was publishing my entire response, but that, and these were his exact words, “They’re gonna kill you!” This was the first known threat on my life from my social work colleagues!

I must have thought at the time that this evaluation stuff was a productive sideline, so I decided to pursue it even further. Over the next couple of years, I found six more controlled studies and thought that this whole issue might be worth a book. Publisher Charles C. Thomas thought so, too. So, I wrote one. For this very article in *Reflections*, I went back and took a look at that book, *The Effectiveness of Social Casework* (Fischer, 1976). That book, in retrospect, was surprisingly good, if I do say so myself. And I do.

The book reanalyzed—in depth—what turned out at that time to be 17 controlled evaluations of social work effectiveness. The conclusions I drew were essentially the same

as in the article: as of 1976, after conducting 17 controlled evaluations of social work practice, there still were no studies—in the *history* of social work—that provided sound evidence of the effectiveness of any type of practice, and, now, *three quarters* of the studies, unfortunately, contained evidence of the deterioration of clients of professional social workers! I also explored a number of possible reasons for these results, including what I was convinced at the time and still am convinced today was a primary reason: the weak, vague, impotent, primarily psychodynamically based interventions—if they even could be called interventions—that were the basis for almost all direct practice up to that time.

But that, in retrospect, wasn’t what excited me most about that book. There were two *real* highlights of the book that I was most excited about. The first was that I sent the manuscript to some of the most prominent social work researchers, theorists, and practitioners of the time, each of whom wrote a chapter in response to my analyses. Some social work kids sadly may not recognize all of these names; they included William Berleman, Jerome Cohen, Harvey Gochros, Walter Hudson, Ed Mullen, Bernice Polemis, William Reid, Herb Streat, Eugene Talsma, Francis Turner, and Harold Werner. These were thoughtful, smart, and committed social workers and their responses, which varied across the entire range on the scale of agreement with my conclusions, are worth reading even today. The most important long-term effect this book had on me was that many of those authors became my lifelong friends.

The second highlight of the book was one of those once-in-a-lifetime experiences. I decided to write the person who I thought was the most prominent psychologist in the world, the best-known proponent of evaluation in the social sciences, and the person who, literally, started the accountability ball rolling by publishing the very first reviews

on the effectiveness of psychotherapy, and ask him if he would write a Foreword for my book. And he agreed! Hans J. Eysenck wrote a terrific four-page Foreword; he and I even corresponded for a while on some of the issues in evaluation. This was new, social-work-faculty heaven for me.

That book received quite the reception from our field. There was a clause in the contract with the publisher that said that if the book didn't sell 2,000 copies in three years, I would not receive royalties. Three years and one month after publication, I got a letter from the publisher saying the book had sold 1,878 copies, thank you very much, so I would not be receiving any royalties. If only I had known; I would have bought those last, lousy 22 copies just to get the damn royalties.

Some years later, I came across the book in our university library when I was looking for something else. I pulled it from its hallowed slot and found that, in ten years, only two people had borrowed it.

Even More Constructive. I really took those negative findings from the evaluations of social work practice to heart. I essentially spent the biggest chunk of the rest of my career—and still focus on this issue in my teaching and writing—working on finding more effective and useful methods of evaluation and intervention compared to the largely ineffective methods of the past. And I think that, along with several hundred of my closest friends, I found an awful lot of them.

I view myself in a way that might be different from how some folks may view me based on my research publications. I really see myself as a practitioner who uses research to bolster practice rather than as a researcher interested in studying practice. Even today, when I teach research, I teach it from the perspective of practice. After all, what else is research for but to enhance practice?

So, since writing "Is Casework Effective?"—my, perhaps, heavy-handed attempt to provide a "wake-up call" to the

profession—virtually everything I've worked on has focused on ways to make life better for practitioners—and, ultimately, of course, for clients—whether the focus was on research/evaluation methods or intervention techniques of demonstrated effectiveness.

Since publication of that first edited book, calling attention to the literature from outside of social work (Fischer, 1973b), I have written books about behavior therapy (Fischer & Gochros, 1975), an eclectic approach to practice (Fischer, 1978b), a number of books with Harvey Gochros on intervention with problems involving human sexuality (e.g., Fischer & Gochros, 1980), a series of books with Martin Bloom and John Orme focused on teaching practitioners ways to evaluate their practice (e.g., Bloom, Fischer & Orme, 2003), and a series with Kevin Corcoran on standardized measures that clinicians can use to aid in evaluating their practice (e.g., Corcoran & Fischer, 2000a&b).³

I've also made numerous conference presentations around the U.S. and in other countries and conducted a number of workshops, all focused on new, more effective evaluation and intervention methods for social work practice. All of this work has been geared toward finding empirically based answers to the questions raised by the negative findings in "Is Casework Effective?"

But being asked by *Reflections* editor, Alex Gitterman, to write this article has raised a nagging question in my mind: If I were to croak tomorrow, would I still be largely remembered—if I'm remembered at all—as the guy who tried to destroy social work? Was it a mistake for me to write that article?

What's it All About, Joey?

*The Moving Finger writes; and having writ,
Moves on; nor all your Piety nor Wit
Shall lure it back to cancel half a Line,
Nor all your Tears wash out a word of it.*

Omar Khayyam Rubaiyat.



It's not how much you learn in life, But how much of what you learn you understand.

J. Arthur

Traveling Friends

After all these years, if I had it to do over again, would I change anything in "Is Casework Effective?" In general, I guess my answer is "No." I believe it was the right, the *important*, thing to do at the time. I believed then, and I still believe now, that it is as important to know what *doesn't* work—so that we don't apply interventions to our clients that don't help and may hurt—as it is to know what *does* work—so we can do in practice what we are supposed to do: *help*.

Oh, I might make a change or two in the contents of the article. For example, I know much more about research now than I did then, so I believe I could do better analyses of the studies than I did 30 years ago. And I *would* change one small part in the article that has bothered me, lo, these 30 years. In the article, I said that 5 out of 11 of the studies, just under 50%, showed evidence of the deterioration effect. In fact, I miscounted in the original article. (Are research teachers supposed to be able to count, too?) Actually 6 out of 11, just *over* 50% showed evidence of the deterioration effect. (There, it's out. If this article did nothing else for me, it allowed me finally to correct that error.)

Publishing "Is Casework Effective?" (1973a) and my response to the responses, "Has Mighty Casework Struck Out?" (1973c) produced some heat all right, but I believe it opened up some incredible opportunities for me that never might have been available. Over the course of my career, I have been able to meet, and publish with, some of the most fantastic people and social work scholars that the field has ever seen. I'd like to drop a few names here (drum roll please): Stuart Kirk, Bob Weinbach, Henry Miller, Harvey Gochros, Jean Gochros, Oscar

Kurren, the late Dan Sanders, Velma Kameoka, Martin Bloom, John Orme, Walter Hudson (whose recent death is a huge loss for me personally and for social work), Charles Glisson, and the irrepressible Kevin Corcoran.

I want to tell you two things about these people. First, writing with them not only did not create any "break-ups" among us (not uncommon among people who write, work, or live together), but I count all of these people as truly good friends.

The second thing about these authors that I want you to know is that I taught them everything they know. This may account for any shoddiness that may creep into their work on very rare occasions.

I also want to acknowledge a number of other friends whom I believe writing "Is Casework Effective?" helped me meet. Unfortunately, I haven't actually written with these social work scholars, but I *have* freely plagiarized their work over the years, and I guess it's time to 'fess up: Tony Tripodi, Ed Mullen, Alex Gitterman, the late Scott Briar, Bruce Thyer, Allen Rubin, Frank Turner, and the late, great Bill Reid.

I've been incredibly lucky. Publishing that article 30 years ago has been very good to me; I only hope it was good for our profession, as well.

I believe the field of social work practice is in far sounder condition today than it was 30 years ago. Those days, we could point to the *problems* in the field, but we hadn't discovered, and certainly had not institutionalized, very many of the answers. Today, social work practitioners have the opportunity to learn evidence-based practice, with many of our interventions soundly based in empirical evidence. This has been a momentous, perhaps paradigmatic, change for the field.

I'm not sure about the extent to which "Is Casework Effective?" played a part in the changes in social work practice. I believe

that, in life, timing is everything. Maybe I just rode the crest of a new wave that would have crashed on our professional shore anyway. But, what a ride! What a rush!

Whether these changes would have occurred evolutionarily without a nudge from me is not for me to say. But changes for the better (helping clients more effectively) *have* occurred in our field, and I'm just happy to be a part of them. I certainly can say now, 30 years later, that to the best of my knowledge, social work was not destroyed by publication of that article.

Actually, one of the nicest compliments I ever received came recently from one of social work's most prolific scholars. Bruce Thyer recently told me that when he read "Is Casework Effective?" back in 1973, he experienced an epiphany. Could an author ask for anything more?

Footnotes

1. "When the truth cannot be clearly made out, what is false is increased through fear." I used this quote on the front page of *The Effectiveness of Social Casework* (Fischer, 1976). No one ever asked me what it meant.
2. "It is the peculiar quality of a fool to perceive the faults of others, and to forget his own."
3. I hope readers will forgive all the self-referencing. First of all, I'm old, and old guys like to reminisce about what they've done. Second, I wanted to include citations to only the literature that wouldn't be critical of my work.



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This review of research on the effectiveness of professional casework services reveals that lack of effectiveness seems to be the rule. In fact, in about 50 percent of the studies reviewed, clients receiving casework services tended to deteriorate.

Is casework effective? a review

by Joel Fischer

Joel Fischer, DSW, is Associate Professor, School of Social Work, University of Hawaii, Honolulu, Hawaii. The author is indebted to Harvey Gochros for suggestions on an earlier draft of this paper and to the following for their help in collecting and analyzing the data included in this article: Eugene Fisher, Sally Leisen, Phyllis Morrison, Howard Sur, and Joy Valentine.

SOCIAL WORK

The core of professional practice is a commitment to competence—a commitment that most directly refers to a concern with the effective carrying out of professional services. Unfortunately, social casework, the largest segment of the social work profession, has been criticized consistently and most dramatically for its failure to demonstrate clearly effectiveness in helping clients.¹ Much of the criticism leveled at casework, however, has been based either on ideological grounds, with little apparent concern for research data to support such criticism, or on an inadequate review of research, for example, using only one study, from which the critic attempts to draw conclusions for the entire profession. One can hardly be confident in conclusions derived from such methods of evaluation.

Although there was a flurry of interest in the question of casework effectiveness raised by the publication of *Girls at Vocational High*, the issues raised at that time are far from settled.² In fact, they never have been thoroughly discussed. It seems as if, by some tacit arrangement, major contenders in the issue of effectiveness had agreed to let the matter drop.

The thesis of this paper is that the issue of effectiveness of practice always must be of paramount concern to the profession and cannot be brushed aside. A convergence between the professional values of commitment to the scientific method and the desire to promote capably the well-being of our clients demands such a stance.³ It is surprising then that although the issue of effectiveness frequently is a topic of discussion, and there have been some attempts to examine aspects of the research on this subject, no comprehensive review of all the available major evaluative research on casework effectiveness is available in the social work literature.⁴

This article is an attempt to provide such a review. Its aim is to examine casework effectiveness in such a way as to generate reliable conclusions that can be scrutinized and tested through independent investigation. Utilizing analytic criteria of demon-

strated validity, this review will present the findings of major extant evaluative research and will extrapolate from these studies conclusions as to whether professional casework practice has indeed been found to be effective.

WHAT IS SOCIAL CASEWORK?

To draw conclusions about how effective casework is, it is first necessary to consider just *what* casework is, that is, what is to be examined. Hartman poses this well:

Because people who define themselves as caseworkers define the practice so differently, and because no one has been elected to determine the definition, I assume that we can all carve out our area, practice it, teach it and write articles about it as long as the community, clients, universities and editors will support us.⁵

She also reviews a number of definitions of social casework that reflect the major streams of casework since its earliest days.

However, for research purposes, the definitions reviewed by Hartman neglect a most crucial variable—exactly what it is that caseworkers do. Complicating this problem is the increasing recognition that caseworkers do many things in many ways, all of which legitimately can be called casework.⁶ This confusion in specification of casework methodology, to paraphrase Raimy's definition of psychotherapy, points to a view of casework as a set of undefined techniques, applied to unspecified problems, with unpredictable outcome. For this approach, rigorous training is recommended.⁷

In a most general sense, then, casework could be defined—at least for the purpose of reviewing studies that evaluate casework—as the services of professional caseworkers. Specification of the details of these services generally has been held to be less important than agreement that the services should be provided by persons whose educational qualifications have met the standards of the profession. And these qualifications traditionally have consisted of a

master's degree from an accredited graduate school of social work (MSW).

The implication is that educational criteria relate to a presumed basic minimum competence in the practice of casework for all those who have been educated as caseworkers, but that it is not necessary to specify the exact nature or kind of casework. Thus any conclusion about the general success or failure of casework reached from reviewing the research can be made only if two conditions are met: (1) the services evaluated are performed by professional caseworkers and can be shown to have some central core of relevance to casework practice and (2) success or failure is the *rule* in the studies evaluated, cutting across a variety of clients, approaches, and situations. Although the issue of specification of practice methodology is important, lack of specification does not preclude drawing conclusions on a broader level—the level that examines the effectiveness of services offered by professional caseworkers, no matter which techniques and methods have been used in these services.

Almost as difficult as defining casework, however, is the problem of specifying just what is meant by "effectiveness" (or "success" or "improvement"). Obviously, the effects of intervention can show up in a number of ways, from subtle psychological changes to objective, observable changes in school grades, delinquency rates, and other performance dimensions. There might be some validity in drawing general conclusions about the effectiveness of casework from changes in only a few measures of outcome, since those few measures might really be the only appropriate indicators of the kinds of changes casework services are capable of producing. However, the scope of potential changes resulting from casework intervention would suggest that one would have more confidence about conclusions when positive changes can be demonstrated using varying types of criterion measures in one study and across several studies.

Actually, the selection of outcome indicators is a task that must be determined in

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“In a high proportion of psychotherapy studies, as many clients receiving professional services deteriorate as improve . . . the studies in this review show a parallel phenomenon.”

advance in each study.⁸ Effectiveness would then mean that differences in scores significantly favor one group over another in achieving a goal specified in advance by the researcher. Thus this review is constrained by the fact that results can only be reported in relation to the measures included in the primary investigations, even though there may have been other unknown, potentially important effects of the services.

SELECTION OF STUDIES

The purpose of a study of casework effectiveness is to examine whether the services were successful in helping clients.⁹ A minimum requirement for establishing that whatever changes in clients could be found were actually a result of the specific services provided is the use of a control procedure. So evidence of change in clients is not necessarily evidence that the changes came about because of the casework services, and evidence of no change cannot be taken as a demonstration that the services had no effect (e.g., that intervention might have prevented deterioration). In either situation the researcher cannot draw definite conclusions unless some form of control has been introduced to minimize alternative explanations. As Nagel points out succinctly:

. . . data must be analyzed so as to make possible comparisons on the basis of some *control* group, if they are to constitute cogent evidence for a causal inference. The introduction of such controls is the minimum requirement for the reliable interpretation and use of empirical data.¹⁰

Therefore, a minimum requirement for selection of studies for this review was that

some form of control group of clients was utilized in the study.

Beginning with recent reviews, major social work journals, dissertation abstracts, and unpublished agency reports were surveyed from the 1930s to the present. Over seventy studies were located that purported to examine the effectiveness of casework services. However, although these studies contained much valuable information, most neglected to include a control group in their design. Because of the difficulty in drawing a valid conclusion regarding cause and effect without a control group for comparison, the bulk of these studies had to be excluded from this review.

Two major types of control were utilized in the studies eventually selected: (1) untreated control—a group that purportedly received no treatment at all and (2) a specific form of “other-treated control.” In the second type of study the experimental group received the services of professional MSW caseworkers and the control group received services from nonprofessionals (e.g., non-MSW public assistance or probation workers). Despite obvious differences in the two categories of studies, certain assumptions basic to professional education and practice are utilized in this review.

Essentially, these assumptions are as follows: given client groups with similar problems appropriate for social work intervention (1) caseworkers with professional degrees should achieve more successful results than nonprofessional workers and (2) a program of professional intervention should achieve more successful outcome with clients than either no treatment at all or non-specific or haphazardly selected treatment. Considerable research points to the fact that there are few pure control groups. Even when nominally in a control group,

people often seek help from a variety of sources, such as family, friends, the clergy, and so forth. In such cases it is assumed that a program of professional intervention should, on the whole, achieve more efficacious results.¹¹

Thus in line with the definition of casework as the services offered by professional caseworkers, this review will attempt to ascertain whether such services have been found to be more effective than no treatment or other nonspecific or nonprofessional services with which they have been compared.

Several other types of studies were excluded from this review in the hope that their omission would permit greater precision in drawing conclusions by minimizing potential biasing and the confounding effects which could have occurred if they had been included. Studies examining casework services outside the United States proper were not included.¹² Since the effectiveness of MSW caseworkers was the object of attention, several well-known studies examining only the services of nonprofessionals also were not reviewed.¹³ Those studies that examined variations in types of professional casework without utilizing an untreated or nonprofessionally treated control group were excluded as well.¹⁴ Further, those studies in which it appeared that caseworkers were only a small minority of the treatment team providing services to clients in the experimental group were omitted.¹⁵ However, when there was lack of clarity in the text of the report as to certain characteristics of the study (e.g., number or proportion of caseworkers involved or the exact nature of their training), such studies were included. This was done because it was thought that the chance rejection of an appropriate study could detract more from the generality of conclusions than the chance inclusion of an inappropriate study.

Eleven studies were located that met the minimum criteria for inclusion in this review: (1) services were provided by professional caseworkers for the experimental group and (2) an "untreated" or nonprofes-

sionally treated control group was used. The criteria used to analyze these studies were derived from available texts on the evaluation of research.¹⁶ In general, the studies were analyzed along the following dimensions: (1) formulation of the problem, (2) research design and method of data collection, (3) methods of data analysis, and (4) the authors' conclusions. Because of space limitations, detailed analysis of each study is not included here, except when problems in design either obscured potential findings or produced incomplete conclusions.

Except for a few situations in which methods traditionally defined as group work or community organization were used, the studies reviewed here ". . . addressed the practice of social casework . . . for the most part practiced 'classically.'" ¹⁷ Thus it could be assumed, and the studies themselves demonstrate, that each examines the practice of professional caseworkers, that there is indeed in all of the studies a central core of relevance to casework practice.

Since many readers may be unfamiliar with the results of these studies, the following sections present brief summaries, detailing the types of clients included, the nature and length of service, crucial aspects of the research method, and, of course, the findings. These summaries are so presented because such a review of the content of the studies is a necessary substantive basis for forming conclusions regarding the state of casework practice. For clarity of exposition, the studies are grouped into two categories according to whether they used one or the other of the two types of control groups already described.

UNTREATED CONTROLS

Berleman and Steiner. This study attempted to measure the impact of a service program on the prevention of juvenile delinquency.¹⁸ The researchers studied 167 black seventh-grade boys to determine past evidence of acting out and to predict future acting-out behavior. Four "high-risk" categories were formed from this group, and

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“Not only has professional casework failed to demonstrate it is effective, but lack of effectiveness appears to be the rule rather than the exception across several categories of clients, problems, situations, and types of casework.”

the boys were randomly assigned from these categories to experimental and control groups. Owing to attrition and other factors, the experimental group eventually consisted of twenty-one boys and the control group of twenty-six. Three trained social workers provided intensive individual and group services to the experimental group for five months. The dependent variable of juvenile delinquency was operationally defined as acting-out behavior and measured by school and police disciplinary records. Outcome was assessed between the preservice and service periods and at two postservice periods. No significant differences were found between the groups on the criterion measures of acting-out behavior at any of the service or postservice periods.

Craig and Furst. This study was also designed to influence delinquency rates.¹⁹ It included boys who rated high in predictions of probable delinquency (according to the Glueck Social Prediction Table, designed to predict future delinquency) as well as a small group of referrals from teachers. On the basis of matching, twenty-nine first-grade boys were assigned to an experimental group and twenty-nine to a control group. The boys in the treatment group were given intensive child guidance therapy by psychiatric social workers and other clinic professionals. The median length of clinic contact was fifty months. Delinquency records (presumably police and court records) were inspected over a ten-year interval and revealed the same number of delinquents in the experimental and control groups. In addition, school behavior reports, based on teacher evaluations, for nondelinquent boys were com-

pared. These reports also revealed that the groups were not significantly different.²⁰

McCabe. This study attempted to use social work intervention to diminish the deleterious effects of a “pathological environment” on intellectually superior children.²¹ From a larger group of predominantly black and Puerto Rican children in the second to fourth grades, who had demonstrated superior ability on IQ tests, sixty-seven children were matched and randomly assigned to treatment and control groups. Forty-two children were placed in treatment groups and twenty-five in control groups. Social workers conducted a program of intervention grounded in principles of ego psychology. They concentrated most of their efforts on small-group services to both the children and their parents.

Outcome was operationalized in terms of the children’s intellectual functioning, the parents’ functioning, and the family’s overall functioning and measured fifty-eight indicators of change. These measures included items from intelligence and school achievement tests, behavior rating scales, and scales of parental and family functioning. The researchers compiled an overall index of outcome that showed no significant differences between the experimental and control groups. In addition, of fifty-eight measures, only one statistically significant difference—reading achievement—favored the experimental group. The overall impact of this intensive service program, even if the one significant difference was not just a statistical artifact, was negligible.

Meyer, Borgatta, and Jones. The purpose of this large-scale study was to examine “the extent to which social casework is effective in prevention” with potentially

“Caseworkers do have to act, even in the face of such discouraging evidence, since practice can never be painted in terms of absolute success or failure.”

problematic subjects.²² The study subjects were four cohorts of high school girls, selected from the entire population of one school and identified on the basis of school records as “potential problem cases.” Eventually, by random assignment, 189 were referred to the experimental group and 192 to the untreated control group.

Services were provided by trained social workers from an agency specializing in the problems of adolescent girls. Both individual and group services were provided, although after the first year of the three-year program, group treatment was the primary mode of service. Three of the cohorts were included in analyses of all the data, while the last cohort, which had been exposed to treatment for two instead of the normal three years, was included only on selected measures.

Measures of outcome included a variety of subjective and objective criteria: school achievement and behavior ratings, personality and sociometric data, and client and worker ratings. Of the dozens of criteria by which experimental and control groups were compared, there were significant differences between the groups on only one of twelve factors of the Junior Personality Quiz. Although several other criteria tended to favor the experimental groups, no other between-group differences were statistically significant. To quote the authors: “. . . the conclusion must be stated in the negative when it is asked whether social work intervention with potential problem high school girls was . . . effective.”²³

Miller. The goal of this study was to prevent adolescent delinquency—operationally defined as the amount of law-violating behavior—in a lower-class urban district.²⁴ As part of a large-scale “total

community delinquency control project,” an experimental group of 205 gang members was matched with a control group of 172 gang members. Over a period of three years, the experimental group received both individualized and group services, with emphasis on group services. Although data on several outcome indicators were reported, the only clear comparison between experimental and control groups was on the number of court appearances. On this measure, there was no discernible difference between the groups. Reviewing the overall impact of the project, the author asked rhetorically: “Was there a significant measurable inhibition of law violating . . . behavior? The answer . . . is ‘No.’”²⁵

Powers and Witmer. This was the first controlled study to examine the effects of casework intervention.²⁶ A well-designed delinquency prevention project, it matched and then randomly assigned 325 “pre-delinquent” boys to an experimental group and 325 to a control group. Direct individualized services were provided predominantly by caseworker-counselors. The mean length of contact per boy was four years and ten months.

Outcome was measured by court and police records, ratings of social adjustment, and psychological inventories. No significant difference was found between experimental and control groups on all major methods of evaluation. As frequently happens in the evaluation of services, the workers involved believed they had substantially helped a greater proportion of their clients than the more objective outcome measures revealed. This is an important indicator of the need for control groups and objective criterion measures.²⁷

Of the six studies utilizing untreated con-

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control groups reviewed so far, all dealt primarily with children and adolescents, most in preventive rather than remedial terms. However, although most of the studies were conceptualized as prevention efforts, outcome indicators (e.g., personality measures, school achievement) are mainly the same as would be used in evaluating the effectiveness of remedial efforts. The overall outcome was clear: none of the studies revealed that their program had any significant effect on the clients when outcome measures for experimental and control groups were compared.

OTHER-TREATED CONTROLS

Blenkner, Bloom, and Nielsen. This study evaluated the effects of a program of services for the aged. A group of 164 aged persons were referred to community agencies for protective services because they had difficulty in caring for themselves. From this group 76 were randomly assigned to an experimental group and 88 to a control group. For one year the experimental group received intensive individualized services from experienced caseworkers; the goal was to do "whatever is necessary to meet the needs of the situation."²⁸ The control group received ordinary community services from a variety of agencies. Outcome was operationalized in terms of four major aspects of the clients' lives and situations: competence, environmental protection, affect, and effect on others.

Data were collected through structured interviews and ratings by observers. There were no significant differences between the experimental and control groups on most measures. Measures of "physical environment" and "concrete assistance" (both in the area of protection and not further delineated) and relief of stress on collaterals significantly favored the experimental group. However, most of the apparent gains in relation to these variables were explainable by a higher rate of institutionalization for experimental group subjects. In fact, overall findings from the initial part of the study led the project staff to

consider the hypothesis that intensive service actually accelerates decline and to further examine follow-up data.

When data were examined at a five-year follow-up, there were significant differences between the experimental and control groups. That is, the experimental group members were found to have significantly higher rates of institutionalization and death than the control group members. Thus with survival being the ultimate outcome criterion, the effects of this intervention program favored the control, rather than the experimental group.

Brown. Brown reported the findings of a program intended to evaluate the effectiveness of intervention with low-income multiproblem families.²⁹ Fifty multiproblem families receiving Aid to Families with Dependent Children (AFDC) were randomly assigned to an experimental group and fifty to a control group. The experimental group received intensive family-centered services from professional caseworkers with reduced caseloads, while the control group received the usual services of the public assistance agency. The program lasted thirty-one months, and the dependent variable of family functioning was operationalized as movement on the Geismar Scale of Family Functioning and the Hunt-Kogan Movement Scale. There were no significant differences between the groups, which led the researchers to conclude as follows: "Whatever was done by these workers for these clients cannot be demonstrated to have had a beneficial effect. . . ." ³⁰

Geismar and Krisberg. This was another study dealing with the effect of reaching-out family-centered casework on low-income multiproblem families.³¹ The treatment group consisted of thirty of the most "seriously disorganized" families in one housing project. The control group was composed of fifty-one families from another housing project, all of whom were receiving AFDC and associated services. The control group differed from the treatment group on several variables. That is, it contained a far

higher percentage of black families and families with absent fathers and demonstrated higher levels of family functioning at the pretest on the main criterion measure, the Geismar Scale of Family Functioning. In addition, the control and experimental groups lived in different geographic areas.

Services to the treatment group utilized various methods, primarily intensive direct services and use of environmental resources. Outcome was assessed on the Geismar scale twice for the control group and three times for the experimental group over the eighteen-month experimental period. At the conclusion of the project, the experimental group showed a gain of just under seven steps in mean "total family functioning," while the control group gained less than one scale step. The authors concluded that this demonstrated a significant effect of treatment.

Unfortunately, the data do not support this conclusion. The initial differences previously noted between the experimental and control groups—several possibly crucial variables for which the two groups were not comparable—makes any conclusion of effectiveness or noneffectiveness potentially misleading. With neither matching nor the more preferable randomization of assignments to the experimental and treatment groups, and such obvious noncomparability, any gain for the experimental group can be explained as a "selection-maturation" artifact.³²

The treatment workers supplied information on the families' social functioning for the experimental cases, and a different group of trained researchers supplied this information for the control group, which introduced an obvious and critical source of bias. And since the scores at pretest were more extreme in a negative direction for the experimental than for the control group, any positive change from pre- to post-test may be a product of statistical regression, independent of the effects of the experimental variable.³³ In fact, the mean total family functioning score for the experimental families at the conclusion of treatment was still more than three steps below the

pretest scores of the control group.³⁴ Thus the only conclusion that can be drawn from this study is that no definite conclusion about the effectiveness of the intervention program is possible.

Mullen, Chazin, and Feldstein. This study utilized more satisfactory design procedures.³⁵ Eighty-eight new public assistance families were randomly assigned to an experimental group and sixty-eight to a control group. The experimental families received intensive professional casework services aimed at decreasing rates of family disorganization and enhancing family functioning. Control families received standard public assistance services. Eleven areas of family functioning, based on ratings of structured interviews, were used as criterion measures. At the conclusion of up to two years of service, no significant differences in family functioning were found between the experimental and control groups.

Webb and Riley. The last study to be reviewed here was an attempt to affect the "life adjustment" of female probationers, aged 18 to 25.³⁶ Using random assignment, twenty-six recent probationers were assigned to an experimental group and thirty-two to a control group. The experimental group received intensive individualized services from family agency caseworkers for one year, and the control group received the usual probation services.

The dependent variable of life adjustment was operationalized as several dimensions of the Minnesota Multiphasic Inventory and a form of semantic differential. Subjects were also rated on sixteen "behavior correlates" by probation officers. The authors reported that the project was successful because six of twelve psychological measures showed significant improvement in the experimental group and only one of twelve showed significant improvement in the control group. In addition, five of sixteen behavior correlates "reflected markedly improved ratings of the experimental group as compared to the control group."³⁷

These conclusions cannot be sustained, however, because Webb and Riley, at least

on the psychological dimensions, did not include between-group statistical measures. They only reported that the experimental group improved significantly on selected measures and that the control group did not. However, if the authors had utilized a more appropriate statistical test—an analysis of covariance with pretest scores as the covariate (or even a t-test between the experimental and control group means if the pretest scores were equivalent)—the difference *between* groups, which is the crucial measure in evaluating overall impact of an experimental variable, may not have been significant. This is especially true in the several instances in which the differences between the groups were so slight. Again, the only conclusion that can be reached in this study is that the data were not presented in such a way as to justify a conclusion either of no effect or of significant effect.

The studies reviewed in this section contained a wider variety of clients and programs than those studies reviewed in the previous section. However, of the five studies, three clearly revealed little or no significant differences between the experimental and control groups and two provided inconclusive results.

SUMMARY ANALYSIS OF STUDIES

Tables 1 and 2 provide a summary of all the studies reviewed. Six of the eleven studies dealt primarily with children as clients, three with low-income multiproblem families, one with the aging, and one with female probationers, aged 18–25. Most studies dealt with predominantly low-income subjects, although this was not uniformly the case. Both sexes and several ethnic groups were represented. Over two thousand separate cases, including a high percentage of families with multiple members, were involved. The group of studies reviewed here demonstrated a great diversity in criterion measures, ranging from subjective to objective measures that deal with several aspects of both personal and social functioning. Judgment, descriptive,

and performance data were utilized and collected in a variety of ways, from psychological inventories and questionnaires, to worker and client ratings, to observed behaviors. While these measures individually could be faulty as indicators of change resulting from casework services, together they provide a wealth of information about the effects of casework services. More than one source of data was used to draw conclusions in almost all the studies. A wide variety of services was offered, although perhaps because many of the studies were conducted in the same time period, they reflect some uniformity in caseworker orientation, which is related to psychodynamic theoretical perspectives and/or “family-centered reaching-out” approaches.

Most of the studies provided at least minimally acceptable designs wherein experimental and control groups were assigned either through matching, randomization, or a combination of the two.³⁸ Frequently, however, the independent variable was inadequately defined, so that the precise nature of the casework techniques used was unknown. This, however, may be less a fault of the research than, as noted earlier in this paper, of the theory and field that spawned it. There were no attempts to control for various traits and characteristics of the caseworkers (e.g., style, personality, techniques) and few attempts to examine differential characteristics of clients, especially in relation to differential responses to treatment.

Although these last flaws detract somewhat from the ability to analyze comprehensively all aspects of the results of these studies, they do not detract from the more general conclusions that can be drawn from this review. Of all the controlled studies of the effectiveness of casework that could be located, nine of eleven clearly showed that professional caseworkers were unable to bring about any positive, significant, measurable changes in their clients beyond those that would have occurred without the specific intervention program or that could have been induced by nonprofessionals dealing with similar clients, often in less-

TABLE 1. SUMMARY OF STUDIES REVIEWED: UNTREATED CONTROL GROUPS^a

Author and Year	Clients			Caseworkers		
	Number	Characteristics	Method of Selection	Orientation	Major Approach	Setting for Services
Berleman and Steiner (1967)	E=21 C=26	Black seventh-grade boys with school disciplinary problems and police records	Matching, random	Undetermined	Intensive, direct individualized, and group services	Settlement house, home, and school
Craig and Furst (1965)	E=29 C=29	First-grade boys rated as "probable delinquents" on Glueck Social Prediction Scale	Matching	Undetermined, possibly psychodynamic	Intensive child guidance therapy	Child guidance clinic
McCabe (1967)	E=42 C=25	Mainly "intellectually superior, socially disadvantaged" black and Puerto Rican children	Matching, random	Ego psychology	Groups, some individual services	Office
Meyer, Borgatta, and Jones (1965)	E=189 C=192	High school girls, varied races and socioeconomic statuses, identified as "potential problems"	Random	Ego psychology, diagnostic casework	Group services, individualized services	Office
Miller (1962)	E=205 C=172	Lower-class gang members, varied ethnic backgrounds, both sexes	Matching	Psychodynamic, group dynamics	Group and individualized services	Streets, homes, schools
Powers and Witmer (1951)	E=325 C=325	Predelinquent boys aged 10-17, screened through teacher reports and test data. A variety of socioeconomic classes and ethnic groups	Matching, random	Dynamic psychology	Direct individualized services	Homes, school, office

^a In this table "L" stands for length, "A" stands for amount of contact, "E" stands for experimental group, and "C" stands for control group.

intensive service programs. In the two additional studies, the results were obfuscated by deficiencies in the design or the statistical analysis. Thus not only has professional casework failed to demonstrate that it is effective, but lack of effectiveness appears to be the rule rather than the exception

across several categories of clients, problems, situations, and types of casework.

DETERIORATION OF CLIENTS

One of the most disturbing conclusions from the field of psychotherapy research is the finding that in a high proportion of psy-

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TABLE 1. SUMMARY OF STUDIES REVIEWED: UNTREATED CONTROL GROUPS^a (continued)

Length and Amount of Contact	Assessment Procedure		
	Dependent Variable	Criterion Measures	Outcome
L=5 months A=median—75 hours per client	Acting-out behavior	School disciplinary records, police records	No significant difference between E and C groups
L=5 years (median 50 months) A=Unknown	Delinquency rates	Teacher's behavior reports, delinquency records	No significant difference between E and C groups
L=3 years overall A=90.5 meetings	Intellectual functioning of children, parental functioning, family functioning	Intelligence tests, school achievement, behavior rating scales, ego functioning scales, ratings of parental and family functioning	No significant difference between E and C groups
L=1 contact to 3 years A=median—17 contacts	School behavior, social functioning	Client and worker ratings, school grades, school-related behaviors, teacher ratings, personality and attitude inventories	No significant difference between E and C groups
L=3 years A=3.5 contacts per week	Law-violating behavior (delinquency)	Number of court appearances	No significant difference between E and C groups
L=8 years (mean of 4 years, 10 months per boy) A=27.3 contacts per year	Frequency and seriousness of delinquency, social adjustment	Court records, police statistics, ratings of seriousness of offenses, ratings of social adjustment, psychological inventories	No significant difference between E and C groups

^a In this table "L" stands for length, "A" stands for amount of contact, "E" stands for experimental group, and "C" stands for control group.

chotherapy studies, as many clients receiving professional services deteriorate as improve.³⁹ Averaged together and compared with a control group, the experimental group would therefore show no differences; thus the true effects of the experimental

variable would be concealed. A reanalysis of the studies in this review shows a parallel phenomenon. In slightly under 50 percent of the studies, clients receiving services in the experimental group were shown either to deteriorate to a greater

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TABLE 2. SUMMARY OF STUDIES REVIEWED: OTHER-TREATED CONTROL GROUPS^a

Author and Year	Clients			Caseworkers		
	Number	Characteristics	Method of Selection	Orientation	Major Approach	Setting for Services
Blenkner, Bloom, and Nielsen (1971)	E=76 C=88	Mentally impaired aged in need of protective services; noninstitutionalized	Random	Undetermined, probably psychodynamic, "social therapy"	Intensive direct services, use of environmental resources	Office and home
Brown (1968)	E=50 C=50	Multiproblem families receiving AFDC	Random	Multiproblem, family centered	Intensive direct services, use of environmental resources	Office and home
Geismar and Krisberg (1967)	E=30 C=51	Low-income multiproblem families, predominantly white	Unclear, mainly post-hoc matching	Reaching-out, family centered	Intensive direct services, use of environmental resources, multimethod	Office, home, neighborhood
Mullen, Chazin, and Feldstein (1970)	E=88 C=68	Newly dependent public assistance recipients, mixed ethnic group, families with at least 2 members	Random	Psychodynamic	Direct individualized services	Undetermined, probably office, home
Webb and Riley (1970)	E=26 C=32	Female probationers aged 18-25; variety of ethnic groups	Random	Psychodynamic	Direct individualized services	Office

^a In this table "L" stands for length, "A" stands for amount of contact, "E" stands for experimental group, and "C" stands for control group.

degree than clients in the control group or to demonstrate improved functioning at a lesser rate than control subjects.

For example, Berleman and Steiner, in examining the percentage of boys with school disciplinary records, concluded that there was no overall difference between the groups.⁴⁰ However, further analysis reveals that the percentage of boys in the experimental group with school discipli-

nary records was far higher (X^2 was significant beyond .01) than the percentage of boys in the control group. The study of Blenkner, Bloom, and Nielsen was already reviewed with regard to the deterioration of clients in the experimental group. That is, the experimental group subjects had a significantly higher death rate than those in the control group.⁴¹

The study by McCabe of educationally

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TABLE 2. SUMMARY OF STUDIES REVIEWED: OTHER-TREATED CONTROL GROUPS^a (continued)

Caseworkers		Assessment Procedure		
Control Group Workers	Length and Amount of Contact	Dependent Variable	Criterion Measures	Outcome
Variety of community workers, generally not social workers or not MSWs	L=1 year A=mean of 31.8 per case	Competence, environmental protection, affect, effect on others	Ratings from structured interviews, observer ratings, clinical ratings, death and institutionalization rates	Experimental group had higher death and institutionalization rates. Also higher on "physical environment," "concrete assistance," and relief of collateral stress
Public assistance workers—BAs	L=31 months A=median of 2+ per month	Family functioning	Geismar Scale of Family Functioning, Hunt-Kogan Movement Scale	No significant difference between E and C groups
Public assistance workers—BAs	L=18 months A=mean of 4.4 direct contacts per month	Family functioning	Geismar Scale of Family Functioning	Major movement within E group. Major differences between E and C groups at pretest not handled statistically
Public assistance workers—BAs	L=up to 2 years A=median of 15 direct interviews	Individual and family disorganization, family functioning	Ratings of structured interviews with clients in 11 areas of family functioning	No significant differences in family functioning between E and C groups
Non-MSW probation workers	L=1 year A=median of 6 to 9 interviews	Life adjustment	MMPI, Semantic Differential, behavior ratings	No between-group measures reported. Reported "improved" scores on 5 of 16 behavior ratings favoring E group and on 5 of 12 psychological measures favoring E group

^a In this table "L" stands for length, "A" stands for amount of contact, "E" stands for experimental group, and "C" stands for control group.

superior children revealed several areas in which experimental group members declined at a higher rate than control group members or in which control group members improved at a higher rate than experimental group members.⁴² On the overall index of functioning, 50 percent of the experimental group members declined, compared to only 38 percent of the control group members. The greatest decline was

found in the black clients: eight out of fourteen in the experimental group deteriorated—presumably as a result of treatment—whereas only one black control group member did so. The outcome pattern was reversed for Puerto Rican clients. Thus the overall effect was that the black and Puerto Rican clients canceled each other out so that no significant differences could be observed. McCabe further re-

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ported that means on both ego and family functioning indicators for black subjects tended to increase (indicating more positive outcome) to a greater extent for control group members than for experimental group members. This suggests treatment may have retarded normal improvement.

The delinquency control project by Miller also showed evidence of this phenomenon. In several areas related to trends in disapproved behavior and in illegal acts, the experimental group showed statistically significant increases rather than the hypothesized desired decreases.⁴³ However, since no figures were reported for the control group, there is no way of knowing whether such deterioration was an effect of treatment or of other circumstances.

The Powers and Witmer study showed that although some of the clients in the delinquency program seemed to benefit from treatment, a substantial proportion actually were handicapped by it. The authors concluded that "the apparent chance distribution of terminal adjustment ratings . . . was due to the fact that the good effects of the study were counterbalanced by the poor."⁴⁴

Geismar and Krisberg revealed that 10 percent of the experimental group members in their study deteriorated in social functioning over the course of the project. A comparable breakdown was not available to examine such possible decline in the control group.⁴⁵

In three of the five studies (Berleman and Steiner, McCabe, and Powers and Witmer) control procedures made it appear likely that decline in the experimental group was actually a result of the treatment, while in two studies (Miller and Geismar and Krisberg) there is evidence to suggest that such deterioration took place. It was not always clear that the deteriorated group was sufficient in number to offset statistically the number of clients who may have improved and thereby produce a finding of no significant difference between experimental and control groups. However, even the evidence presented here is strong enough

to suggest that, as with psychotherapy, the results of casework may be for better or for worse!⁴⁶ At the least, future research should attempt to specify the influence, whether personal (e.g., personality characteristics of caseworkers) or situational, that might account for this variation in effects.

CONCLUSION

This article has been concerned primarily with a presentation of research findings related to practice, rather than with an analysis of practice per se. But the disturbing nature of the results of these studies does suggest some areas for further questioning.

It is possible that the type of casework used in these studies really was not representative of the mainstream of casework practice. There appeared to be, for example, a disproportionate number of studies concentrating on work with children, especially with juvenile delinquents. Also since most of the studies dealt with low-income clients and few with middle-class clients, it might be argued that the high rate of failure was merely an artifact of the general inability of caseworkers to help clients when other more powerful environmental forces hold sway. And, although the nature of the problem is important, the methods used may reflect outdated forms of casework.

Most of the studies were conducted in the 1950s and 1960s and reflect the dominant modes of practice in those decades. Compared at least to the services offered in the earlier studies, the nature of casework practice has undergone many alterations, although there is as yet no controlled evidence that newer schools of casework have been able to demonstrate success in helping clients.⁴⁷

But caseworkers do have to act, even in the face of such discouraging evidence, since practice can never be painted in terms of absolute success or failure. Making judgments in the face of uncertainty of knowledge has long been a characteristic of most of the helping professions. A variety of emerging approaches to practice are available as the search for more effective meth-

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ods of intervention continues.⁴⁸ Perhaps future research will be able not only to validate new methodologies, but, as in the studies in which client deterioration was evident, more clearly define the elements of the old forms that enhance effectiveness.

Nevertheless, this review of the available controlled research strongly suggests that at present lack of evidence of the effectiveness of professional casework is the rule rather than the exception. A technical research corollary to this conclusion, and a comment frequently appearing in the social work literature, is that "we also lack good scientific proof of ineffectiveness."⁴⁹ This assertion, however, taken alone, would appear to be rather insubstantial grounds on which to support a profession.

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32. Campbell and Stanley, op. cit. A selection-maturation artifact refers to an interaction that occurs when the selection of subjects for experimental and control groups results in groups with different potentials for rates of change.

33. Statistical regression refers to a general tendency for those groups selected for treatment because of extremely negative scores to show evidence of improvement at a later point in time, irrespective of the treatment.

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REFLECTIONS ON THE USE OF DRAWINGS AND SENTENCE-COMPLETION AS INTERVIEWING STRATEGIES WITH ASIAN CHILDREN

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Using a case study illustration, this narrative describes the author's use of drawings and sentence-completion techniques as useful and effective interviewing tools when working with children and adolescents. The author explains why these techniques are useful, especially when working with Asian children.

I have often reflected on how best to assist children and adolescents to describe their thoughts, experiences, and feelings. Effective child psychotherapy can only come about if professionals can obtain accurate, comprehensive, and relevant information pertaining to the child's problems. But asking children to report on self-processes may require a different approach from asking adults because children and adults may possess different levels of communicative abilities. Young children, for example, are less sophisticated linguistically, less introspective, and conceptually more concrete than adults. However, it should be noted that some adolescents think abstractly and can communicate as well as some adults.

What makes working with children particularly challenging? Very often, children and adolescents enter therapy because of the concerns of others (e.g., parents or teachers) rather than as a result of their own level of personal distress, and because of that, they are usually less motivated to participate in counseling (Kazdin, 1988). Those of us who work with children understand that another additional complexity results from the fact that child and adolescent concerns are often intimately related to problems within the family that are often beyond their control (Johnson, Rasbury, & Siegel, 1997). In my work with children and youth, I gradually realized that in order to serve the needs of children better, I

needed to acquire strategies that enable children to communicate more competently and to share with others their subjective experiences at a level that they feel comfortable with.

Why Drawings and Sentence-Completion Techniques are Useful

The use of drawings and sentence-completion tasks as interviewing tools remained as "techniques" in graduate school and did not "come alive" until I experienced the way children responded to them. I have used traditional interviewing strategies with children only to be greeted with blank stares and monosyllabic replies, and I gradually learned that I needed to use traditional interviewing in combination with other strategies to reach out to children more effectively and to have a meaningful two-way communication with children.

Asking children to draw pictures and then to have these drawings serve as a springboard for further discussion encourages them to share their thoughts, experiences, and feelings in a more natural and less threatening way. The use of sentence-completion is another useful way to elicit information from children and adolescents who are reticent. In short, this is a technique whereby the caseworker presents the child or adolescent with incomplete sentence stems and the child or

adolescent can complete these sentence stems either orally or in writing.

Unlike the traditional structured interview, an interview utilizing drawings and sentence completion does not depend on high levels of language development and verbal competency. In my work with children and youth, I have found that using visual and/or visual-motor response modes as opposed to techniques that rely solely on language for communication to be more effective when working with children and young teens (Hughes & Baker, 1990).

Interviewing and Counseling in the Asian Context

Just when I thought that I had learned my lesson on not relying exclusively on traditional interviewing techniques that are too linguistically demanding, I soon realized that I faced an even larger problem when working with Asian clients in Singapore. I received my doctoral training and completed my internship in the United States but have been working in Singapore since my graduation. Interviewing techniques that utilize multiple response modes, such as visual, visual-motor, and verbal, make them well suited for use with children and adolescents in Singapore since English is used as the medium of instruction in all Singapore schools and as such it is appropriate to use English for interviewing or counseling purposes. Each child in Singapore is required to learn two languages from Grade 1 through Grade 12 – English (the language of all instruction) and his/her mother tongue which could be Chinese, Malay or Tamil.

I am a Chinese female who grew up in Singapore and completed all my elementary through undergraduate education in Singapore. Hence, I am able to converse both in English and Chinese. Having an intimate understanding of the education system in Singapore, I understand that because standard English is not often used outside the confines of the classroom, some modification of the

use of the language needs to occur to enhance rapport building as well as to be clearly understood, especially by the less academically inclined children and youth.

“Singlish,” which is a local concoction of standard English blended with common phrases in Chinese dialects (e.g., Hokkien or Cantonese) and some Malay, is frequently used for communication in social contexts (Ang, 2002). In fact, the use of “Singlish” is so prevalent in some segments of the community that visitors to Singapore or individuals who are not familiar with the language will have some difficulty following the dialogue in a meaningful manner. I soon realized that the utilization of multiple-response modes reduces the emphasis placed on verbal language for communication (especially the use of standard English) and makes such techniques not only useful but almost essential interviewing and counseling tools in the Singapore context for work with Asian children and adolescents.

I will attempt to provide a brief background of important issues to consider when working with Asian clients, as this will be helpful in understanding the case study that I will present subsequently. While there is much diversity within the Asian population, there are certain areas of commonality such as emotional restraint, hierarchical structure of families, and attitude towards psychological disorders (Sue & Sue, 1999). Because sons are expected to carry on the family name and tradition, they are valued more highly than daughters and occupy a higher status in traditional Asian families. Mental health and psychotherapy are foreign concepts in Asian countries.

In contrast to American students, Asian students and their families are less likely to recognize the need for mental health services and are more concerned about the stigma attached to receiving these services. Even if they visit a mental health practitioner, they may be reluctant to share personal problems with

the counselor or caseworker. Having a psychological problem is often equated to being insane; the problem is an overt acknowledgement of weakness or failure on the part of the family involved (Sattler, 1998). Generally, if Asian clients were to seek help, they would be of the opinion that since social workers and counselors are professionals, these professionals should be the ones to provide the solutions to their problems.

The traditional, direct interviewing approaches using a structured format may be less helpful in yielding information given some of these beliefs and attitudes towards mental health services held by Asians as well as the possible initial resistance to counseling. These direct approaches may be perceived as overtly intrusive and may decrease the client's willingness to tell the therapist what he/she thinks or feels. Instead, using less structured stimuli, such as drawings and sentence-completion techniques, as aids in clinical child interviewing, and employing a less direct approach, may prove more successful in yielding relevant and useful information for subsequent intervention and counseling.

My Experience with Drawings and Sentence-Completion Tools: A Case Study Illustration

I will present the case of CK demonstrating the use of drawings and sentence completion techniques to obtain traditional interview data that would shed light on the child's current difficulties. I will focus specifically on the significant pieces of information obtained during the clinical interview via the use of these techniques that were helpful for subsequent counseling sessions. For reasons of anonymity and client confidentiality, the initials CK (not her initials) will be used to represent the client. In addition, all other identifying characteristics, such as the name of teacher and information pertaining to school, home, and siblings

mentioned in this case study, have been changed to protect client confidentiality.

Referral and Background Information

CK, a female Chinese adolescent, was 14 years and 10 months at the time of referral. She had a history of disruptive behavior and had violated school rules on numerous occasions. Academically, CK was performing below grade level and was at risk of dropping out. I was serving as the school counselor at that time and CK was referred to me because of severe disruptive behavior. I had several extended conversations with Mrs. Lee, the teacher in charge of pupil welfare and discipline who referred CK to me. As I was new at the school, Mrs. Lee provided me with some background information about CK, her family, and some significant events that had happened prior to my meeting CK for face-to-face counseling at school.

CK lived with her biological parents and younger brother (11 years) in a three-bedroom apartment in North West Singapore. Of relevance to the referral issue and CK's history of behavioral problems in school is her history of being sexually victimized. About a year before I saw her, CK was molested on the public bus as she traveled home from school. Reportedly, the perpetrator, a man approximately 50 years of age who shared a bus seat with her, had touched her breasts. At that time, CK was upset but did not know what to do and kept this to herself. This incident continued to trouble CK and she eventually reported it to Mrs. Lee approximately eight months after the alleged victimization.

Mrs. Lee felt the need to inform CK's parents about the incident and to recommend that CK get emotional and psychological support via individual and/or family therapy. CK was reluctant to inform her parents because she felt that her parents did not see her as belonging to the family and favored her brother. However, Mrs. Lee proceeded

to schedule a time for a few teachers to meet with CK and CK's parents as she hoped that her parents could provide CK with the much needed emotional support. Of particular significance was CK's parents' reaction upon learning of their daughter's trauma. According to Mrs. Lee, CK's parents trivialized the incident and normalized the behavior of the perpetrator. Instead of providing support for their daughter, CK's parents felt that her being molested on the public bus was not such an unusual event and were annoyed with Mrs. Lee for wasting their time.

They were also frustrated with CK for being upset over what they felt was such a small matter. In addition, CK's mother was of the opinion that since various behavioral problems and other issues appear to be surfacing either in school or related to school and school authorities, the school should be responsible for providing the support for CK. While CK's mother did not object to CK receiving counseling services at school, she did not see the need for further parental involvement.

I was taken aback upon hearing CK's parents' reported reaction and the thoughts and questions that crossed my mind at that time still ring clearly in my ears: "How is this possible? Do they not care? Mrs. Lee's good intention has just unintentionally backfired – CK is now worse off than before – all along CK felt that she was not accepted as part of the family and now her worst fears have been confirmed."

Approximately three months after Mrs. Lee's meeting with CK's parents, CK's constant disruptive behavior at school led to the present referral. Mrs. Lee felt that counseling would be appropriate as she was very concerned about CK's behavior, low self-esteem, and the many unresolved issues confronting CK that were related to her alleged molestation and family situation. In my phone conversation with CK's parents, they were unwilling to meet me face to face and

were reluctant to discuss CK's emotional concerns but did not object to CK's participation in counseling at school. I reminded myself to remain objective and to try my best to work with CK in individual counseling even though I felt that it would be best if I could work with the entire family given the presenting circumstances and clinical concerns.

Use of Drawings

I met CK for an initial session in which the referral question was clarified and CK's consent for participation in counseling was sought and obtained. I wanted to understand first hand CK's feelings about her family situation and issues pertaining to the home and asked her to make a freehand pencil drawing of a house. CK drew a very small house, occupying less than a quarter of the page, which may be suggestive of a sense of inadequacy and possibly CK's tendency to withdraw from her environment. The image was placed at the extreme lower left quadrant of a horizontally placed page, with the bottom of the house sitting on the edge of the paper. Significantly, this visual representation may illustrate CK's desperate need for support from her family that she was unable to obtain, as verified by Mrs. Lee's report. The house had two windows with partially closed curtains, a door, and a chimney. The chimney was drawn with excessive smoke being expelled. No other unusual details were noted.

Selected portions of my questions and CK's responses are provided verbatim. Thus, it should be noted that non-standard English was occasionally used and reported as is.

Author: Whose house is it?

CK: My parents' house. They live there.

Author: Do you live there too?

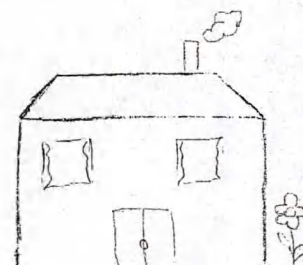


Figure 1: CK's first drawing

CK: No. This is not my dream house. I draw you my dream house next week. My dream house not like that ... my parents won't be there... I'm in the house by myself ... maybe with husband and children.

Author: Look - there's a lot of smoke coming out from the chimney. Why do you think that's so?

CK: Don't know ... I just drew it that way.

Author: The smoke is moving in a left to right direction, I suppose there's some wind blowing? Is that right?

CK: Yes, wind is very strong.

Author: What's the weather like in the picture?

CK: Sunny and hot.

The house seemed to arouse CK's ambivalent feelings concerning her home and her relationships with parents and sibling. The post-drawing dialogue, in addition to what has been presented verbatim here, revealed that CK did not view herself as part of the family and this issue subsequently became one of the focal points of counseling. Tension was likely present in the home as indicated by the volume of smoke drawn, which was confirmed by subsequent interview information. The juxtaposition between the negative (e.g., smoke and strong wind possibly indicating tension and environmental pressures) and the positive (e.g., weather in the picture being sunny and hot) might express CK's ambivalent feelings towards her home and her fight to remain positive despite the feeling of being rejected by her parents and brother.

A week later, CK drew her dream house, which provided a very interesting comparison

to the house she drew in which her parents lived. CK's dream house was fairly large, occupying about half the page and was centrally placed. The house had three stories. There was a very large room on the third floor with a long window stretching from one end of the house to the other. There were three rooms on the second floor drawn with windows and two rooms on the first floor that were drawn without windows. CK also drew a chimney for her dream house, but there was perceptibly less smoke being emitted compared to her previous drawing of the house, indicating perhaps that she expects less tension in her own home after she moves out of her parents' house. Using the drawing as a springboard for discussion, I then proceeded to ask CK several questions. The information obtained was particularly revealing in the light of CK's history of being sexually victimized and her family situation.

Author: Can you tell me who stays in which room?

CK: My room on the highest floor. My children all stay on the second floor. The living room and dining room will be on the first floor.

Author: Can you tell me more about your room?

CK: See this window? [CK pointed to the long window on the third storey.] It's a very long window ... I can see everything on outside. It's the sort of window I can see out but other people cannot see in. The whole floor is my room.

Author: Why don't you want other people to look in?

CK: Other people always look - I don't like it. You know about the bus and the man. [Long pause] There's something else - I didn't tell anyone, not even Mrs. Lee. I have

a friend—his name is Ken. He always comes to my house and we do homework together. One day he was doing homework in my room and I was sleeping on the bed. Suddenly, he come to the bed and touch me on the top and down here. He was on top of me and want to take my clothes off. I just kept on shouting, kicking, fighting. I'm skinny but I'm quite strong. But he's a guy... he's stronger ... Luckily, my brother knock on the door ... he wanted to know why there was so much noise. Then Ken stopped.

CK shared that she now fears men because of the two instances of violation of personal and sexual boundaries. I felt that CK's description of her room and the window was particularly significant. Ensuring that outsiders cannot view what is within the room could be CK's attempt at compensating for her loss of personal power and control, that people can no longer invade her privacy and personal space. CK's choice of the top floor for her room, which is isolated and away from all the other rooms, might reflect her desire to retreat and to stay away from people. In the previous inquiry after her drawing of the first house, she mentioned that her husband and children were possible occupants of her dream house. It was interesting to note that the only occupants in her dream house were herself and her children; there was no mention of a husband or partner.

At this stage of CK's emotional and psychological adjustment, it might be too painful to include the idea of having a partner when that inevitably raises issues of intimacy, trust, and respect, which were obviously denied her when her personal and sexual boundaries were violated. These critical issues were addressed and worked through during counseling. The following is another significant segment of the post-drawing inquiry and dialogue. Once again, CK's preference for male children could be reflective of the salient issues, given her history and personal

experience, and possibly a cultural bias of having a preference for male children.

Author: You said that your children's rooms are on the second floor?

CK: Yeah – I want to have five kids. They are all on the second floor.

Author: How many boys and how many girls would you like to have?

CK: Three boys, two girls.

Author: Do you prefer boys or girls?

CK: I like boys better because you don't worry about them. Like if they come back late or rape. You can just don't worry so much.

I wonder how much of CK's preference for male children is shaped by familial and cultural processes. What does this mean for me as an Asian female? I struggle with the issue because while I feel angry about this cultural bias (or other cultural biases), I recognize that I am part of this culture and may also knowingly or unknowingly perpetuate the bias. This is similar to Bowen's multigenerational transmission concept (Nichols & Schwartz, 1998):

The problem in the identified patient is a product of the relationship of that person's parents, which is a product of the relationship of their parents, continuing back for several generations. The problem doesn't reside in the child ... nor are the parents to blame. Instead the problem is the result of a multigenerational sequence in which all family members are actors and reactors. (pp. 147)

As the clinical interview unfolded, I was glad I had used drawings as a platform for further discussion because there were pieces of information, feelings, and thoughts which I think would not have emerged if drawings had

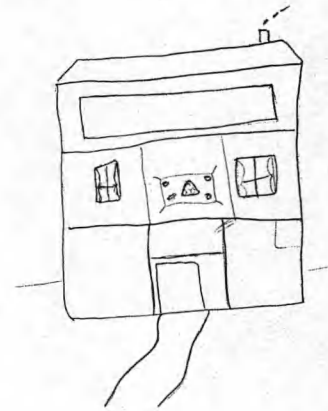


Figure 2: CK's second drawing, one week later

not been used. I have used drawings on numerous other occasions but not with as much success as the present case in eliciting the thoughts and feelings of the client. These drawings were directly relevant in assisting with treatment goals and eventually with the subsequent counseling sessions that followed. With the present case, I felt that these techniques, which I had learned in graduate school, were not merely strategies on paper, but, if carefully selected and used appropriately, had the ability to reach the client in powerful ways.

Use of Sentence Completion

Sentence completion was another technique that I used with CK. CK responded to 15 incomplete sentence stems. It should be noted that CK's written responses contained some spelling errors. These spelling errors were corrected for clarity while retaining the original form and structure of the sentence (retaining the use of non-standard English if used). Selected items of clinical relevance are presented here:

1. The happiest time is the day I turn 21.
2. My home is the coziest place.
3. A mother is one who does not judge her children and is not biased.
4. When I was younger I hardly saw my parents.
5. I wish my parents and brother will be nicer to me.
6. I secretly wish to stay alone and get the peace I always want.
7. Most girls want to be loved.

CK has many conflicting feelings about her family, and her ambivalent attitude was shown through her statements. CK stated that her home was "the coziest place" and yet she wished she could "stay alone." CK implied in Item 5 that her parents and brother do not treat her well. When I probed for more information on Items 1, 5, and 7, CK revealed

that her mother preferred boys and hence her brother is the favorite in the family. This information appears to be consistent with CK's drawings and responses.

Information about CK's parents obtained from Mrs. Lee also suggested that CK's parents have a strong preference for male children. While it is not unusual for parents with a traditional Asian orientation to favor sons over daughters, the extent of CK's parents' rejection of her and their callous response to her being a victim of molestation is clearly dysfunctional. CK's idea of what a mother should be was aptly expressed in Item 3 but unfortunately, CK did not have the benefit of such an experience. When asked to elaborate on Item 4, CK revealed that a nanny looked after her shortly after she was born for about a year. CK reported that her maternal grandmother subsequently raised her until she was about seven. CK's parents then brought CK home to live with them, but she had a difficult time adjusting to living at home with her parents and brother. CK was angry with her parents because she did not understand why her parents could have raised her brother but she had to be raised by her grandmother. In addition, CK's parents and relatives often remark that she does not look like either parent even though she is their biological child. In fact, there have been occasions whereby acquaintances have mistaken CK's maternal uncle as her father. Consequently, CK feels unloved and unwanted, and yet she struggles to make sense of her place within the family.

Once again, I felt that the use of sentence completion together with drawings allowed CK a comfortable channel to express herself. The use of these less structured techniques allowed me to take a peek into some of CK's painful personal life experiences in a way that was natural, unobtrusive, and comfortable for CK. CK is not academically inclined and is weak in the English language. Coupled with the presenting issue of having been sexually

mistreated, a subject which clients would understandably not want to talk about initially, these indirect, less verbally loaded interviewing techniques were helpful in facilitating my clinical interview with CK.

Some Reflections on the Implications for Child Interviewing

Working with CK using drawings and sentence completion has been a learning experience for me as a therapist. As described earlier, these techniques were merely tools I had learned and I adopted a wait-and-see-if-it-really-works orientation. I have since witnessed first hand, and now believe, how powerful these tools can be when carefully selected and used with the appropriate clients. In addition to CK being Chinese and a non-native speaker of the English language, the sensitive nature of CK's problems surrounding personal and family issues were factors which were well suited for techniques that did not place an unusually high demand on the use of verbal language.

The information I obtained through drawings and sentence completion was subsequently used to focus the counseling sessions for CK. Two major treatment issues were identified: first, the issues surrounding the family, particularly that of acceptance and belonging; and second, the issues surrounding the two instances of violation of personal and sexual boundaries. These experiences have negatively impacted CK in the academic, behavioral, and emotional domains. It was necessary to work with CK to explore and address unresolved issues of abandonment, anger, resentment, trust, and fear of intimacy and relationships.

I saw CK over a period of five months before she left the school, which marked the termination of therapy. I had mixed feelings at the termination of therapy. I felt that she was making initial progress towards the resolution of some of these issues but felt frustrated that we did not have the benefit of

seeing a more complete closure. It would have been preferable to work with CK and her parents on various family issues, rather than addressing these issues with CK alone. But reality dictated otherwise. Reflecting on the entire experience, I remember being taken by surprise (in fact, rather shocked) at CK's parents' disinterested and disengaged attitude towards CK's serious emotional concerns when I spoke with them at the point of referral.

I spoke with CK's mother on the phone a week before CK and I met for the last session. While CK's mother was glad that her daughter received what she called "support from the school," she was still not ready for family involvement and participation in therapy. I could sense that CK's mother was grateful that the school took the initiative to provide therapeutic support for CK. This is a small but significant shift in CK's mother's attitude in a direction more supportive of CK's well-being. I hope that in time to come, CK's parents will gradually be more open and receptive to mental health services in general and, more specifically, that together with CK they will work towards the resolution of these issues as a family.

I have grown emotionally and professionally having interacted with CK and CK's parents and teachers. This experience allowed me to reflect on the immense power of families and culture in CK's life as well as in my own life. I can understand CK's parents and their fear of mental health services. This is a real fear and, while I am trained in the mental health field and recognize the value of such services, I understand the extreme reluctance to "air" family problems and concerns to a complete stranger – it would be tantamount to insanity. This experience has reminded me of the continued need to actively engage parents in the process, no matter how difficult that might be.

This narrative illustrated the use of less direct and less structured implements that

allowed CK to discuss her emotional concerns in a sensitive and non-threatening way. This is not a proven formula for effective interviewing but serves to illustrate that less direct and less structured tools such as drawings and sentence completion can be used to facilitate information gathering for subsequent intervention and counseling when working with Asian children.

Despite the benefits of open-ended interviewing with children and adolescents, some researchers continue to have reservations about the use of these techniques. The main reservation about the use of drawings or other more open-ended interviewing tools in interviewing is the lack of reliability and validity data. Witt, Heffer, and Pfeiffer (1990) argued that structure in the form of the use of standardized rating scale, for example, has the advantage of making data collection more systematic and objective by allowing the comparison of the individual to some norm group. In a similar vein, Paget (1984) argued that a structured tool allows for the determination of the psychometric underpinnings of the instrument, which is an important consideration.

Structured techniques such as traditional interviews or standardized rating scales do not, however, allow the case worker or counselor to establish a relationship and a natural, reciprocal system of communication with the child that can become the foundation for subsequent therapeutic interaction (Bierman, 1990). Further, structured techniques may not provide the case worker with sufficient information about issues or areas of particular concern for the individual child or adolescent.

Many cultural, linguistic, and developmental factors make the use of drawings and sentence-completion tools not only viable but also attractive as interviewing implements for Asian children and youth. These more unstructured methods allow children to introduce their own significant

beliefs, attitudes, attributions, and expectations onto the stimuli, which are generally not elicited by the more structured types of interview. Through drawings and sentence-completion tasks, children and youth would be given an opportunity to discuss visually (e.g., through drawing) or motorically (e.g., through writing) specific issues that were troubling them. Lynch and Hanson (1992) noted:

Most of the meaningful information is either in the physical context or internalized in the person who receives the information, while relatively little is contained in the verbally transmitted part of the message... Nonverbal communication thus conveys significantly more information in high-context Asian cultures, wherein silence is particularly valued. (pp. 232-233)

There is immense potential in using these tools for clinical child and adolescent interviewing relating to the practice of counseling and casework in schools. The incorporation of these relatively unstructured tools into the traditional interview format could yield clinically valuable and meaningful information that the traditional interview might otherwise miss, especially when working with Asian children and adolescents.

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Call for Papers

Special Issue: The Beleaguered Administrator Guest Editor: James J. Kelly, PhD

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Are you a **beleaguered administrator**? If you are an educator, administrator or supervisor in the helping professions you may feel that you are.

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STORY SHARING, VOICE FATIGUE, AND MOVING FORWARD AFTER DIVORCE: WHEN WOMEN RESIST BEING DEFINED BY THEIR TRAGEDIES

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Following from the premise that story sharing with similarly situated others surrounding salient life transitions is healing and empowering, this inquiry uncovered a provocative phenomenon referred to as "voice fatigue." According to project participants who were six midlife members of a support circle for women undergoing marital dissolution, voice fatigue may occur over time when a woman amidst life transition grows tired of hearing her own pain-filled voice. Voice fatigue also may serve as an indicator that a transitional woman is ready to move forward in her healing process. Such healing is premised to occur via the dynamic shaping of a survivor's story, symbolizing a refusal to view oneself as a mere victim. Feminist psychotherapists may play an invaluable supportive role within this process, and are urged to collaborate with their female clients on their journey towards emotional and spiritual healing, growth, and transformation.

Grounding This Work

As a doctoral candidate conducting feminist research with women in transition, my work was grounded in the discourse of women's relational voice. Following in feminist psychologist Carol Gilligan's (1982) innovative tradition, my central premise was that, within a culture that silences the feminine, sharing one's story with similarly situated supportive others enables women to make sense of their life experiences and is affirming and empowering (Belenky et al., 1997; Gilligan, 1982, 1991; Jordan, 1997a; Miller & Stiver, 1997; Stiver & Miller, 1997; Surrey, 1991). My research nonetheless revealed a provocative phenomenon. While story sharing is an invaluable aspect of the healing process surrounding traumatic life transitions, women may reach a point in their psychological development wherein they wish to move on with their lives and be agents—not victims—of their destinies. They even may come to express overwhelming weariness at hearing their own pain-filled voices—an occurrence that I now refer to as "voice fatigue."

The data for this inquiry consisted of the accounts of six members of a follow-up

support circle that I facilitated for women undergoing marital dissolution. The circle assembled for ten weeks during the fall of 1994 at a women's service agency located in Central New York. Participants, who ranged in age from 35 to 49 years, had been separated from their husbands for a period of one year or less. All were mothers who reported experiencing moderate to extreme degrees of financial distress. Pseudonyms have been employed to portray these participants, who herein are referred to as Grace, Jody, Martha, Maxine, Sharon, and Tara. While limits on the representativeness of my research follow from the voluntary nature of sampling and small sample size, the power of qualitative inquiry lies in in-depth portrayal (Denzin & Lincoln, 2000).

Voicing Our Fatigue

While I continued to promote the power of women's story sharing, my circle participants expressed that, at an average of eight months post-separation, rather than feeling renewed by speaking personal truths, they actually were tired of talking! As a word-weary Jody illuminated: "I'm sick and tired

of *hearing* my own voice! My life is no worse than anyone else's. It's the same old broken record," adding: "When I hear others, I empathize. When I hear myself, I feel like I'm whining." Her sister survivor Sharon shared similar sentiments in asserting: "Sometimes, it was really healing to share. But [at] other times, it was really painful and hurtful and made me sad and I would've rather not opened up the wounds. I'm really sick of *hearing* my own voice!"

Upon collecting these evocative data, I struggled to make sense of why this assembly of women, who a short time earlier had sung the praises of personal storytelling yet later strove to silence their own expressions of emotional anguish. Witness Maxine, who, regarding the separation and the stressful series of transitions that followed from it, exhorted: "In the beginning, the women's group was really good. Now, I want to not concentrate on all the bad stuff... Maybe I'll get it out of my system eventually." Although a constellation of factors might account for the phenomenon of voice fatigue, perhaps the most revealing one may be gleaned from what group member Sharon suggested. Resignedly, she sighed: "I just want to move on."

Moving On

Moving on: in time, it becomes the dream of most women experiencing an often soul-shattering life transition like divorce. Yet, moving on may demand muffling our demonstrations of distress, even our very voices—at least when the sorrow shows no signs of subsiding. For our voices define us, vastly impacting how we visualize ourselves in the world; this is precisely the impetus for the women's voice literature. Within a patriarchal culture, women cannot simply presume a sense of self, but must continually recreate themselves by speaking out (Belenky et al., 1997; Gilligan, 1982, 1991; Jordan, 1997a; Miller & Stiver, 1997; Stiver & Miller, 1997; Surrey, 1991). Still, if personal truths



remain bleak for unfathomable stretches, then we may come to despise our situations and, by extension, our selves for "ending up in them." Far better to utter falsehoods—which silence surely is a form—than repeatedly to reproduce our own ineptitudes.

In essence, my circle participants were resolutely refusing to allow their tragedies to define them, or to see themselves as mere victims. The value of espousing a survivor's spirit suffused with courage, strength, and resourcefulness in the face of soul-wrenching struggle was first revealed to me during a group dialogue addressing the psychological efficacy of journaling (Rabinor, 1998). I had urged participants to use writing as a vehicle for exploring their lives *as divorcing women*. In an admirable attempt to situate her identity within a larger framework than simply impending divorce, witty group member Grace wrinkled her nose and countered: "How about the journal of *a woman*?" Unfortunately, I remained ensnared in my preconceived notions surrounding the women's erstwhile need to speak their pain and was unable to hear her words.

Espousing a Survivor's Spirit

With an impetuous tinge with irony and nary missing a beat, Grace swiftly retorted:

"My feeling is, instead of focussing on the fact that I'm a *divorced* woman, to focus on the fact that I am. I *am!* And instead of *dwelling* on the whole issue of divorce, which permeates my whole life, *anyway*, it just comes out naturally because I'm a part of this *group*. Instead of going, each time, 'Well today, as a divorced woman, I feel like—.' When I'm writing, what happens is that all the feelings that can be put down on paper come out, and it's a statement of myself, rather than where I've been or where I'm going."

During the course of this same women's circle conversation, an acrimonious Maxine

also added:

“It just seems like every day, people even have the audacity to introduce you as like, ‘Oh, this is Maxine. She’s just getting divorced.’ Like, Jesus! No one says, ‘She just finished a painting.’ No one says, ‘She does a great job,’ or ‘She’s learning something new.’ No one says anything like that. They’re like, ‘Oh, she’s just divorced.’”

Something struck me as inherently healthy and healing in these straightforward statements of selfhood—despite my feminist equation of silence with sickness. Slowly, it was becoming clearer that, far from signifying self-silencing, Grace and her sister group members were striving to *reshape* their stories in ways that made sense of—and emphasized the success of—their struggles as survivors! From an interpretivist paradigm, which posits that we continually reconstruct our own realities, and that “truth” is more ephemeral than eternal, such accounts are no less real; they simply symbolize an alternative window on the world (Denzin & Lincoln, 2000). In the wise words of social historian Luisa Passerini (1989: “All autobiographical memory is true; it is up to the interpreter to discover in which sense, where, for which purpose”(p. 197).



Planting a New Garden

Sustained by my dawning understanding of these story-steeped processes, I began dialoguing anew with inquiry participants and gradually grasped the value of viewing divorce more positively, as a period of profoundly painful, yet deeply productive, emotional and spiritual development (Bisagni & Eckenrode,

1995; Riessman, 1990). For when a woman’s heart, soul, and life are all but shattered, she may have nowhere to go but inward and upward. Martha thus made positive sense of her post-separation progress in maintaining: “When something so tragic happens, you can’t explain in words the feelings. But through the pain, it’s also a really valuable learning experience. It helps me to grow, and shows me my own strength.” With her penchant for metaphor, imaginative Maxine likened divorce to “planting a new garden” in affirming:

“Sometimes we have to go through this enormous pain to be able to face the truth in our life. And it means wading through the crap...[But] it’s definitely a time of *growth*, and at a time when you can check in with yourself and go, ‘What do I like, what *don’t* I like?’... And because everything’s been wiped away, it’s new ground. It’s like you’re planting a new garden, and you really have *choice*.”

Resuming our previous conversation regarding divorce and diary writing, I asked what the women wanted to write on. Martha replied that she tended to record routine feelings, adding:

“Some of [my writing] is, ‘Do I want the divorce or don’t I want it?’ And that’s hard. But I think I do because, in order to be me and to find me and to be honest with myself, I think I have to let go of that part of my life. And I’m just hanging on by a *thread!*... It’s almost like I’m afraid to let that thread go... But what I keep saying to myself is that, by letting that thread go, maybe something *wonderful* is going to happen. That’s what I’m focussing on now, is the wonderfulness of what it’s going to be like when it’s all over and done with, not the fear of how I’m going to survive and what I’m going to do and that part of it.”

Speaking of the value of reconstructing

one's personal story in the aftermath of divorce, Sharon subsequently exclaimed, "if you don't...you're just stuck!" A journal entry that Sharon shared with her sister circle members shed further light on this intriguing issue of survivors' stories:

"There was a time, not too long ago, when I thought I just wanted to be past all this crap, to get on with my life and not have the days and nights tinged by the separation and all the provocations surrounding it. As impossible as it seemed then, I am there now. My days are not paradisiacal, but I no longer wear my past situation like a straight jacket. I feel free at last to live *my* life, my own life."

Clearly, the women wished to emphasize their considerable personal progress since their separations. Participants also insisted on seeing their identities in broader terms than simply their divorce status. By reshaping stories that revolved around personal survival rather than relational loss, the women were radically redefining their own realities while weaving unique tapestries of triumph. As such, they were not so much silencing personal pain as speaking their own survival, attesting that there is indeed life after even a devastating divorce. Their words also underscore the compelling power of hope in the healing process: hope provides potent fuel for survivors.

Enabling and Empowering

How might feminist psychotherapists support divorcing women as they embark upon the journey towards emotional and spiritual healing, growth, and transformation? Congruent with a passionately relational, client-centered model (Greenspan, 2003; Jordan, 1991, 1997b; Jordan, Surrey, & Kaplan, 1991; Stoppard, 2000), professionals should acknowledge and appreciate women's cues when they complain of voice fatigue. After all, voice fatigue may

manifest a woman's readiness to move on in her healing process. Clinicians also may enrich such women's recovery by empathically sustaining them as they shape evolving survival stories. This work involves assisting clients in identifying widespread societal sexism and its potentially deleterious psychological impact, as well as nurturing awareness of their accomplishments in coping with consequential life losses and changes. Through authentic reflective listening, therapists even may facilitate clients' formulation of achievable next steps on their path to personal empowerment.

Given women's traditional expertise in nurturing relational connections, one viable client aspiration might be to assist other females in their efforts at self-empowerment through diverse forms of personal action and/or political advocacy (Laidlaw & Malmo, 1990; Surrey, 1991). I have witnessed both sorts of initiatives. Sometimes, my participants' efforts were as seemingly simple as setting a constructive example for their children, especially daughters. As Maxine depicted this dynamic: "Women really do have it bad. But I want to show my daughter I can *do* it... Freedom is what you do with what's been done to you." Others expressed altruistic impulses through more public channels, thus targeting a wider assembly of women. Tara lauded female mentors and shared her desire to act as an enlightened role model and advocate for other women:

"I want to help turn things around for myself and the kids and make things better for other women...I feel like I have a lot to offer...My goal for years is to be financially secure, even to set up a fund for other women...I'm in this for other women. I've been through way too much unhappiness in my life. There's got to be a happy ending here, somewhere!"

Regardless of the precise means that a woman amidst marital dissolution adopts in

an effort to enhance and enrich her own life, and/or the lives of other females, relationships and reaching out offer an enormously creative context for emotional and spiritual healing, growth, and transformation. The express role of feminist service providers should be to sustain and support female clients in their various attempts at recasting voice fatigue as storied survival.

Reflecting Back

While, as women, our personal stories are seldom static, neither are the life pathways that they purport to chronicle. Our lives indeed are rich tapestries of the unexpected, replete with love and loss, hurt and healing, transition and transformation. Since my days as a doctoral candidate, and largely inspired by the pioneering personal work of my circle participants, I have reinvented myself professionally by training as a clinical social worker. Today, as a psychotherapist with powerful feminist leanings, I frequently reflect upon the wisdom and grace of this extraordinary group of women with the understanding that, while life is an ever evolving process in an inherently unpredictable universe, we do have a choice regarding how our journeys unfold. We can shut down emotionally and spiritually and thus come to stagnate in our own pain, or we can strive—hopefully, with sisterly support—to embrace the beauty in the everyday, to believe in ourselves, and to trust that we possess the resources to cope with whatever hand life deals us.

I nonetheless would assert that, while interpersonal connections may offer inherently fertile ground for personal healing, growth, and transformation, our most vital relationship is with ourselves. Unfortunately, as women, we all too often are socialized to sacrifice aspects of our core selves, allegedly in an effort to remain relationally connected. Ironically, such a stance ultimately engenders emotional and spiritual disconnection (Miller

& Stiver, 1997)! From my own constellation of experiences, I have come to envision voice as an iterative process, a dialogic dance between self and other. Voice thus encapsulates honing truths in dynamic interchange with supportive others, while remaining ever mindful of the intricate rhythms of our inner truths—which sometimes may necessitate seeking solace in the silences. To the Donnean adage that “no man is an island,” I would counter that neither is any woman a mere cacophony of discordant sounds. Rather, each of us ultimately must learn to speak in our own distinctive voice.

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REFLECTIONS ON CHOOSING SOCIAL WORK AS MY PROFESSION

Diane de Anda, Ph.D., University of California, Los Angeles

In this deeply personal narrative, the author reflects back on her thirty-four year career and considers the choice she made to go into the social work profession.

In the spring of 2004, I attended the NASW Region H Awards Dinner. The ceremony honored the Social Worker of the Year, an outstanding agency, and a number of our department's first and second year MSW students whose commitment to the ideals of the profession had led them to provide extraordinary service to clients and the broader community. Increasingly moved by the impassioned, and often poignant, comments of the award recipients, many with whom I shared professional and personal relationships, I found myself reflecting on the choice I had made years before to enter the profession and surrender my love for writing and the humanities to that of an avocation. Indeed, my active participation in the social, political, and cultural revolution of the sixties had led me to my career choice, seeing the social work profession as one that could contribute to the impetus for change by its focus on individual and social justice. Later, in the early morning hours, unable to sleep due to the emotions stirred by the event, I distilled my reflections on my 34 years in the profession in the following lines:

*I would have liked to spend my days
drunk with moments when words fly off the page
hoping to catch those images that rush in tidal waves of words;
to play with words, tossing them about the page in changing form and sequence,
words as clay, forming figures who were once only phantoms in my mind's eye;
to conjure visions of persons long since gone,
their touch and smell buried deep in places hidden and denied within me.
Their voices beckon me to give them breath again,
a chance to sing the songs they once sang, and those they never chanced to sing.
I ache with the weight of their stories,
filled up until the press makes it hard to breathe;
I cannot feel my own breath; I can only feel theirs.*

*But the world did not give me this luxury,
to trifle with words was to trivialize the lives of others;
the phantoms' voices were silenced by the cries of those whose pain was palpable.
There were no doldrums.
Time pressed forward grinding bones to make a mulch of justice.
Need and sickness devoured my words.
The call to act, to teach, to care sounded over the voices of the storytellers
who shrank into muted shadows once again.*

*There is no regret;
I would choose again to give, to fight,
to share the pieces of time I would have liked to hoard.
I would do it all again,
except, perhaps,
I would have danced more often.*

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RAY AND KINSEY: A COMPARATIVE MOVIE REVIEW

Agathi Glezakos, Ph.D., California State University, Long Beach

Two exceptional and complex lives are the subjects of the recently released biographical movies *Ray* (Universal Pictures and Bristol Bay Productions) and *Kinsey* (Fox Searchlight Pictures, in association with Qwerty Films).

Ray is the story of Ray Charles, the eldest of two sons in a female-headed household. Ray grew up in a rural community in the South. He was born sighted but experienced progressive loss of vision at a young age. Ray's mother, an uneducated but strong-willed young woman, instilled in him strengths and coping mechanisms that became his survival weapons in the course of a professionally successful but personally turbulent life. Ray experienced both the positive and the destructive effects of interpersonal relationships, the dehumanizing racial practices of the South in the pre-Brown vs. Board of Education era, and the beginning of change following the Civil Rights movement of the 1960s. He emerged as a musician who followed his creative instinct to produce beautiful and acclaimed work. Charles' musical genius made him an international idol, and his concerts around the globe drew huge crowds. The movie candidly portrays Charles' struggle to overcome a drug addiction, and to maintain stable husband and father roles. His beautiful young wife (Kerry Washington) remains faithful and more than once reminds him of the potential for personal and family destruction from his risky behaviors. She does not, however, seem to know how to nurture and help heal his emotional wounds, and Ray continues the paradoxical dance of professional success, personal agony, and interpersonal conflicts.

From a mental health practitioner's perspective, Ray Charles' life story provides an illuminating context for an analysis of the life-long effects of untreated early childhood trauma. Ray's behaviors and choices during adulthood seem to always be influenced by the internal turmoil that first entered his psyche during his childhood years in his rural birthplace. Blinded at a young age, he learned how to navigate in the world of the sighted and, following his mother's instructions, did not allow his blindness to "cripple" him. The circumstances of his younger brother's death subjected Ray to a traumatic, outside the range of normal human experience, loss. Left untreated, the impact of this childhood experience haunted him for the rest of his life as this was reflected in both his behavior and the occurrence of frequent painful flash backs. Looked at from this perspective, Ray's life script has many lessons to teach social workers and other mental health practitioners about the importance of early interventions in the lives of traumatized children. If universal prevention services are not feasible within our present mental health system, Ray's story must convince us of the importance of early interventions to help protect children from repeated tumultuous interpersonal experiences in their adulthood. Of course, one may argue that this artist's musical talent could be attributed to the effects of his childhood trauma; that it was his internal conflict and guilt that became his driving force to compose, play the piano, sing and find comfort in his acclaim and public adulation. I envision a mental health intervention that would nurture his creativity and leave his talent unscathed, would help heal his wounded psyche, role model for him healthier interpersonal

relationships and empower him to choose a healthier life style over self-destructive behaviors.

Jamie Foxx is superb as Ray. His speech and mannerisms are indeed those of Ray Charles as we have seen him perform and have listened to his jazz tunes and original compositions of spiritual and country music over so many decades; from the 1950s to the time of his death in 2004. The cinematography is very pleasing to the eye.

Unlike Ray Charles, Alfred Kinsey, the son of an academic, is a boy of privilege. Poverty, deprivation and discrimination are not the sources of his psycho-emotional traumas. His traumas are born of moral codes, religious beliefs and of dictates and expectations of an authoritarian father. It is these conditions in Kinsey's upper middle class environment that keep him a virgin till his marriage, long after he gains prominence as a zoology professor at Indiana University.

The dubious information he collects from inquiries about male sexual expression during adolescence and young adulthood, combined with difficulties in his intimate relationship with his young bride, trigger in him a passionate desire to understand human sexual expression from a scientific perspective. With research assistants whom he painstakingly trains, he conducts thousands of confidential interviews with adult male and female subjects from all walks of life in the continental United States. He develops a new course on marriage in which hundreds of students enroll every semester. His colleagues, the University's Board of Trustees, and the benefactors of his research react with skepticism to his findings. The publication of his two groundbreaking books, *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953), create a national uproar: with church officials denouncing them and with millions of Americans, men and women, experiencing relief upon discovering that their "perverted" sexual desires and covert sexual

behaviors were not unique. In real life, the contribution of Kinsey's reports to our understanding of human sexuality and to the women's and gay liberation movements has been acknowledged. The scientific basis of his studies and his motives for choosing his research subject remain controversial.

Liam Neeson's performance is powerful. He is convincing as an inquisitive but non-validated angry son, an inexperienced and awkward lover, an energetic classroom instructor passionate about his subject matter, a committed researcher, and an effective persuader. His teaching style as he lectures from the stage in a large lecture hall is dynamic and engaging. The passion with which he defends the contribution of the controversial findings from his research in the face of resistance from both the members of the University's Board and his funding sources, underscores his commitment to his research subject. The difference of opinion between these parties as well as Kinsey's loss of needed support to continue his work present us with a good example of the effects of restrictions to freedom of speech and scientific inquiry in the academia. Laura Linney is impressive as Kinsey's loving, understanding, ever-supportive, and daring wife.

These two films give us insight into two extraordinary men who were raised in dissimilar socioeconomic and cultural contexts, and grew into unconventional and controversial public figures for different reasons. I highly recommend them.

SENSEMAKING: SEARCHING FOR COMPETENCY IN ALL THE WRONG PLACES

Paul Abels, Ph.D., California State University, Long Beach

Like most social workers, I am committed to improving social work practice and share the desire with others for excellence. Of late I have noticed attempts to improve and perhaps define competency by the offering of CEU's in many forms, from reading any old articles, taking a boat ride to Hawaii and even printing your own certificates on your computer after answering a few questions. Competence more and more has been tied to CEU's, which of course is related to licensing through a process of "social construction," not necessarily a real one, to practice competence. A social constructionist viewing the situation, might ask, how did it come to be that CEU's have come to play such an important role in social work? Who gains by their growth and importance? Who might lose out? What has been its impact on the profession? Is it the answer to increased competence, or does it have other functions and consequences?

Of course these courses cost the "students" money, and the instructors get paid, and the institutions offering them make a lot of money. Perhaps some have found a way to make money in social work. But let us assume that however offered, sold or given, these courses are offered as a service. If so, that is great, but we don't yet know how many CEU's are necessary to make us more competent, nor do we know which kind of courses will be helpful. Perhaps research will give us the answers, assuming increased competence is the goal.

For me there has been a cost that is not a financial, but a social cost, because California NASW no longer has the conferences in which people share ideas, cases, papers, and issue-raising, by which competence for all of us might be improved. Instead we are offered a CEU "fair" or market place for individual courses, without the shared spaces and ideas

of the more traditional keynote and "cause" oriented social work conferences I grew up with. The NASW, California CEU fairs have almost entirely replaced conferences in which social workers came to share ideas and openly discuss how they might improve, not only their practice, but the state of the art and the world. There may be many who have gained from and welcome such a development, they may not have had the other experiences, thus this piece reflects my own, perhaps sole view of what makes sense if we are to become more competent. And competence is the issue

Take for example the social construction "cultural competency."

Almost all schools proclaim its importance and say their primary obligation is to a curriculum focusing on diversity and multicultural social work practice. The CSWE does require such content for accreditation. Yet in California there is no special licensing course dealing with multiculturalism or diversity. While I believe all these courses ought to improve competency, it would be easier if I knew what competency was in our profession. I agree to be even more clueless when the concept is expanded to cultural competency. We don't know what this is, or at least I don't know because I don't know what to look for to find the evidence of competency. (Excuse the use of the editorial "we.") I am sure there are many social workers that can give you a definition of competency and have ideas as to what practice competency is. And I have my own view as well, but it wouldn't hold up in court.

I believe we don't know enough about what competency is in social work, we don't know how to measure it with students, and perhaps we wouldn't know what it was if we saw it.

Way back in the 70's before some of your times, there was a push to examine and grab

hold of competence at a conference organized and the papers subsequently published in a volume called *The Pursuit of Competence in Social Work* (1979, Clark & Arkava). David E. Cummins, one of the presenters was brave enough to say, "We must avoid the promiscuous use of the phrase 'social work competence' until we have a better idea of what we mean by it" (p. xiii).

The problem is not that we are not scientific, the problem is human variability. Difference is what does us in. Certainly when there is empirical evidence of what works we can observe and assess, and perhaps replicate what is proposed; but even if we follow the theory, the degree of variability among the client population may not reflect the success the model predicts. And might we dare to suggest there is practice skill variability among social workers as well?

We have a long history of attempting to assess competence. The University of Chicago attempted to assess skills in "casework" through a list of sixty-four performance norms. The problem was there weren't clear guidelines to discriminate between acceptable and unacceptable responses. In a Tulane study there were low correlations when comparing the Tulane assessment scores with field worker ratings.

During the past few years the idea of educational competency has moved to the elementary and high schools, with reading scores and math scores being among the principle determination of teacher competence, which of course has led many to teach to the exams, and not worry too much about other material.

Pointing to the large failure for reading and math ability, particularly with those unable to afford schools in more affluent communities, leads to blaming the teachers. Giving merit increases to good teachers we are told, can solve this. Or we can blame the parents. That problem can be solved, some say, by their reading to their children every night at bedtime. In school it is easy to assess

competence if the desired result is the ability to read.

There may be a theory and some important skills that the teacher needs to learn, at some point the student can either read up to some expectation, or can't. But what if the expectation was that in addition to being able to read, you had to read aloud, interpret what you are reading to show you understand what was read, asked to compare this reading to a previous one, writing your own story, or spelling correctly what you might have to write; or for the teacher to know what kinds of words are most difficult to pronounce for some children. There is now a different kind of knowledge and skill required of both student and teacher.

Now let's transfer that to social work and all the variables that workers need to consider that are present in most practice situations. Our models are artificial, not because they are untrue, but because their abstractions tend to simplify the very complexity of the situation, offering generalizations that may not be present in the situation. Models tend to be self-sealing, but we are a profession that is constantly faced with ambiguities, models tend to predetermine the way we will see the situation. Psychoanalytic, learning theories, gestalt, social behavioral are examples of such models. Others assume a model might best be based on logical reasoning; who could be against that? But because something is logical does not mean it is sound reasoning in a certain context. An argument may be logical but may not be ethical. It may be logical for an agency not to permit its staff to reveal its practice shortcomings because it may impact its reputation or income, but it may not be ethical, and it can be harmful. While logic is essential in scientific reasoning – when based on an a priori construction it may not reflect, in John Dewey's terms the "practical character of reality."

Of course we are not the only profession to face such concerns. Medicine has recently been faced with their practitioners prescribing drugs that were "scientifically" tested and later

revealed as dangerous, because of the variability of age, gender, ethnicity, previous illness, and so forth. Even the concept "scientific" is a construct that may mean different things to different persons: the innovators of the treatment, the manufacturers, the corporations, the physicians, the government protectors, and the clients. The social creation of a "social problem" for children, "attention deficit disorder" has become a boon for drug manufacturers, a relief for teachers, an excuse for some parents, and a scarlet letter for the child.

What then is to be done to at least raise the level of competence to a point that gives us increased confidence in what we do?

One way is to think about what practice is, rather than what to do about practice. We might visualize practice as a series of moral actions which need to be taken and require considering what knowledge do I have and or need in order to skillfully perform in ways that support those moral decisions within this particular context. How do we decide what skills are needed to carry out those moral decisions? Of course book knowledge and our own experiences are important, but mainly by the use of comparisons with similar cases, not only from particular groups or cultural arenas, but experiences grounded with all clients. In all arenas. These comparisons are the scientific methodology that provides the data that will help us find competency, creating knowledge from our own grounded cases.

So what is multicultural competence? It is understanding the common human needs of all persons. Reflecting on a (for now not "the") correct way that these needs can be met, whether for individuals or social institutions, and what skills and knowledge we need in order to act morally and intelligently to support those needs. Is it necessary to know about cultural factors, age gender of the client, sexual preference, and religion in order to act morally? In some contexts perhaps, to some degree, but it might be best if we were to act the same as we would with any person who faces us with a

narrative seeking our help. Multiculturalism is a concept which should be respected, and which carries with it well-meaning symbols. Its emphasis might make us feel good, and perhaps enhance the reputation of the institution, but it tends to be a unitary concept which puts all persons of that particular grouping together. It may present a theoretical inclination to see persons in that group as similar. Easy for categorizing and statistical purposes perhaps, but not at all helpful for individualized, moral action, or moving us to a more individualized/universal approach to helping

When the best we can glean from numerous articles related to multiculturalism is that culture helps shape the person and that we have to be sensitive to the person's background, then all we have learned related to increased competence is the historic reaffirmation of the importance of being sensitive to clients.

Makes sense to me.....but not enough.

Hold the presses!

I have just received the February California NASW News in the mail. There is a reference to their Conference to be held in San Francisco in April. Let's see...no, no listing or mention of a keynote speaker on the program, even though the Governor of the State and President Bush, have both proposed large cuts in education and social services in their budgets. But wait! They have announced some CEU's, one is an elective called, gee whiz, "Developing Cultural Competence in Clinical Practice."

Does it make sense?

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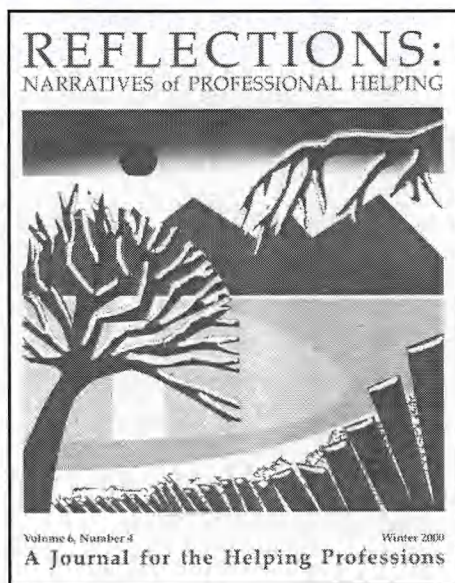
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The purpose of *Reflections* is to publish narratives, personal accounts that describe and explain the process of helping others and shaping social change over time. The journal seeks to build a literary tradition for critical study. It encourages stories that convey a sense of immediacy, portray practice across diverse populations and capture the range and variety of strategies and systems within the helping professions. The journal publishes stories of professional helpers such as ethicists, psychotherapists, community organizers, case and group workers, policy makers, family and child practitioners, health and mental healthcare providers; educators, researchers, and administrators in the helping professions. Historical and contemporary narratives are encouraged.

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