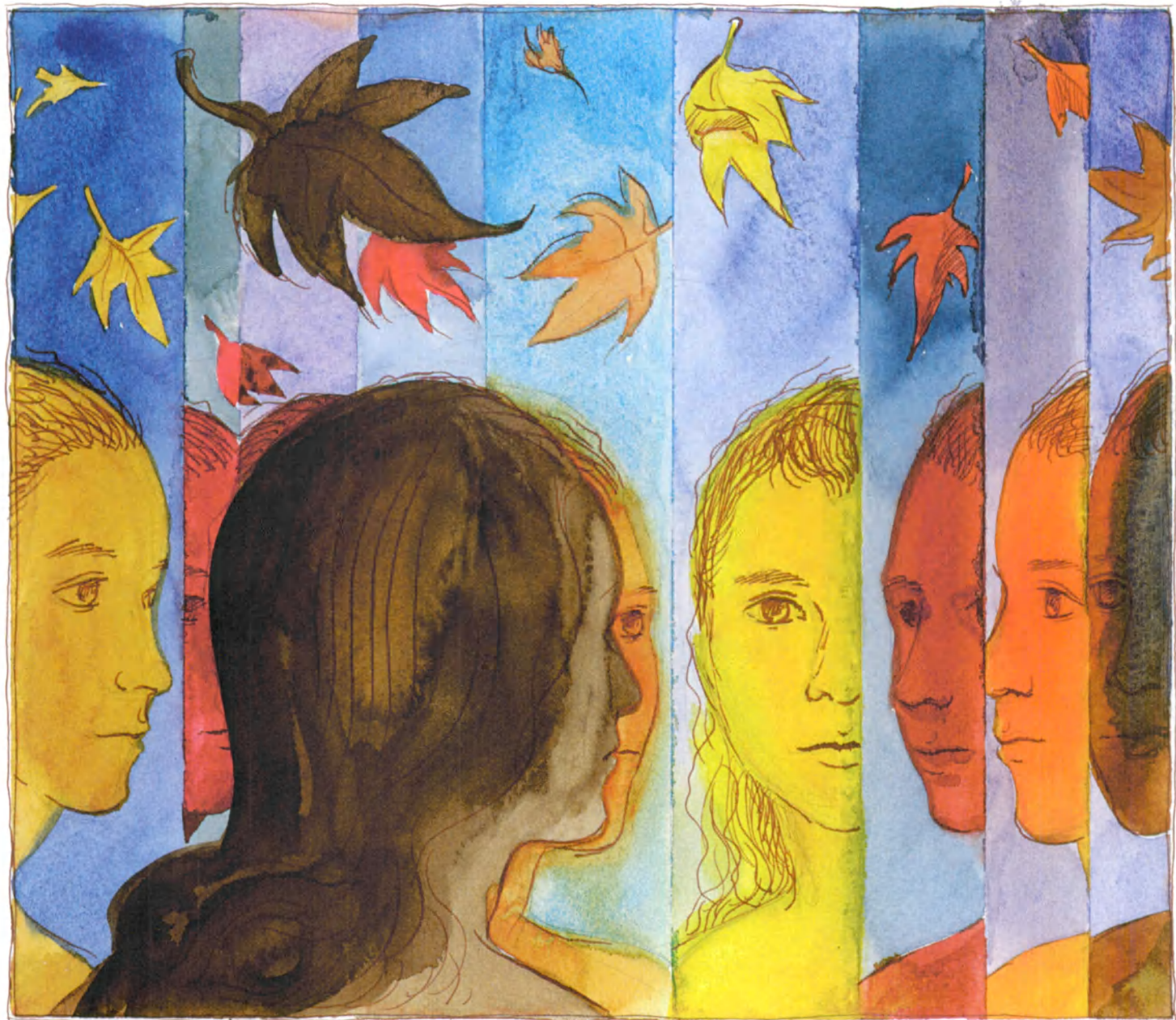


REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



Volume 16, Number 4

Fall 2010

REFLECTIONS

NARRATIVES OF PROFESSIONAL HELPING

SCHOOL OF SOCIAL WORK, CALIFORNIA STATE UNIVERSITY, LONG BEACH

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LETTER FROM THE (NEW) EDITOR

Eileen Mayers Pasztor, DSW

Background

Reflections: Narratives of Professional Helping was created over 15 years ago to offer, in journal format, articles that provide a first-person perspective about the practice of change. This Fall 2010 issue has change as an integral theme in two ways: (a) what our authors share, and (b) the organization of the journal.

Reflections was initially the inspiration of Sonia Leib Abels, a dedicated social work practitioner who envisioned a journal that would describe, in first-person narrative, the process of helping others and shaping aspects of social change over time. Joining with her husband Dr. Paul Abels, himself a California State University, Long Beach (CSULB) social work faculty member, they proposed the *Reflections* concept to Dr. James Kelly, who was then the director of the CSULB Department of Social Work. Thus, *Reflections* was created. The focus was to describe and explain events, results, conflicts, complicating actions, achievements, and how and why events took place . . . from the perspective of the individual writers.

CSULB Department of Social Work colleague Prof. Jillian Jimenez was named by the then- director, Dr. John Oliver, to follow Sonia Leib Abels as the second editor of *Reflections*. Many of you may remember collaborating with Dr. Jimenez on the publication of your articles and guest-editing experiences. Our last special issue, Summer 2010, on social justice, was guest- edited by Sonia Leib Abels and Paul Abels. It was dedicated to Dr. Jimenez who, sadly, passed away in October 2009. We also said goodbye to our art director, Professor Dan Jimenez, who retired after providing a decade of

inspiring artwork for so many of our issues. Many of the covers he designed were so outstanding, they were framed and now hang with pride and distinction in the halls of our School of Social Work.

Reflections is Changing

Change also came in April 2010 as CSULB promoted the Department to the status of School of Social Work. Change was felt throughout social work education in California and beyond when our distinguished director, Dr. John Oliver, retired in August 2010. As we said farewell and best wishes to Dr. Oliver, we welcomed Dr. Kenneth I. Millar, a new Dean for the CSULB College of Health & Human Services. Dr. Millar is the first social worker to hold this esteemed position. Because of his commitment to social work education and the social work experience, we invited Dr. Millar to write a message, which follows this letter.

Before Dr. Oliver transitioned from his Director role, he appointed me as the new Director of *Reflections*. It is an honor to continue the traditions of previous editors, while hopefully facilitating some changes, as well. I appreciate the leadership of Dr. Rebecca López, our Interim Director, whose history with *Reflections* dates back over a decade. Her previous role as Associate Editor has enabled a seamless transition. Professor Marilyn Potts, whom you may remember for her outstanding guest-editing work on the Winter 2009 double issue "Animal-Human Relationships: Comforting, Healing, Transforming," is changing roles to be our Associate Editor.

All the members of our School's faculty-based executive board are staying on to help

maintain traditions as we welcome new members. Dr. Maria Gurrola specializes in migration and transnational families, as well as asset-building and social capital related to women's voices. Dr. Lisa Jennings represents our Older Adults and Families (OAF) concentration, with a specialty in gerontological health care, prison issues, and mental health. Dr. Philip Tan also works in the OAF area, with expertise in spirituality and inter-faith dialogues.

For our editorial board, we have several changes and additions. Dr. William Meezan, a child welfare scholar and educator, has moved to New York City to become the Director of Policy and Research at Children's Rights. We welcome Dr. E. Michael Gorman from San Jose State University School of Social Work in California. Prof. Gorman's expertise is with HIV/Aids, alcohol and drug abuse, and international social work. We welcome Dr. Donna D. Petras, professor emeritus from Jane Addams College of Social Work, University of Illinois, Chicago. Dr. Petras has been working in Ethiopia to set up a school of social work there, and recently joined the Child Welfare League of America (CWLA) to direct its foster care and kinship care initiatives.

Another change reflected in our last issue (on social justice) and in this current issue, displays the talents of Professor Robin Richesson from CSULB's Art Department. As our Illustrator, Professor Richesson provides a visual framework for our stories with the journal's cover. We welcome Georgette Bradley, administrative assistant in our School of Social Work, as our Copy Editor (fondly referred to as the "empress of editing").

It is daunting to take over the editorship of a journal as unique as *Reflections*. My writing experience, like so many of you, is for research-based journals, or for book chapters. In 2009, I was challenged to write for *Reflections* on the special issue of "Intersections of Personal and Professional Life." My colleague Monica McCurdy and I co-authored "When Work Comes Home and Home Goes to Work," in which we described the changes that occur when the roles of child

welfare social worker and foster/adoptive parent are combined.

To clarify for those of you who may be new to *Reflections*, a "special" issue has a specific theme, with a guest editor or editors. You can propose any theme, such as those previously mentioned: the intersection of personal and professional lives, or animal-human relationships, or social justice. This summer, Dr. James Kelly, who is the current president of the National Association of Social Workers, will guest edit a special issue on "The Heart of Justice: Social Work Innovations in Africa." A "general" issue (such as this one) features manuscripts on multiple topics that have been peer-reviewed, accepted, and published in the next available issue.

About This Issue

A multitude of changes—geographical, professional, social, and emotional—have occurred in the lives of our colleagues who wrote for this Fall 2010 issue. We travel to the Philippines with Dr. Susanne Bennett from The Catholic University, National Catholic School of Social Service, who teaches us what her students taught her while she was teaching a course on human behavior to master's-level social workers in the conflict-affected Island of Mindanao. We change venues as Dr. Margaret Oakes from The University of Nevada, Las Vegas, describes her research interest in war trauma and her work in revolutionary Nicaragua.

Our locale changes once more as Dr. Nada Eltaiba of Qatar University describes the gender and cultural experiences of being a female social worker in a mental health setting in Jordan. East meets West when Dr. Intae Yoon from East Carolina University in North Carolina explains being an immigrant social worker and the experience of "Working in a Fishbowl."

Changing locations again to Wyoming and the intersections of research, policy, practice, and culture, Dr. Timothy Conley from the University of Montana describes "Quantified Disparity," his terminology for what happens when a white male social work researcher encounters racial disparity in his research. Still in the States, but seeming like a world away

at the University of Minnesota, Twin Cities, Dr. Jane Gilgun describes in her article "Violence—Actual and Imagined" the impact on her life of 20 years of research related to perpetrators of violence.

Returning to the relationship between faculty and students, but remaining in the U.S., we learn from Dr. Sherry Lovan in the Western Kentucky University School of Nursing about empathy, as taught to her and to us by her students. We close with a reflection by Staci Jensen-Hart, LCSW, on why, in the midst of professional and personal stress, we choose to be professional helpers. She explains how Jess, a seven-year-old client, teaches us about hope in the midst of despair, with "There's a Rainbow Underneath."

The changes that will occur as a result of the elections in the U.S. this Fall are, of course, yet to be known, but are certainly compelling. Please write about your experiences as practitioners, researchers, educators and, most certainly, as advocates, for our clients and for our profession.

I look forward to working with you.

* * * * *

Letter from the Dean:

Kenneth I. Millar, MSW, PhD
College of Health and Human Services
California State University, Long Beach

Welcome to this latest edition of *Reflections: Narratives of Professional Helping*. With this edition, we welcome Dr. Eileen Mayers Pasztor as the new Editor. Dr. Pasztor brings many years of practice and academic experience to her role of Editor and she surely will approach this task with the same passion and commitment she does to the field of child welfare, her primary area of practice and research expertise. As many readers know, Dr. Pasztor follows Dr. Jillian Jimenez, whose untimely passing just over one year ago continues to be felt among the social work community. Her spirit lives on in these pages and I am confident Dr. Pasztor and her colleagues, especially the *Reflections* Executive and Editorial Boards, will take our journal to new levels of excellence.

It is not the norm for Schools of Social Work to sponsor journals. It requires considerable investment on the part of the home university, college, and school. There must be a commitment on the part of faculty and field-based researchers, practitioners, administrators, policymakers, and more. *Reflections* provides a unique opportunity to tell the social work story with voices that remind us what our NASW Code of Ethics requires of us: to be competent, to have dignity, to have integrity, to emphasize the importance of human relationships, to provide service, and to advocate for social justice. Thank you for participating in *Reflections: Narratives of Professional Helping*.

CULTURAL RELEVANCE AND BRIDGING THE DIVIDE: TEACHING HUMAN BEHAVIOR IN CONFLICT-AFFECTED MINDANAO

Susanne Bennett, Ph.D., The Catholic University of America, Washington, D.C.

This narrative presents an American educator's reflections on teaching human behavior to master's level social workers in the conflict-affected Philippine island of Mindanao. In order to bridge the divide between Western-originating theories and social work as it is practiced in developing countries, attention must be given to the relevance of the content, the methods of teaching, and the needs and culture of the host country. For this teaching experience, the intersubjective process that unfolded in the classroom was transformative, enabling the creation of a culturally relevant course and a respectful student-instructor learning alliance. This narrative offers observations and conceptualization about the challenges and benefits of teaching internationally, and includes comments from the Filipino students who participated in the course.



From the airplane's window, I could see ponds of water and hundreds of tall, waving coconut palms—a welcome contrast from the crowds, confusion, and urban poverty of Manila, 700 miles away. Not knowing what to expect, I felt the tension rise inside me as we neared the Cotabato airport. I carefully placed the navy scarf over my head to cover my blonde hair in respect for the Muslim culture awaiting me. As we walked down the plane's steps, I could see dozens of armed military guards surrounding the landing site and, when we walked through the small airport entrance, dozens more Filipino faces stared at me, perhaps wondering what a white woman was doing in this location. My companion told me to move quickly to the car to take us to the site where I would be teaching “Human

Behavior and the Social Environment” (HBSE) to 33 BSW-trained social workers on the Philippine island of Mindanao.

My two-week, cross-cultural teaching venture during May and June 2008 was one of ten courses offered by the Social Work Education Project (SWEP), designed to contribute to the multi-sectoral peace-building efforts in Mindanao. SWEP is the outgrowth of a partnership between National Catholic School of Social Service (NCSSS) of The Catholic University of America in Washington, D.C., and Community and Family Services International (CFSI), a Philippine-based humanitarian non-government organization (NGO), with headquarters in Manila and an office in Cotabato, Mindanao. Aimed toward social workers who work with Internally Displaced Persons (IDPs) affected by Mindanao's recurrent conflicts, SWEP also has the support of a consortium of local Philippine universities and nonprofit organizations.¹ The goal of SWEP is to build leadership by strengthening the knowledge and skills of social workers who work in the conflict-affected areas of Mindanao (CFSI, 2008). After completing the two-year program of study, students are granted a Masters of Teaching in Social Work (MTSW) degree from Catholic University.

Excited about the opportunity to teach internationally, I volunteered to be part of SWEP and to teach human behavior. Initially, I felt secure in this decision since human behavior theory is of primary interest to me as an academic and clinician, and I had taught HBSE in some format for ten previous years. Yet as I immersed myself in both the content and context of this course, I realized how potentially inappropriate it could be to transport Western ideas to a completely different Southeast Asian culture. I struggled with doubt about the relevance of our familiar social work theories and how to present them in a culturally competent, useful manner. My first day of teaching in Mindanao confirmed what I had anticipated. That is, my abstract world of ideas had to come to life if these theories were to be germane to the real world of these students.

Fortunately, the students and I were able to bridge the cultural and intellectual divide between my detached academic theories and their community base of practice. This reflection describes the intersubjective, transformative process we underwent as a class. It is based on the idea that an intersubjective perspective—one that embraces wondering and not knowing, one that recognizes interpersonal dynamics of everyone in the classroom—is vital to the cross-cultural learning process. Intersubjectivity is a philosophical stance that proposes we all bring to relationships our subjective experiences based on our emotional histories (Buirski & Haglund, 2001; Orange, Atwood, & Stolorow, 1997). It suggests that relational experiences shape our capacities to establish empathic bonds and affect our desires to be known, recognized, and connected to others; all important factors in building cross-cultural relationships.

A mixed-method program evaluation is part of the SWEP project design, but empirical findings from this evaluation will not be available until the end of the six-year project. In the meantime, this reflection presents my initial impressions of teaching in Mindanao, shaped by the content and process of the course, as well as the intersubjectivity between the students and instructor. Included are the thoughts and impressions of select students

who were invited to contribute to this reflection and who gave permission to include their words. As background, the following is a brief history of the socio-historical context of current conflicts in Mindanao and further details about the SWEP program.

Context of Teaching

Mindanao is the second-largest and most-southern Philippine island that trails into Malaysia and other Southeast Asian countries. While Filipinos are generally Catholic, most of the country's 5 to 9% Muslim population live within Mindanao (U.S. State Dept., 2007); 20.44% of the 16.1 million inhabitants of Mindanao were Muslim in 2000, the date of the last national census (Philippine Census, 2005). Over the past 500 years of Spanish and then American occupation of the Philippines, Mindanao maintained its separate and varied ethnic identities, influenced by its Moorish history and indigenous roots (JNA, 2005). Due to its continuing quest for self-determination and independence from the Philippine nation, the island is rife with internal ethnic disputes and armed conflict. Yet, the history of this ongoing conflict dates back to the middle of the 15th century when the Spaniards tried to colonize the Muslims of Mindanao, known as the Bangsamoro people (Lingga, 2004).

When Filipino independence was granted by the U.S. in 1946 and Mindanao was annexed as part of the Philippines, the Bangsamoro people continued to assert their desire for a separate government (Lingga, 2004). In the late 1960s, the Moro National Liberation Front (MNLF) was established as a political and military effort to obtain independence. It is now the ruling party of the Autonomous Region of Muslim Mindanao (ARMM), established after a peace agreement that continued Philippine sovereignty over the Bangsamoro people. The Moro Islamic Liberation Front (MILF) is the largest separatist group that broke away from the MNLF to continue the struggle for an independent Bangsamoro state, and there are more radical splinter groups that have established a presence in Mindanao in recent years. Although outside observers sometimes assume the conflict in Mindanao is between

Muslims and Christians, SWEP students and scholars alike (Lingga, 2004) disagree with this view and report that the struggle is for self-governance. As one student summarized, "Absolutely, the Mindanao problem is not a religious conflict, [but others] maliciously injected a religious color to it some time ago." Further complicating these issues, Mindanao has significant poverty, poor local governance, and "national government neglect" (Frederico et al., 2007, p. 173), as well as land disputes, *rido* (family feuds), and ethnic tribal warfare (JNA, 2005).

It is out of this socio-historical context that the idea for SWEP emerged. In 2000, there was a resurgence of armed conflict between the MILF and the Armed Forces of the Philippines, which left close to a million persons displaced from their homes (Frederico et al., 2007). It has been estimated that at least 85% of these IDPs are Muslim (JNA, 2005). CFSI has been actively focused on providing humanitarian services to IDPs uprooted due to this conflict and other recent natural disasters. With funding assistance from the World Bank and others, CFSI has provided emergency aid to thousands of people in evacuation centers and has given attention to "literacy, livelihood, and food sufficiency" (CFSI, 2008) for communities throughout Mindanao. SWEP was developed to further address the needs of IDPs through the provision of advanced education for the social workers providing services in these conflict-affected areas.

Through private funding, SWEP was established to educate a minimum of 75 BSW-trained social workers from the conflict-affected areas over a period of six years. The 30-hour MTSW curriculum consists of ten courses, each of which is the equivalent of a three-credit, semester-long MSW course. However, the courses are taught in intensive two-week time blocks spaced over the two-year time period, which enables students to continue their employment and professors to continue their teaching schedules at their home university. The ten courses, approved by the NCSSS faculty and selected by the SWEP partners, are similar to those taught in the current MSW program.² The following

reflection is about the first HBSE course completed by the initial cohort of SWEP.

The majority of the students in this cohort called themselves caseworkers or community organizers, and about five of them were instructors in local BSW programs in Mindanao. Demographically, 28 of the 33 students in this class were Muslim, with the non-Muslim students representing a number of Christian faiths; six students were men; and the average age of the students was 29.3, ranging from 23 to 50 years old. It is noteworthy that about a third of these students had been displaced from their own homes due to armed conflict at some point in life. That painful life experience is what had motivated many to become social workers for their people.

The Class Process: Introduction to the Course

In light of the conflict endemic to Mindanao, theories relevant to the sociocultural context of these students were selected for this HBSE course, which was divided into three main focuses: macro-mezzo theories for understanding the social environment (conflict theory; systems theory; and chaos theory); (2) micro theories for understanding human development and behavior (contemporary psychodynamic and cognitive theories; and attachment theory and neurobiology); and (3) theories relevant to practice with conflict-affected populations (trauma theory and empowerment theory). Due to my review of a syllabus of one of the BSW programs in the Philippines, I was aware of the content students had been taught in order to pass the Filipino social work licensing exam. In contrast to this content—the work of classical Western theorists, including Freud, Piaget, Marx, Bandura, and Durkheim—it seemed wiser to expose SWEP students to contemporary theoretical concepts that might speak to their lives and work.

With this goal in mind, this HBSE course began with an opening class focused on getting to know each other's culture. Although this was the fifth course in the SWEP program, this was the first time the group had reconvened in four months. In an introductory

exercise where we reported “what’s new,” they shared recent events of their lives, and I was open about my family, my work, my life in America; all efforts to help them know me and feel comfortable. I wondered how the students were seeing and experiencing me, since I was the first white female to teach them (women of color and a white male had preceded me). I noticed people staring at me on the streets in town, leading me to ponder how differences—some obvious, others not—would affect our learning alliance in the class. In order to give theoretical weight to our relational introductions that first day, we explored how cultural differences inform who we are and develop our ideas and communication styles. I invited them to consider intersections, differences, and fluidity within and among cultural groups (Hutchison, 2008; Laird, 1998).

The second class introduced students to human behavior theories in general and how theories can inform a bio-psychosocial-spiritual approach to social work (Hutchison, 2008; Robbins, Chatterjee, & Canda, 2006).³ We examined how we know what we know and how theories are socially constructed, influenced by time and socio-historical context. I urged them to critique all theories for their current usefulness and cultural relevance and invited them to question me. Yet, when one of the students questioned me about the existence of “post-modernism,” I was reminded of my Western biases and had to stop myself from debating the issue. It is uncommon for Filipino students to disagree with a professor and the student, worried he had offended me, came to me afterwards to apologize. I reassured him that I welcomed his questions, but privately I felt concerned about how I could build a bridge from my abstract theories to the reality of these students’ lives.

From Crisis Point to Turning Point

In the afternoon of our second day together, I felt something shift in the class. Perhaps it had begun the previous day and I had not realized it. It may have been when I admitted to the students how little I knew of their world and how we would be learning together about the relevance of this content.

Perhaps it happened when I was open to their efforts to show me how to wear my hijab, and I was comfortable with their friendliness and attempts to make me feel welcome. Perhaps the stage was set when I quickly perceived I must use my clinical skills to be sensitively attuned to their affect and implicit communications in order to understand their differently accented English. Or, it may have been when the class member questioned me about the relevance of one of the concepts and I reassured him it was permissible to question. There were probably many reasons—some known and others not—that bridged our connection.

In class three, I began teaching an overview of conflict theories (Gjerde, 2004; Goodhand & Hulme, 1999; Maxwell & Reuveny, 2000; Robbins et al., 2006), the first in the series of specific theories I had planned to teach. As I presented basic concepts about power and inequality, coercion and change, exploitation and the power elite, I saw these ideas transcend their Western origins and come alive for these students. Students related to the notion that “conflict is a struggle between individuals or collectivities over values or claims to status, power, and scarce resources” (Goodhand & Hulme, 1999, p. 14). They agreed that problems are created by disparities and struggles for dignity and life’s necessities. I realized they were grasping the concepts that had been presented when they talked about ethnic group clashes for independence; the marginalization felt by Muslims in a primarily Christian country; the overwhelming poverty in their communities; how poor governance may have created the “rice problem” in the Philippines. The group work they completed led to thoughtful presentations about armed conflicts, corrupt government, and bartering for power.

I could personally feel the reality of conflict in their society. A killing occurred directly across the street from our classroom that morning (we could hear the shots and see the gathering crowd). Then two more killings occurred that night—at the same time and in the same block of the restaurant where we were having dinner. Altogether, six people were killed in the first few days of my stay in

Cotabato, and I could see the prevalence of machine guns draped across shoulders of young men as I was driven around town in a secure car with darkened windows. Although unpredictable violence also occurs in Washington, D.C., Cotabato felt different. My unfamiliarity with the culture and the knowledge that so many of these students had been personally touched by armed conflict and displacement, brought intensity to the classroom that I had not experienced as a professor in the U.S.

With our shared awareness of external conflict as a backdrop, the next full day's discussion of systems theories marked the turning point in this course. We began by discussing concepts of open and closed systems, boundaries, adaptation, and equifinality, and applied these concepts to family transitions (Friedman, 1997; Hutchison, 2008). Students created ecomaps of "typical" families in Mindanao, illustrating how the focal system of the family changes when one member of the family changes. They elaborated details of family displacement, the death of a parent or family member through tribal *rido*, the changing roles of women and men in their society, and the complicated dynamics of families with multiple wives; all examples of students teaching me, while providing a theoretical frame for understanding local family life.

The afternoon class focused on non-linear systems theory, or chaos theory (Bolland & Atherton, 1999; Halimi, 2007; Hudson, 2000; Warren, Franklin, & Streeter, 1998), and in light of the recent violence, the theory's name seemed appropriate. In this developing country, students are encouraged to value the scientific method. As Muslims, they follow explicit laws of the Qur'an; I wondered how they would respond to chaos theory's view of the world as ambiguous and non-deterministic. I first presented the theoretical concept of "the butterfly effect," which proposes that the smallest of events can create major unpredictable changes, creating challenges to scientific cause-and-effect predictions. In a country with firsthand knowledge of typhoons, tsunamis, volcanoes, earthquakes, and war, and with news of China's massive earthquake

unfolding as we spoke, this concept clearly resonated.

Next, I presented ideas that the world is *not* total confusion and chaos, that what seems to be chaotic is actually complex and self-regulating change, that there may be deep structure in the world, though it originally seems random (Hudson, 2000). We discussed the suggestion that "crises points" in life can be seen as opportunities for growth and that conflict can be viewed as part of a transformational process, from which something new can emerge (Goodhand & Hulme, 1999). Together, we realized this is a hopeful theory because it reframes the view that conflict is always disastrous, and it offers the suggestion that small changes or events—such as the direct intervention of a caseworker or the grassroots efforts of a community organizer—can lead to major and unpredictable changes.

My intuition that the students were gravitating to this theory was confirmed in their discussions and in the reflection journals they were keeping as an assignment. They were asked to discuss in small groups how these ideas were relevant to their work or their personal lives. They immediately began to talk passionately in Tagalog (their primary language) as they told each other stories of personal life chaos, of small events that led unpredictably to major life changes, and of crisis points that led to personal transformation. When I came by to listen, they switched to English and shared their stories with raw emotion: memories of loved ones dying in the war, of evacuation, of losing jobs, of personal upheaval. I had not anticipated the power of this exercise for the class, nor for me. I too was moved to tears as they told me of their lives.

That night, one of the students wrote the following in her journal:

As a child, I grew up in the midst of armed conflict. I was full of insecurities. Most of the time, I felt so bad about our situation that an inferiority complex developed. The only thing that encouraged me to finish my social work degree was to escape

from the worst situation I had at that time. And I succeeded. It became a turning point to me. Later on, I realized that serving my co-internally displaced people is fulfilling work. It proved also that when you are doing good things for your people, you can be rewarded in many ways.

She also applied the concept of the “butterfly effect” to the armed conflict itself, saying: “The conflict in Mindanao was unplanned and no one expected that it could reach to more than three decades of armed confrontation between the Government of the Republic of the Philippines and the Bangsamoro Liberation Fronts. . . . From the simple plan of invasion, the result is catastrophe.” Echoing the words of several classmates, she added that chaos theory can “remind us not to be overwhelmed by the complex situations of the communities we are working with.”

Coming Together

As the students relayed the turning points in their lives, I felt we had reached a turning point in our class. I no longer doubted that these theories were culturally relevant, or that we could bridge the cultural divide between us. I was reminded of the real value in experiential learning and in sharing narratives; this process freed them to explore more openly the usefulness of new ideas. The next class focused on contemporary psychodynamic and cognitive theories—which had been taught to them in college in classical incarnations—and we discussed what these theories have to offer *today* about the importance of narratives in people’s lives (Berlin, 1995; Nurius, 1994; Wachtel, 2008). We examined Wachtel’s (2008) point that professionals need to help clients create “narratives of possibility,” as well as “narratives of explanation” (p. 273). The value of constructing narratives spoke to these students, who seemed to benefit from the experience of giving voice to the impact of Mindanao’s conflicts.

The content on attachment theory and neurobiology (Shapiro & Applegate, 2000; Sable, 2000) was completely new; yet the

theories again made sense to these students who were culturally relational, collective, and placed great value on family. Perhaps this is the reason students easily embraced the concept of “secure base,” and how that enables exploration for adults as well as children. They seemed interested to learn that relationship quality impacts the child’s developing brain and nervous system (Schoore & Schoore, 2008) and that resiliency is associated with secure attachment (Sroufe, 2000). They also recognized they had become a secure base for each other, as demonstrated through their collaborative learning process. This was particularly notable when stronger students rallied around those who seemed more reluctant to participate in English. The reticent students—the ones I feared might not understand—began to blossom when they led group presentations, to the applause of their supportive classmates.

The remainder of the course focused on understanding the impact of trauma on development and human functioning (Allen, 2001; Basham, 2008; van der Kolk & McFarland, 1996; Williams, 2006). Prior to this course, it was suggested to me that *some* Muslim leaders in Mindanao object to the notion of trauma because faithful Muslims do not frame difficult experiences as tragedies; they accept them as Allah’s will. Furthermore, post-traumatic stress disorder (PTSD) is a western diagnosis that has been the focus of debate in many international circles (Basham, 2008; de Jong, 2004). However, the stage had been set for discussing trauma through the previous presentation, which had emphasized the influence of secure attachment as a protective factor that facilitates resilience for traumatized persons. The students were cognizant of consequences of armed conflict, evacuation, and internal displacement on human functioning, particularly child development, and they appreciated the research that trauma has significant neurobiological sequelae that may be mitigated through relationships and appropriate supports (Alcock, 2003; Baron, Jensen, & de Jong, 2003; de Jong, 2002; Joshi & O’Donnell, 2003).

By the end of the week, they had told stories of family members having flashbacks

from armed conflict. Some shared that flashbacks were still happening to them. As a group, we discussed the importance of creating coherent narratives of trauma and empowering the strengths of the community to increase possibilities for transformation and post-traumatic growth (Almedom, 2005; Herman, 1992). We began to explore ways that local social workers were enabling clients to move beyond the traumatic effects of displacement to build viable communities in Mindanao.

Evaluation of the Course

During group presentations for the last class, students gave evidence of their abilities to integrate what had been taught during this intensive course. They performed role-plays illustrating theories and their application to social work intervention. Two groups acted out family scenes from an evacuation center, including the murder of a parent and subsequent trauma of the children, followed by social work intervention leading to changed functioning for the traumatized individuals. All five final presentations seemed to capture how the course came together, both relationally and cognitively, and demonstrated how these students could intervene in a professional manner grounded in contemporary theory and research.

The students' final papers further confirmed they comprehended the importance of evidence-based theory for changing social policy, for organizing communities, and for peace-building; all areas of practice for these social workers. One student wrote the following:

The continuous outbreak of war and the unpredictability of peace stability in Mindanao has caused havoc and wrecked children's healthy attachment patterns, let alone traumatizing them. . . Policymakers therefore need to be educated and enlightened about attachment theory so they can develop within themselves the conscience to legislate an "all-out-peace" policy that shall end once and for all the events of war in Mindanao.

Another student said that "having a grasp of conflict and understanding it may raise the consciousness of the people." She believed such awareness could enable others to

"contribute and participate in peace-building" and "to somehow address the underlying causes of conflict in one's own little way. I conclude that the 'little voices' of social workers can make an impact for social change."

Finally, students expressed how this course helped them better understand their social work profession. They acknowledged that theories taught in their BSW programs were "outdated and detached" from their work, which may explain why scores on the Filipino social work licensing exam are usually the lowest for questions about HBSE. One person said that when she learned that HBSE would be one of the required courses for the MTSW, she thought, "Oh no! It's a difficult and jaded subject." Yet she came to realize "how relevant and how exciting it was to study" human behavior. She said that she "found these theories very relevant to our social work practice in Mindanao. . . as well as in my personal life." As a community organizer who works with some of the most challenging of social environments, this student said that learning new ways to understand her work "somehow uplifted my spirit."

Discussion of Teaching Process

The global expansion of social work education evokes countless questions about the universality of social work theories, the cultural relevance and transferability of Western ideas, and the challenge of adapting methods of social work education and practice from the U.S. to the local needs of the host country (Nye, 2005; Taylor, 1999). Clearly, these were the significant challenges I faced as a professor in Mindanao. As I prepared for my trip, I read the suggestions offered by others (Nye, 2005, 2008; Taylor, 1999; Tunney, 2002; Yan & Tsui, 2007), based on their experiences for the implementation of culturally relevant education in developing countries, and my own experience confirmed the value of many of their ideas.

Relevance of Content

Tunney (2002) stresses the importance of understanding and linking local needs and issues to core social work principles. In the

case of Mindanao, it was critical to recognize the long history of armed conflict and the need to develop theoretical grounding for social work interventions with conflict-affected populations. It was important to recognize cultural attitudes toward trauma and take into account the influences of Islam, in particular, and Filipino culture, in general, for finding a means to understand and cope with conflict and natural disasters. In linking needs to social work principles, Tunney points out the value of having students examine their own attitudes and how their interventions and values mesh with what is being taught. Highly relational, these Filipino students embraced theories that value the helping relationship and sensitivity to the needs of others, both individually and collectively. Yet they admitted sometimes becoming authoritative and hierarchical, rather than compassionate, when faced with overwhelming need and few resources. As a result, we spent time talking about ways of maintaining appropriate professional boundaries while still being sensitive to their clients' needs.

Taylor (1999) also offers useful advice based on her experiences abroad. She points out how "one quickly discovers that social work in most countries must be concerned with the struggle to exist" (p. 315). That was clearly the case in the Philippines, a country in which oppressive poverty was immediately apparent compared to Western privilege. She stresses the importance of emphasizing advocacy and empowerment, the use of extended families and social networks, the development of humanitarian care based on mutual aid and self-help, and "concentration on people's capacity to live in the face of seemingly overwhelming adversity" (p. 317). I found her comments relevant to both social life and social work in Mindanao. Indeed, CFSI's work in the Philippines fits this community-building model of practice.

While I share many of the observations noted by these authors, my own experience underscored the importance of seeing this teaching venue as a culturally unique situation, shaped by the needs of these individual students and their communities, as well as the interpersonal relationships between the

students and myself. Although some general statements might reasonably be made about cultural differences between our two countries, such as the collectivity of Filipinos in contrast to the individualism of Americans, these remain generalizations. Variations and intersections of cultures in Mindanao, as in the U.S., make for individualized needs in the classroom. This observation led me to recognize the importance of avoiding assumptions about which Western theories and ideas are useful, based on cultural generalizations.

For example, a number of educators minimize the relevance of dynamic and developmental theories for social workers teaching persons in collectivist societies or working with Muslim clients (Hodge & Nadir, 2008; Taylor, 1999). This viewpoint fails to emphasize that Muslims vary according to the culturally influenced community in which they live, such as Muslims in Mindanao. Blanket statements about appropriate theories seem to dismiss major shifts in contemporary theory development, such as the relational, interactive bent of psychodynamic theory, or the wealth of recent research validating the significance of attachment relationships on the well-being of the developing child and the traumatized adult. In addition, critics of systems theory's emphasis on adaptation fail to recognize the contributions that chaos theory offers to expand our understanding of change within complex systems. The recent theoretical discourse about nonlinear systems seems particularly relevant to understanding the challenges that exist in the developing world.

Value of Relational Process

In reflecting on my particular class, I realize that careful selection of theories relevant to the needs of the students was only part of what made this teaching experience memorable. The educational context—that is, the way we all worked together—was perhaps more important than the relevance of the content itself. With that thought in mind, I resonate with Nye's (2005) comment about her cross-cultural experiences as an educator and clinician in Thailand. She says that "...starting where the client is"—that core social work dictum—requires that we enter

our clients' cultural worlds and relate to them within their cultural systems, their values and ideals" (p. 53). The same statement can be made about effective teaching, both locally and abroad, but I would add one point: we can only relate to our students and enter their cultural worlds by carefully noticing the *intersubjective process* that is *continually* unfolding between us. This requires us to pay close attention to how the students' cultural world and ours mutually influence each other; how their subjectivities and interpersonal processes (as much as we can sense them) interact with our subjectivity and interpersonal processes (as much as we can be open to them).

This dynamic seemed constantly in action in the SWEP human behavior class. The students were exceptionally curious about how their cultural world and mine were interacting. They inquired about my personal and professional life at home; they watched how I responded to what they had to say; they wondered how I was being affected by the hot weather, the different foods, the new sights and sounds, the local violence; they were eager for me to feel welcome and comfortable in their cultural world.

Following their lead, I was also curious about them. I asked how they lived and worked and designed group exercises that gave them a way of sharing more of themselves and their culture. I was sensitive to their questions about my ideas and values, and noticed their affect as they shared personal reflections. I made split-second decisions about when to have small versus large group discussions, Tagalog vs. English conversations, when to revise an assignment or how best to apply a concept, based on what I perceived was unfolding in class. We were finely attuned to each other.

In addition to entering each other's cultural worlds, I tried to follow an "intersubjective frame for learning" (Bennett, 2002), which is similar to a relational, intersubjective approach to clinical work (Buirski & Haglund, 2001; Mitchell, 2000; Stern, 2004). That is, the instructor thinks critically about the implications of what is taught and frees students to ask questions and wonder about cultural biases embedded in the presentations and readings.

Students and instructor see themselves as mutual learners, rather than placing the instructor in the role of all-knowing expert. And finally, the instructor tries to stay open to personal knowledge, remaining aware of personal insecurities and uncertainties. By following this approach, the instructor encourages curiosity, affirms the students' experiences, and is attuned to both implicit and explicit communication about the students and the class dynamics.

By taking this approach, I recognized my limitations from the beginning and welcomed what the students could teach me about their culture and their lives. I tried to stay present to my insecurities, including my doubts about the relevance of the theories and my anxiety about the realities of armed conflict. I remained aware of my minority status, and I visibly felt the sense of difference that comes from being the only white woman in sight for almost two weeks. By going on a field visit to the rural mountains nearby, I exposed myself to overwhelming poverty unlike any I have seen in my many years as an American social worker. Listening to stories told by my students, I heard narratives of personal loss and community tragedy unlike any I have heard in all my years as a clinician. Yet I also saw signs of resilience and heard words of hope in the midst of what seemed to be insurmountable obstacles. Perhaps emotional availability to these feelings and experiences enabled my students to be available to me. Through our relationships and mutual openness, we came to appreciate what we could learn from each other and felt changed by that process.

Closing Thoughts and Implications

Two months after the teaching experience in this reflection, the signing of a long-anticipated formal ceasefire agreement between the Government of the Republic of the Philippines (GRP) and the Moro Islamic Liberation Front (MILF) was cancelled by the GRP. Then the document that previously had been negotiated between the GRP and the MILF—the Memorandum of Agreement on Ancestral Domain—was declared "unconstitutional" by the Supreme Court of the Philippines. These decisions essentially

placed the peace movement in limbo, because the constitution of the Philippines must now be revised in order to proceed with a peace agreement. Frustration with this recent turn of events triggered a pronounced increase in military action between the MILF, representing the Bangsamoro people, and the Philippine National Forces, representing the GRP. Since August 2008, this new wave of armed conflict has left hundreds of people dead and has destroyed close to 4,000 homes. An additional 703,949 individuals (146,570 families) have been displaced (Lingga, 2009), and they live in staggering poverty in evacuation camps throughout central and western Mindanao. Without doubt, the deteriorating conditions in Mindanao underscore the need for a program such as SWEP.

Despite the increase in armed conflict and the growing number of internally displaced persons, the first cohort of SWEP students completed their education and graduated with the MTSW degree from The Catholic University of America in May of 2009. A second cohort of students began the program the following week. I was fortunate to teach these new students from the beginning because the order of SWEP courses was rearranged, moving HBSE and generalist practice to the initial module of the program. Although I made minor changes in my syllabus for this second rotation of SWEP, I taught the same content and had similar emotionally charged experiences with the students and community. My repeat experience reaffirmed the importance of this program for training master's level social workers to practice in the conflict-affected areas of the country and, this year, I had fewer doubts about the relevance of Western theories to inform their professional practice. I trusted that being attuned to our intersubjective process in the classroom ultimately would help us bridge our cultural divide.

Over time, the longitudinal program evaluation will evaluate the effectiveness of SWEP from the perspective of the students, stakeholders, and professors. Yet empirical research is not necessary to confirm the value of this experience for me, both professionally and personally. As an educator, I had the

advantage of clarifying my ideas and increasing my pedagogical skills through the challenge of cross-cultural teaching. I saw the value of having students apply theoretical concepts to their personal lives because it made ideas come alive within *their* cultural context. I witnessed the usefulness of experiential, collaborative learning for developing student skills through teamwork that supported students at different levels of ability. And, I experienced the benefits of cross-cultural disclosure to foster better understanding of how differences shape ideas and beliefs. Even in relatively homogeneous educational settings in the U.S., these pedagogical tools may help me attend more closely to cultural differences within the classroom.

In addition, participating in social work education in a developing country expanded my learning about the world and stimulated questions that might not otherwise have been considered. My curiosity has been raised about the influence of Islam on development and behavior, both how it sustains individuals faced with disasters and how it shapes one's identity within a society. The Mindanao experience, in particular, evokes questions about diversity within Islam regarding its practice in the Philippines in contrast to other regions of the world. I am left wondering how spirituality and religious expression are different in a collectivist, relational society, in contrast to an individualist society. Similar questions emerge about the universality of Western-originating theories, particularly attachment theory and trauma theory. Although the SWEP students resonated with these theories, unanswered questions remain about *how* attachments are formed in a society that is culturally relational and how early family relationships influence the resilience of a people who live with armed conflict. Hopefully, these questions will be explored through further study and future cross-cultural exchanges.

On a personal level, I am left with memories of an experience that was transformative. It is fair to say that my teaching experiences in Mindanao may have affected me as much as my teaching affected the students. Those experiences have broadened my world by giving me an appreciation of a

different culture, a first-hand view of global poverty, and a personal understanding of difference as a racial-ethnic minority for an extended period of time. I am grateful to have had these experiences and feel they have enhanced my skills, knowledge, and empathy as a social worker.

As I reflect on my time in Mindanao, I remain aware that my limited experience does not give me expertise about Mindanao specifically, nor about international social work education generally. Yet my experience has sensitized me to persons who are significantly different and, hopefully, it has enlivened my teaching in the States due to my new ways of seeing the world. I have learned that teaching content relevant to context is always essential but, in the end, it is the intersubjective process that proves transformative and bridges the divide between culturally different worlds. Upon final reflection, bridging that divide is both the challenge and opportunity of social work education, whether the cultural context is in the U.S. or 9,000 miles away.



Additional Comment

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Susanne Bennett, Ph.D., is an Associate Professor at The Catholic University of America School of Social Service. Comments regarding this article can be sent to: bennetts@cua.edu.

(Footnotes)

1. These include Bangsamoro Development Agency (BDA), the Cotabato City State Polytechnic College (CCSPC), Mindanao State University (MSU), and Western Mindanao State University (WMSU).

2. Courses include Generalist Practice with Individuals, Families, and Groups; Generalist Practice with Groups, Organizations, and Communities; Issues in Social Development; Social Planning; Human Behavior and the Social Environment; Conflict Resolution and Peace-Making; Supervision and Consultation; Theories of Social Justice; Management of Non-Profit Organizations; and Program Evaluation.

3. Citations related to class content reflect the assigned and recommended readings for the Mindanao HBSE course.

LIFE IN REVOLUTIONARY NICARAGUA: THE BIRTH OF MY RESEARCH INTEREST IN WAR TRAUMA

Margaret Oakes, Ph.D., University of Nevada, Las Vegas

The following narrative describes a three-year period of time the author spent in Nicaragua, and how her interest in war trauma—first as a treatment challenge and then as research—came about. During the first Sandinista period, she encountered one young man after another suffering from war trauma and was moved to want to treat them. An opportunity arrived and she began working part-time, treating young men who were returning to high school after their compulsory military service. As a result of her experiences, she decided to pursue a PhD in Social Work in order to pass on her understanding of war trauma to others.

Massive changes in countries brought on by the upheaval of revolutions and civil wars happen off and on in the world. The Nicaraguan revolution in 1979 began with a wave of intense popularity with a people who had endured a repressive dictatorship for years. It lasted for twelve years—from 1979 to 1991—which brought about many structural changes in the society, with many attempts at reducing the difference between the “haves” and the “have-nots.” It was an ambitious project imbued with a great deal of energy and naiveté. I lived and worked as a social worker in Nicaragua from 1986 to 1989, and had previously spent four months in 1984 visiting. My interest in war trauma came from encounters with young men I met in Nicaragua who suffered from it. Prior to going I had been exposed to information on the developing political movements in Central America and resulting wars, as well as groups watching those revolutionary movements. I had traveled and studied Spanish in Mexico years earlier, and had always wanted to work in Latin America.

Historical Background

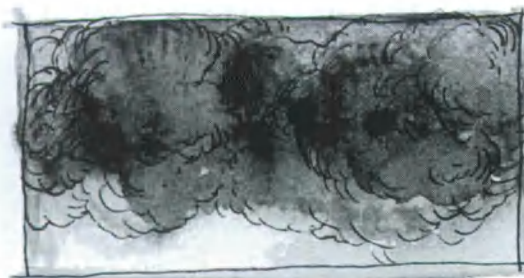
The Somoza family—a dynastic, military dictatorship spanning decades—included both a father and son. They received a great deal of aid from the United States. The father began his reign in the early 1930s, with the son staying in power until the Sandinista National Liberation Front (Frente Sandinista

de Liberación Nacional, or FSLN) overthrew him in 1979. Like many revolutionary organizations, the FSLN consisted of several groups with differing ideologies and methodologies, with a common enemy that finally brought them together. According to someone I met from Guatemala who had been involved in an antigovernment political movement in that country, there was a great deal of surprise in the Central American leftist community when the Sandinista National Liberation Front gained power, as some thought the FSLN was less prepared than other movements in Central America.

The population had grown very tired of Somoza’s abuses. Prior to the revolutionary triumph, a battalion of 160 FSLN combatants entered the small northern city of Estelí for the second time. The rest of the guerrilla forces, occupied elsewhere, ordered them to retreat, which seemed impossible with their small numbers. The population in the street had already begun an insurrection; when the combatants retreated, 3,000 civilians joined them. Somoza’s army allowed the retreat as they mistook the civilians for a large fighting force (Ramirez, 1988, & Cordova, 2009). Not long after Somoza’s forces assassinated a well-known journalist from a major newspaper family, the entire country rose up against the regime.

Only five years from a successful revolution, euphoria on a societal scale was common, and helped people cope with the

trauma. Rapid social changes like the improved status of women and the shake-up of a rigid class structure had made many feel more empowered. People gathered regularly in demonstrations for the farmers, the women's movement, and a variety of other organizations to which large numbers of society belonged. Chants echoed across the plazas as different groups brought their own variety of celebration. The new society had created new ways of dealing with trauma, which existed alongside more traditional manners of dealing with it from years of suffering.



My First Journey to Nicaragua

As a Spanish-speaking social worker practicing in the Child Psychiatry Department of the University of Southern California/Los Angeles County Medical Center, I had seen many clients from Central America, a few of whom were from Nicaragua, with the rest being from El Salvador. I had also known people who had gone to Nicaragua to witness the change brought about by the revolution.

The revolution had not moved me personally until I went to a talk by Allen Bolt, a charming and sincere man who was the Director of the Nicaraguan National Theater. He spoke about the blossoming of art and theatre in the new Nicaragua, and I had been impressed by the image this man presented of his country. It was so different from the vague ideas I had heard, which had left me with only a harsh militant image. A member of a health worker's organization focused on health rights for Central America asked if any health workers in the audience had interest in working in Nicaragua for a short time. I had been planning a long trip to South America and thought, why not use my skills as a Spanish-

speaking Psychiatric Social Worker and see Nicaragua at the same time.

North American organization for health rights in Central America brought North Americans to a conference in Managua to observe and participate. In talking with the representative from the health rights organization, I was advised that it might be wise to go to Nicaragua and observe before actually working there. One of the attendees, a New York psychiatrist, wanted to stay for a week after conference in order to observe the mental health system. The health rights organization made arrangements for me to interpret for him. What was to be the first phase of a trip to South America soon became the focus of my journey, and I remained there for four months.

In the summer of 1984, I arrived in Nicaragua with a sense of curiosity and desire to travel. I did not have a hotel reservation, so I had the cab leave me in front of the Intercontinental Hotel in the center of town. Though it was at eleven o'clock at night, people were still milling about in the warm tropical air. There were teenage soldiers and police dressed in dark green uniforms, with the brims of their hats pressed up at the sides and their pants stuffed into high black boots. They seemed just a part of the environment as soft friendly smiles spread out over their coffee-brown faces. Three-pocketed brown bags, pistols, rifles, and even machine guns hung across their backs and sides, but those childlike smiles and loose, flowing walks made the actual use of those weapons in this environment difficult to envision.

People talked to each other with ease in this casual, friendly ambience; there was no feeling of danger at this late hour. A young Sandinista soldier approached me and struck up a conversation. His manner was relaxed, unlike my concept of a soldier standing rigidly at attention and talking minimally while on duty. He seemed filled with an air of optimism. He told me of some of the problems of the revolution, such as when they ordered a fleet of buses—with no access to spare parts—which left the buses inactive for periods of time when they needed repairs. Those parts

proved difficult to obtain later on, and the buses often remained inactive.

As I continued to walk around Managua looking for a hotel room in a city overcrowded with foreigners, the night air was filled with the sweet buzz of voices. This noise level was present throughout Nicaragua, and its warm, inviting quality made me feel a part of the outdoor tropical life. I passed more adolescent police on the way to a guest house that had been recommended, and began to feel that I had stepped into a country run by the world's largest student government.

During my stay, I visited churches, nightclubs, beaches, and small towns, and rode buses, which gave me the opportunity to talk with Nicaraguans of varying backgrounds. People from all parts of the globe (Western Europe, Latin America, even Africa) gathered in this poor, third-world country to observe and participate in this new social experiment. History was being made before my eyes, something I might never see again in my lifetime, and it drew me in. I stayed for four months and decided to search for a way to return again the following year, as I had heard about a small organization that funded work in Central America.

On the plane back to the United States, I met a Nicaraguan woman married to an American who lived in New Orleans. She told me:

I try to explain to my husband, who is a conservative Republican, that the Sandinista Revolution is not what he thinks. Why, I remember when I visited Managua after the triumph, people would gather in the park and just get high on talking about the old days under Somoza, how bad they were, and how they had won. No alcohol, no drugs, no music, they just got high on remembering."

In the early years of the revolution, these were common feelings. I had arrived towards the end of that period. That first trip, though, I remember watching crowds of youthful celebrants milling around the Plaza of the Revolution on election eve in 1984. A young

Sandinista supporter commented, "Before the revolution in a public event like this, gangs would come and fight each other." There was no fighting that night nor in any of the other gatherings. People wore Sandinista T-shirts to the rallies, on the buses, and to school. Even at the psychiatric hospital, professional workers talked about the latest style of T-shirt and where you could get it.

But far from Managua, in the mountains of Nicaragua, those same youths who in earlier times may have been fighting in the plaza, were now in a life-and-death struggle in a war zone. I met many of them throughout my stay: all with different stories, all expressing the experience in different ways, but all leaving a lasting impression on me.

Introduction to War Trauma

My research interests were formed during those first few months in Nicaragua, when a Canadian friend asked me to talk to someone who had come back from the front and was suffering from war trauma. She invited me out that evening to a generic open-air restaurant/bar/club, the most common form of gathering place in the steamy tropical climate almost devoid of air conditioning. The man my friend was dating hoped I could talk to him, as they both doubted he was receiving adequate care.

Juan, a twenty-two-year-old Sandinista soldier, had recently recovered from a near fatal encounter in a bombing. On leave from the army and under treatment until his nerves calmed down, he could not eat or sleep, had nightmares, and could not stay in one room for too long. Crowds made him panicky, and flashbacks of war came regularly. That night we all went out to hear music. Since there was no office or desk between us, the full force of his trauma hit me on a very powerful level.

Juan walked toward us; his slim body had hard, sinewy muscles from five years of fighting in the mountains. His huge, dark eyes shone as he smiled, and I felt myself drawn into their intensity as they flashed in pain. He joked around a lot, but I noticed that he moved constantly and that pressure resounding with each note of his laugh.

Juan made a half laugh, half strangled cry as he jokingly told the story of killing a Contra who was laughing at him. He then told us a story about a 14-year-old boy who had drowned crossing the Coco River. Juan had been his commander, the chief of a battalion, and felt responsible for him. Then he mentioned his girlfriend, who'd been killed in battle while he was away on a mission. His staccato, uneven speech and the soft, lost look on his vulnerable, childlike face, made him seem younger than his years.

Suddenly, he could not sit still. We began walking down the street as he continued, "My cousin was killed on that corner." Then he turned and said, "There's a good film playing at the Cine Dorado." He started walking faster. "Hey, Mario," he yelled to his friend close by, "Doesn't that look like Maria Julia? But it's not, I guess," he said, his smile fading. "She's dead." As he walked faster, his footsteps beat a rhythm on the pavement.

Later, while drinking a beer, he began talking again of war. "Did I tell you about the time we ran into the Contras and both sides ran the other way?" His grin stretched wide across his face, his eyes wide with what at first seemed a happy look, but at second glance revealed glazed eyes looking out in terror. A panic grew inside and rose swiftly.

"The walls are coming down on me! I have to get out of here!" A soft touch to his arm had brought him down a few other times that night, but now it had gone too far. As he left it was obvious he was trying not to run; he was holding back, yet still walking faster than a run in a 10k race.

Shortly after we all boarded a bus he suddenly cried, "I have to get off!" As he pushed past people crammed together, he moved like a small, slim tank. He shoved his way off the bus and into the open air, the mountains in the distance quietly calling him back to war.

"I don't want to kill," he cried, "I can't stand it any longer!" Yet by the next week he had returned to his army barracks, yelling, pressing, and almost assaulting, trying to get back in.

I left determined to return to live and work there. In Los Angeles, I spoke to numerous

groups accompanied by another woman who talked about women rising up against oppression. My speeches and slides had more to do with the young men who were suffering so much from a war our country supported.

Return to Live and Work

Approximately a year later, I returned to Nicaragua with a small foundation that was funding numerous workers in a variety of settings throughout Central America. They did not have administrative staff in the field and wished to remain somewhat anonymous because of intense political issues around Central America in the United States. When I first arrived back in Nicaragua, I worked for a new mental health clinic for children, funded by an Italian organization

Catastrophic trauma is a part of daily life in Nicaragua. Earthquakes, wars, floods, and devastating economic problems rippled through the tiny country with a vengeance that would destroy less resilient lands. I returned after one year of waiting for papers to be processed so that I could work. However, the euphoria that I remembered from my previous year had faded, as war and economic blockade began to take its toll. The rebel forces called themselves the "Nicaraguan Resistance," made up of various organizations opposing the Sandinistas, while the Sandinistas called the rebels the counter-revolutionaries or the "contras." The United States—which sent funds to the contras—had also instituted an international trade blockade. Although I met numerous people in Managua who were not in agreement with the Sandinistas, I met few who indicated that they supported the contras. The contra fighters themselves had bases in Honduras and never walked openly in Nicaraguan cities and towns.

In spite of the war, thousands of young people from around the globe came to observe this social experiment. Non-governmental organizations from Europe, Canada, and other countries finally had the opportunity to establish influence in a former American colony. During my stay and for months and years after my return, I diligently wrote about my experiences; many of which provided the basis for the reflections in this paper.

One day after I'd been there a short time, I drove with the director of a French Canadian organization (an NGO) back to Managua from a small city, Jinotepe, after dropping off a young Canadian worker at her appointed worksite. While driving along the road, we saw signs marking a military zone. At an army checkpoint, a guard stopped us to check our identification, then asked if we could give a soldier a ride. A young man, sweating from the heat, climbed in. Four canisters filled with ammunition hung across his chest. Dressed in a jungle camouflage uniform with the brim of his hat folded up at the sides, he wore the uniform of the irregular army (BLI) made up of draftees and other recruits. He pulled in a large, green pack with a sleeping bag tied to it. This ride constituted the final lap of his descent from the mountains after ten months of fighting. The intensity of his glassy eyes was heightened by his staccato voice as he spoke a special Nicaraguan slang; so familiar, but always difficult to understand.

"Ya pues," he said, an expression used much in Nicaragua without an adequate translation. (The literal translation is something like "well now," but that is not really the sentiment expressed.) Ten months of abstinence, dreaming, and living on adrenaline as his unit chased Contras through the mountains—making life and death a momentary happening—produced a tension, an energy in this twenty-year-old boy. Sexual vibrations jumped through the air.

"Vos tenes ninos? Vos sos casada?" he asked in a verb tense that comes out of an older Spanish, changed somewhat through the ages. *Vos* in Nicaragua is used as the familiar second-person singular tense instead of *tu*. He was asking, "Are you married? Do you have children?" The sexual energy at once drew me in and warned me off as it blended together with tones of friendly violence.

"Pues, what am I going to do when I am through with this war?" He repeated my question. "Well, if I survive...." This phrase repeated throughout his conversation, often followed by a hard, loud laugh. Then he jumped back into his staccato, lively, joking conversation. The pain, the death, and the terrible loneliness lay buried beneath the glassy

eyes, the cocky manner, and forceful movements. His voice slowed down, and his eyes seemed far away as he repeated sadly, "If I survive." But the melancholy evaporated with the next laugh. He climbed down the back of the jeep, "I'll see you again," he waved, "if I survive." The smile faded as he jumped off the back of the jeep and took large, swinging steps down the road, bent over by the heavy pack on his back. With a furrowed brow, stooped shoulders, and a heavy gait, he seemed a lonely, lost soul as he disappeared down the road. It was as if he carried the mountain with him.

I soon met another soldier, a boyfriend of a friend—Sergio, age 27—whom I began to see more as a warrior from ages long past. I spent time talking to him, and listened to his girlfriend as she told me his many difficulties. A militant of the Sandinista Front, he began fighting before the revolution triumphed and continued. By 1986, he had been fighting more than seven years. He had made his decision long before 1986 to fight till death, unless the war ended.

He had horrific nightmares of war and felt that death was haunting him. His girlfriend explained that he drank bottles and bottles of rum and only slept two hours at a time, and that when he woke up he would immediately look for his gun. A doctor told him he should quit the army, but he said, "And who will carry on the fight, if all of us with haunting fears decide to go?" He believed that all soldiers suffered the way he suffered, and that if they all quit, it would be hopeless. "No. I will fight to the death," he said, "but where and when will it come?"

He tried to use his political beliefs to shield himself from the trauma he felt, but he had seen too much and fought too long. No matter what a person's psychological strengths, the human mind can only take so much. Most people succumb to severe psychological trauma, or what has become known as complex post-traumatic stress disorder.

This young man as well as others I met were suffering from war trauma, which is a more common way of describing post-traumatic stress disorder (PTSD). The name of this disorder has changed throughout the

ages—soldier's heart, shell shock, battle fatigue, combat fatigue, combat trauma, or post-Vietnam syndrome—but the symptoms have remained the same. In the 1980s, PTSD was just beginning to be discussed at mental health centers in Los Angeles; in Nicaragua, very little was known. When I first went to El Salvador in 1992, I met a psychologist who was quite hostile to this Americanization of their pain.



Opportunity as a Trauma Therapist

The more young men I met with this intense trauma, the more drawn I was to the idea of helping them. With the distrust of Americans and the cumbersome bureaucracy, I wasn't sure how to help, but soon an opportunity crossed my path.

An American woman I knew, an ex-Catholic nun, was living with a group of American nuns in Leon. She told me that the Preparatory (high) School, associated with the National University in Leon, was looking for someone to counsel students who had returned from their mandatory two-year military service (the draft). In 1987, I began working two days a week in Leon, one of the two city-states that dominated Nicaraguan politics before Managua finally became the capital. In the following vignettes, all names and identifying information have been changed to protect the privacy of these individuals.

The Preparatory School, a special project of the Sandinista revolutionary government, was designed to train *campesinos* from the north to enter the university. A large number of students from the first graduating class entered the medical school in order to replace the exiting upper-middle classes, who had fled with their families to the United States for political and economic reasons. These young men were future doctors; they had never experienced the wealth and accessories of either a doctor's life, nor that of the middle

class. They would return to their homes to treat their people—the peasant farmers of Nicaragua—in their own land. They would understand their problems, their lives, and would live with them. Their focus was centered on developing their community. In addition to the medical school, these students also entered the agricultural and dental schools. Services in these three fields were sorely lacking in the countryside.

All students had scholarships and lived in dormitories on campus. Their main worries were of not being able to help support their families while they were away. All felt their families had food, but very little else. They worried about mothers who either lived alone in war zones, or with fathers who had aged prematurely due to physical impairments from hard labor and war. Often, there were younger brothers and sisters who still needed care. Some felt themselves the most responsible sibling, compared with brothers who did not take enough responsibility for their families. Others had brothers at war, or sisters off at school or raising families of their own.

All of my clients in this school felt they had a responsibility to their revolution, their people, and their country, all of which had equal importance. No one that I met in the school, including the administrators, seemed to be focused on personal power. I have often wondered what Nicaragua would be like if the promises made during the revolution had been kept, allowing these idealistic, egalitarian young men to progress in either the country's structure or in that of the Sandinistas?

Esteban, one of my first clients, left a lasting impression on me; partly because of his impish character and partly because of his intense suffering. He came up to me immediately after a meeting of "*los desmovilizados*" (those who had finished military service) where I explained the help I could give. He pointed to his head and pounded on it as if to show me where the problem was. Esteban was from the mountainous country in the north, and had joined the army at the age of 13, right after the triumph. He loved to shoot and kill Contras and protect his beloved revolution. He wasn't afraid to go into battle; in fact, he said he felt wonderful with a rifle in his hand, scouting for

the enemy. But he also had a profound sadness about him and an innocent child-like quality.

He recounted finding a house where Contra fighters had slaughtered young children and an old man. To him, the Contras represented no less than the devil and needed to be destroyed for inflicting cruelty on such innocent people. He spent a total of six years at war, from ages 12-16 and then again from ages 17-19. The years that are usually spent developing one's identity, he spent amongst blood, death, and violence.

Although he had seen and experienced things even old men had never seen, he exhibited arrested development in many areas. His best friend was 13 years old. He could not sit still, got up and left class regularly, and made inappropriate comments in class. On the surface he exhibited bad conduct; yet underneath the veneer, he suffered severe headaches, which he described as feeling like a clamp on his head separating his brain down the middle. He could not sleep at night, heard voices calling behind him in the daytime, and jumped at small noises. He often experienced flashbacks of violent war scenes in the middle of the day while fully awake. He had the worst case of PTSD in the school.

He wanted so much to be useful to the revolution, to study and help in some other way, but he could not concentrate on his studies, could not read for any length of time, and constantly relived scenes of war in his head. Therapy and certain drugs (which he did not take for any length of time due to side effects or his own suspicions) calmed the voices and the flashbacks, but his concentration did not return. If he couldn't be a doctor and return to the north to help his people, he wanted to go back to war where he knew he could do a job well, even though he realized that it would destroy him. At times the pain was so great he wanted to die. He said he could not go back to his home in the mountains, which was in the middle of the war zone. The Contras knew him and where he lived, so he was sure they would attack him and his family if he returned. But he could not study, and could not pass his classes in spite of having a quick, intelligent mind. The school finally dropped him to make way for another, less-damaged young man,

and he returned to the north, one of those destroyed but not killed by the war.

He suffered from all the symptoms of chronic PTSD, or from a new condition that had not yet been codified, which consisted of multiple, continuous trauma, and delayed grief. He actually heard voices—often called hallucinations—which is not criteria for PTSD. These voices may have been an extreme form of auditory illusions brought on by unbearable anxiety. They seemed very nonspecific and had no persecutory aspects. Therapy helped him a great deal, but it did not make him better. It had also greatly affected his identity formation, as he had never had a chance to develop as a normal adolescent, and now could not move on to normal adulthood.

The army mobilized the students for a few days due to an incident nearby. I advised the director that Esteban should not be among those who went. It broke his heart as he saw the others leave, but I knew it would have been dangerous for him and possibly for others. His story, perhaps more than any other, allowed me to see inside the mind of someone so damaged by war trauma.

For weeks as I settled into my new office, pregnant clouds hung in the air, announcing the coming raining season. The suffocatingly hot, humid air caused me to sweat profusely, making me feel slow, heavy, and sleepy. Nicaragua made me understand why people in the tropics take siestas after lunch. A friend told me that your brain function slows down considerably when spending a lot of time in intense, humid heat. Lunch became a daily necessity; I needed to ingest quantities of salt in order to hold water in my body so that I wouldn't become dehydrated. Eventually, I obtained one of the few available fans at the school so that I could withstand the heat during our sessions.

Another client, Omar, limped into my office one day, holding a crippled arm at his side. He placed it on the table in front of him and sat down. He had been at war several years before the draft had been instituted. He had been shot in the head, and the bullet was still lodged in his brain. At first he had been out of control and almost psychotic, but had finally calmed down. Other students sometimes

laughed at him in class for his inappropriate answers to questions. During our sessions he had no trouble talking and showed no signs of impaired intelligence. However, there had probably been brain damage, personality change, and learning impairments both from his physical wounds and the psychological trauma associated with them. He exhibited signs of both psychological and physical brain trauma.

The revolution was the most important thing in the world to him. His intense seriousness, devoid of any humor or lightness, could have been a sign of physical brain trauma. He desperately wanted to do something useful for the revolution. This need appeared to help him deny the severity of his disability. The army would no longer accept him with his serious physical handicaps, and the school could no longer carry him because of his learning problems. He had overcome most of his serious depression and sense of worthlessness, but still he could only fantasize about performing glorious deeds.

Omar imagined himself working as an internationalist: a concept the Sandinistas spoke of often, meaning one who goes beyond borders to make the world a better place. To him, this international setting would take him beyond the bureaucratic laws of armies, schools, and everyday reality. In that ideal environment, his impairments would be overlooked; people would need him because he believed in the greater good and wanted to make the world a better place. He would work to end poverty and feel that he was a part of something useful. The chance that he would accomplish his goals seemed slim, but these hopes helped him get through his difficult life. I did not have the heart to discourage him, as I felt it would only undermine his attempts to survive in a world that offered him so little.

He continued to fantasize and used denial as a defense mechanism, pushing away reality as best he could. Normally, I would attempt to help him develop more realistic goals, but no alternatives seemed possible for him, as Nicaragua did not have adequate treatment (nor training) for brain injuries. From a clinical perspective, pushing him into a more realistic view of the world was dangerous, as he

appeared quite rigid and fragile and had earlier been almost psychotic.

While Nicaragua accepted those with physical disabilities fairly readily—as disabilities from war, poverty, and lack of adequate health care abounded, and they were not isolated from society—those who had been traumatized did not get much help in order to succeed. Omar's somewhat grandiose thinking made it difficult for him to explore possibilities more appropriate for one with his disability. He, in turn, helped me understand what damage war can do to the brain, for which I had no tools.

The next young man, Oscar, walked into my office wearing a caustic, crooked smile. He had a stiffness about him that reminded me of an angry young man I had known in high school. When asked about his worst war experience, he recounted a day he had been on border duty with the frontier guard or border patrol. Four men walked about ten feet in front of him, one of them being his chief. Suddenly, he heard and saw a huge explosion. One of the men had stepped on a land mine; within seconds, a small group of disfigured bleeding bodies stood in front of him, still alive. His chief, who was missing an arm and half his face, called and began talking to him. He was telling Oscar something that seemed important, but his garbled, incoherent speech was impossible to understand. As he watched, his chief pulled a paper and pen from his knapsack and began to scribble on it. He held out the paper in his bloody remaining hand. Oscar drew back, fearing to touch the mass of mangled flesh, but instinct took over and he grabbed the paper. As he looked down at the incoherent scribbled lines, the man fell down dead. He looked over at the others. Another man had died in these few seconds as the other two lay mangled; one garbling something inaudible as he died.

Every night since that incident, he reenacted the experience in his dreams. That evening I went back to the house where the nuns lived (where I stayed one night a week) the story reverberating in my head in all its graphic horror. I sat down with an American nun and repeated the story. She just looked at me afterwards, grimaced, and said, "Ick, that's horrible!" "Too bad," I thought, "I just had to

get it out." I couldn't hold it in for another minute. It seemed necessary and therapeutic for me to tell it to another person, even if the response had been less than therapeutic. I had only heard the story, but I still needed to pass the horror on to another. However, Oscar desperately needed a sympathetic person with whom to share his horrible trauma.

In the next session he felt relieved; he no longer had the nightmare, but still remained tense with headaches. The desperation had disappeared, but in its place came anger, mistrust, and resistance to going further in treatment. When confronted with his anger, he acknowledged it. I have told his story many times in classes when talking about trauma, to show the importance of allowing clients to share their stories with another and have the therapist hold a part of it for them, which is the first step in trauma work. For me, it became evidence that the sharing indeed proved beneficial, and that experience urged me to continue on with such work.

Later as I sat at my desk, I looked up to see a tall, thin, ordinary-looking man with curly, brown hair. When he sat down and began talking, his eyes became large and intense and the sound of his voice, both soft and strong, gave off a quality of control. Gradually, his persona made him seem handsome. He had been in many battles and felt that he had not been damaged by war, but instead had gained much from his experience. He clung to his beliefs, and seemed to have come through unharmed. Two of his brothers had been killed, as well as several good friends, but he vehemently explained that it had all been necessary for the revolution. Though he experienced headaches and had trouble concentrating, he was greatly relieved by each session and looked forward to them, working very analytically—if not always emotionally—as he had learned to do in his political work. He seemed to defend himself with intellectualization, but coped in an active manner, as he did in the rest of his life. Taking active steps, including coming to treatment, helped him to move on. He also had an ability to concentrate on the positive, which seemed to protect him from the more adverse effects of war. He never delved into the great horrors

of war, but did deal with the sadness of death of those closest to him; feelings which he could at least defend against. I made no attempts to get at what was buried more deeply in his psyche; his defenses were strong and, along with his cause, they protected him. Working with him enabled me to see how I could assist even those who, on the outside, appeared to have no problems; that everyone suffered from wartime experiences and could be helped.

Nicaragua's Effect on My Future Work

I missed Nicaragua greatly when I returned to the United States. In 1992 I had the opportunity to travel to El Salvador as part of a human rights investigation to be submitted to the Truth Commission of the United Nations at the end of the twelve-year civil war. It may not have been Nicaragua, but I was returning to Central America for a short stay, and would write the psychosocial part of the report on the effects of civilian bombing on the victims and their families. Again, I came into contact with the effects of war on the human psyche. One of the major reasons I decided to pursue a Ph.D. was to learn how to write for scholarly journals about these matters, as I knew little of the format or research methods necessary. I also developed an interest in teaching social work at the university level, having also first taught at a university in Nicaragua. I decided to attend the University of Texas at Austin, because of its well-known Latin American institute. I wrote a grant for a professor funded by the institute, which enabled me to travel to El Salvador as a research assistant for an ongoing research project on the health and mental health effects of war. From the material I collected, I wrote my dissertation. Now I teach social work at the University of Nevada, Las Vegas, and my favorite class is one I developed on the effects of war on individuals and communities.

Students have told me stories about friends or boyfriends (or themselves) who are suffering from those same effects now that we are deeply involved in two wars. I relate stories to them about some of the young men I have treated (names and identifying characteristics changed, of course) and

wonder how they are all doing now. Although the reasons for the wars are different, the effects on those participating in them remain the same. Finally, as the politics have faded, I look back on my time in Nicaragua, and realize that it is where so many life changes began for me.

Nicaragua Now

I returned to Nicaragua in 1992, and then again in 2007. The days of war were long past; now other economic and social problems were on everyone's mind. The city of Managua is very different now, after experiencing enormous population growth and subsequent traffic jams from the number of cars on the road being tripled. It is now much more dangerous. The city has more material goods, and working- and middle-class people seem more prosperous. The poor are still very poor, and crime has risen a great deal. Like many countries with an available abundance for some—seen by all but out of the reach of many—the only way to obtain it may be to rob and steal or live a life of crime. Gone are the days when one could wander the streets safely, even in the late evening. Managuans even speak about the risks of taking a taxi in mid-day, necessitating the use of “neighborhood taxis,” where one only boards a taxi if it's driven by a familiar driver.

The northern city of Estelí, the revolutionary outpost where bullet holes at one time adorned the main cathedral, is now a sprawling, congested city, bustling with traffic and commerce. Even Palacaguina, a tiny country town beyond Estelí, has changed. Years ago, as I drove into Palacaguina and stopped my car, a young girl came up to me and asked if I also drove an airplane. She had seen few cars in this small pueblo, and had never before seen a woman drive. Although some residences still have no running water or electricity, Palacaguina now has a cybercafé where I could send emails to the United States. As I traveled through the new Nicaragua and watched the new generation go about their lives, I observed other aspects that were very different than the Nicaragua of my past. Cell phones, restaurants, and clubs now abound, while human conditions such as

grinding poverty and the precariousness of life remain much the same.

Reflecting on it All

As I reflect on my experience at the *preparatoria*, I remember how different it felt to treat the students compared to treating some of my clients in Los Angeles. In spite of their terrible trauma, these students seemed easier to treat. Working with them was less emotionally draining because, unlike many of my clients in Los Angeles, they did not feel like victims. They struggled on every level to overcome the obstacles of life in rural Nicaragua. They attempted to alleviate the poverty around them through political actions and beliefs. They tried to better themselves by going to a school that would lead them to university and careers beyond what they could have imagined in their small, isolated villages in the northern mountains. They constantly grasped for new ideas and ways of being in the world, despite limitations placed on them by childhoods filled with poverty, deprivation, war, and loss. I sometimes wonder if I could have overcome such obstacles, and if I would have been able to keep struggling, in spite of serious psychological symptoms. They seemed empowered by their struggle.

My life in Nicaragua was a vivid experience that included many difficult episodes. These included hunger at night with nothing to eat but occasional leftover rice and beans; traveling in overcrowded buses where one stood up, often for several hours; water cutoffs several times a week; shortages of basic necessities such as gasoline, car parts, and the chemicals needed to make decent shampoo. Clothing stores and food variety were practically nonexistent. On numerous occasions I got caught in quick floods where I had to park and wait out the storm. There were times when I had to help sweep water out of the center of the house as it flooded. Hot, humid weather of 40 degrees Celsius with little air-conditioning anywhere had to be endured.

Despite these challenges, the most difficult experiences were not only hearing about war trauma, but seeing tiny babies in health clinics suffering from severe malnutrition, and walking into the toddler room of the local children's

shelter and having fifteen two-year-olds run up to try and climb on me, all crying out, "Mama, mama!"

Nicaragua changed my worldview forever. When I returned to the U.S., it was difficult to face a country that had started the war. Americans seemed to feel no remorse for the pain and trauma caused by their actions. I had seen those who lived at only a basic level of material existence, and yet managed to live and love with as much vitality and difficulty as those in the U.S. who had vastly greater means. For a time, it helped me understand what was important in life beyond the material.

Now, twenty years later, I have returned to a North American way of being; the effects of Nicaragua have diminished. Still, it remains one of the most intense periods of my life. I vividly remember not so much the difficulties of that time but the joys. Exciting adventures remain clear: hitchhiking trips around the country and meeting people from all walks of life; evenings at the bustling open-air restaurants where the air was filled with sounds of guitars and marimbas; New Years day excursions to the tropical Pacific beach at Pochomil. I met people from countries around the globe, and watched change happen at lightning speed as intense emotions and lasting friendships created remarkable memories of life in revolutionary times. Mixed throughout all these recollections are the young men who left an imprint on me that led me on, to know more about trauma and to do something about the effects of such dramatic events. As a result of that period, I decided to conduct research and write about war trauma, as well as teach social work at a university level, as I had in Managua.

The revolution was less about Daniel Ortega and the commandantes at the top of the party, and more about what happened at an everyday level of existence and the hope it gave to some, if not all, of the people. As a Nicaraguan woman said on my last trip, there are changes that happened during that era that will endure and cannot be erased. This includes the plight of women, especially those who participated in the struggle. They have not only gained more rights and have more to say, but

have developed more versatile self images, which have helped them continue the struggle to improve their circumstances. They have passed this attitude on to their daughters.

The revolution was a communal struggle, where you did not think of your individual goals, nor how you could be better than the next guy. Rather you focused on the larger whole, working toward something better. Living and working in Nicaragua, I gained much more than I ever gave.

The Sandinistas have returned to power, at least the upper echelons of that movement, but they cannot bring with them the spirit of euphoria of the early days. That spirit cannot be created from above, but grows from the ground level. I think those now in power have much to learn from those below them—such as the young men of the *prepa*—who struggled valiantly for their cause. Whether this happens is yet to be seen. It has not happened yet.

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Margaret Oakes, Ph.D., is an Associate Professor at the University of Nevada, Las Vegas, School of Social Work. Comments regarding this article can be sent to: Margaret.oakes@unlv.edu.

THE EXPERIENCES OF A FEMALE SOCIAL WORKER IN MENTAL HEALTH SETTINGS IN JORDAN

Nada Eltaiba, Ph.D., Qatar University

The following narrative describes the author's unique experience as a female social worker struggling to modify Western methods to suit Muslim clients.

I have been fascinated with the social work profession since my early years. I have appreciated the opportunity the profession provides to contribute to people's lives, and its promise for social change. These things were important for me as a female growing up in socially- and politically challenging environments in North Africa and the Middle East. I grew up in an era when people talked all the time about colonization, wars, poverty, women's rights, social problems, dictatorships, freedom and the urgent need for change. Social work seemed to be the right tool to contribute to change. I developed an early interest in working in mental health, an area that provoked curiosity in me. I met various individuals during my school years who still struggle with mental health issues, and I have always admired their strength and the way they cope with their problems. I became passionate about helping people with mental health problems because, for me, the helping role of the social worker is not only a professional, but a spiritual experience as well. Work is important in Islamic tradition and teaching: it is worshiping practice. The Qur'an says: "*Work (righteousness): Soon will Allah observe your work, and His Messenger, and the Believers*" (Qur'an 9:105). This is especially important if the job involves helping disadvantaged, needy individuals (Sahih Muslim, p. 1417)

In the following narrative, I reflect back on my experience as a female clinical social worker in mental health settings in Jordan.

Sharing the story

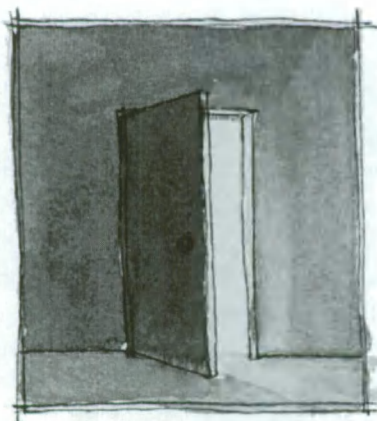
In telling my story, I hope to share my journey as a female social worker in a mental health setting in a non-Western society. By sharing this experience, I also hope to highlight the need to develop curricula that meet the needs of people from traditional, Islamic, Arabic cultures. This might provide insight for professionals who encounter patients from traditional Muslim backgrounds. As Al-Krenawi (1999, p. 56) says, "*Cultural differences affect the ability of the mental health practitioner to diagnose and treat patient's problems.*" Al-Krenawi and Graham (1997, p. 211) also observe that:

When patients from non-Western societies are referred to Western psychiatry for treatment, they do not abandon their own perceptions, culture, or belief systems regarding diseases or medicine. Likewise, patients have their own ways of expressing difficulties and of decoding their practitioner's messages, often deviating from the latter's styles of communication and comprehension.

They further explain, "... *there are often miscommunications between a patient and a mental health practitioner who is not familiar with their patient's culture that lead to problems in therapy*" (1997 p. 211). Such issues are especially important in an increasingly globalized world (Lyons, Manion et al., 2006).

Beginning the Journey

The idea of writing about my experience first arose when I returned to Jordan to collect data for my Ph.D. research and to work at the National Centre of Mental Health in Jordan, after having lived in Australia for many years. Prior to moving to Australia, I started working formally as a social worker at the National Centre in 1987. That year, there were more than twenty young male and female psychologists, sociologists, and social workers employed at the Centre. Around this time, mental health services in Jordan were expanding. Most of us shared the view that there was a gap between the theory and the practice in our work. It was obvious that there was difficulty in applying knowledge and skills when interacting with patients and their families from Arabic and Muslim backgrounds. I continued working in the Centre as a social worker for more than seven years, before migrating to Australia in 1994. When I returned, I was fortunate to be able to resume my previous position at the National Centre of Mental Health.



A New Environment

My time in Australia helped me to reflect on my earlier experiences with patients. I undertook academic studies in social work, and gained employment in various mainstream and multicultural agencies. I also engaged in many conversations with social workers from different cultural backgrounds, which helped me to gain perspective on my experience as a female social worker in mental health settings. While in Australia, I had exposure to many scholars who emphasized the importance of cultural sensitivity (Kleinman, 1980; Marsella, 1993; Lefley, 1994; Al-Issa, 1995; Al-Krenawi & Graham, 2000). Experience in multicultural societies, exposure to literature that emphasized cultural sensitivity, and interactions with diverse patient groups and professionals, helped me to reflect on my professional experiences in Jordan, and to develop insight about my role and interventions there.

While I was in Australia, I became more informed about new emerging literature that highlighted the importance of incorporating and considering religion when working with individuals with mental health problems (Koenig 1990; Larson, Wood et al. 1993; Loewenthal 1997). Religion, as Pargament (1997) indicates, is increasingly considered an important source of understanding about human beings and their ways of coping with psychological problems.

The significance of culture in the lives of people with mental illnesses prompted me to think about the possibility of research in the area. I began thinking about undertaking Ph.D. research. During that time I had many conversations with Maria, my supervisor, about issues related to culture and social work. We talked about the difficulties of applying theories to practice, especially when working with people from traditional cultures. I remember her asking me about my time in Jordan working with people with mental health problems. I remember stating for the first time that I wondered if I was betraying my profession because I was not following most of what I had learned at university, and that I had doubts about the effectiveness of my practices with people from Arabic Muslim cultures. I told her about my struggles, difficulties, and

uncertainties. She validated my experiences and encouraged me to reflect on my understanding, assuring me that there was an urgent and ongoing need to think about more effective ways to work with people from traditional cultures.

In short, my professional experience in Australia provided me with the opportunity to learn and understand many things about my practice experience in Jordan. It shaped my impressions, observations, and opinions about the applicability of the Western-based curriculum in traditional communities. It also allowed me to continue to adjust certain interventions to suit individuals from Arabic communities. It helped me to acknowledge my early thoughts, opinions, and views about encounters with patients, and about my limitations as a professional. I became more accepting of my efforts and the struggle to initiate a culturally sensitive assessment and intervention process.

Returning to My Roots

Coming back to the Centre after my experience in Australia made me feel more comfortable and more accepting of myself professionally. I re-assessed my early impressions about the suitability of the Western-based curriculum when working with patients from traditional societies. At the start of my professional experience, I tried to implement Western approaches when working with individuals experiencing mental health problems and their families. I sought to implement the theories, assessments and interventions that I had been taught in the social work curriculum. However, from the outset I had a feeling that these approaches were not always suitable for a cultural group such as Jordanians.

Jordan is a traditional society and is strongly family-oriented. Jordanian families, as with other Arabic families, are collectivists; that is, the family is more significant than the individual. Family members take care of each other during crises, despite there being a gradual change from the extended family structure to the nuclear family. The link between the nuclear family and the extended family has always been strong. Children are

raised to be obedient and to respect the hierarchy within the family. These factors, among others, make professional practice in a traditional society such as Jordan unique and challenging, as well as rewarding.

The Ongoing Struggle

I felt that my training in the social work curriculum wasn't enough to prepare me to deal with the patients whom I was seeking to help. I always felt a need to understand more. In my search for answers, I returned to university for further training. I studied a Masters in Counseling at the University in Jordan, as there were no postgraduate social work courses at that point. Even though it helped to improve my skills, this training didn't answer my concerns and questions. It seemed that, at either graduate-or post-graduate levels, course content was mainly based on Western approaches and theories. The curriculum didn't prepare me to apply more appropriate modes of assessment or to conduct interviews with Muslim patients, nor did it provide insight about ways to develop culturally sensitive approaches. On many occasions, I felt the need to adapt some of the interviewing techniques and interventions to suit the patients. There were times when I considered myself to have been successful in dealing with patients and their families.

Mixed Reference Points

There was no reference point for me to use in reflecting on my experience, or to predict the effectiveness of my practice. There were times when I struggled with doubts about my competency as a professional. These feelings wouldn't leave me even when I had good feedback from patients and their families, or colleagues who referred patients to me. What made the matter worse were the high expectations of the clients and professionals at the Centre with regard to my role as a social worker. Not much was known about the role of social work or other professions, such as psychology and sociology; therefore, little was known about the differences in the roles of these professionals. The dominant expectation was that the social worker was the one who would solve "the problem" and who could

analyze personalities. I think that such impressions were mainly obtained from films and television.

As a result, I was expected to solve all the problems of individuals with mental health challenges and provide a direct practical solution in every area; whether it was domestic violence, sleeping problems, parenting, bed-wetting, academic difficulties, or any number of other problems. I was under pressure to learn and read continuously in order to be able to deal with such problems. Of course, the only literature available dealt with Western theories and approaches.

Being Female

I hadn't learned much about my role as a female social worker, or what to expect as a female in the professional relationship. This role has particular importance in a gender-based society such as Jordan, where the male-female relationship is important and has unique characteristics. At university, I was taught to smile and maintain eye contact with patients, whether the patient was male or female. I quickly realized how harmful and wrong this could be. Some of my patients were religious and, for them, maintaining eye contact was considered unacceptable and even embarrassing. Even with patients who considered themselves only moderately religious, eye contact did not always make them feel comfortable. Within traditional Jordanian society, having confidential conversations with the opposite sex about sensitive issues is problematic. I soon adapted my interviewing techniques accordingly and avoided eye contact. I found that this made the patients more relaxed and comfortable in talking. I didn't consider their lack of eye contact as a demonstration of low self-esteem, nor as an indication of an unsuccessful professional relationship.

In dealing with male patients, I needed to be careful about shaking hands, as this habit has become less common between males and females due to the increase in strength of religious orientation among Muslim communities. Many now consider shaking hands to be forbidden. I had also been taught to conduct interviews behind closed doors to

promote confidentiality; however, this was difficult and sometimes led to uncomfortable feelings for patients. Some might have gotten the wrong impression, so I decided to keep the door of the interviewing room partially closed. By doing this, I protected the confidentiality of patients while not contradicting the traditions of their culture.

I soon learned that I also needed to be conservative in welcoming patients; for example, smiling could be interpreted the wrong way, and some might have even become embarrassed or confused. To make the professional boundaries clear, I decided to conduct the interview with a desk or a coffee table separating the patients and me.

Slowly and surely I gained respect and acceptance from patients. Many opened up to me, and talked about confidential issues. Increasingly, the male patients discussed their issues openly and honestly. Sometimes they told me things that they hadn't shared with the psychiatrists. For example, on one occasion a patient told me that he had visited a traditional healer who helped him to remove an effect of sorcery, and that he was not willing to share this with the psychiatrist because he didn't think that he would understand. Other times, male patients told me that they preferred to discuss certain details with the male psychiatrist because they were embarrassed and didn't want to share these things with me out of respect, because I was female. One example of this was when a patient told me that he wanted to talk to the psychiatrist about his problem because he was embarrassed to disclose something about his sexuality to a woman.

Cultural Matters

Mental health problems are highly stigmatized in Arabic cultures. Some patients gave false names, especially if they were from a well-known family, only revealing their real names to me if they felt safe enough. Many would ask about my family name and my background to find out if I could be related to someone they knew. Some patients introduced their problems as physical instead of psychological. For instance, they might complain of suffering from a headache, chest

pain, or having sore arms or legs. I learned that this was a way of taking the stigma away from their mental health problems. It was a way to allow them to discuss their feelings without talking directly about the psychological problem. I soon learned that I needed to stress confidentiality more than once during the interview, which I felt was important to build rapport.

Bringing it All Together

The curriculum in which I had been instructed trained me to apply techniques that were not suitable for individuals from traditional collectivist societies. An example that comes to mind is when I was working with a 22-year-old male patient, whom I will call Ahmed, who was diagnosed with depression. He sometimes complained of being taken advantage of by members of his extended family. I tried to help him become more assertive with his brother, who kept borrowing his car. This created feelings of annoyance for Ahmed, so I applied an assertive technique to help him stand up to his brother and say "no" to him. Ahmed objected gently and told me that this was difficult because, while he was not comfortable with his brother's behavior, he still felt obliged to lend him the car because he was family. This was the expectation within the family: brothers were to help each other and saying no would have created more problems instead of helping him. It was apparent that assertiveness training was not useful here.

I was also taught to avoid the subject of religion when working with patients. I challenged this at one of our lectures, only to be assured that this was the professional way to work with clients. I was reminded of theories and frameworks such as Albert Ellis's cognitive theories, and was told that religion should be avoided in order to achieve an effective professional relationship with clients. Religion was seen by most of my educators as a source of problems. Surprisingly enough, these views sometimes came from academics and professionals who were devoted Muslims in their everyday lives. This was one of the most challenging issues I faced. It was extremely difficult to interact with patients and their families and to exclude religion, especially

in a society based on religion. For Muslims, Islam is a way of life. My patients and their families mentioned religion all the time when they talked about the causes of their psychological problems and their coping strategies. It was difficult, if not impossible, to avoid the subject. When I incorporated coping strategies into the counselling session, I was not quite sure where to draw the line, and whether what I was implementing was counselling or some form of religious teaching.

When I adapted what I had been taught in the curriculum to suit my patients and their families, I was able to establish better relationships with them. I learned that we need to be creative and to pay careful attention to what patients tell us. Interestingly, as a social worker, most of the time I felt overwhelmed at the amount of trust and confidence patients placed in me as a professional.

These experiences taught me how much need there is to develop social work curricula for application in Arabic countries. Such curricula could also be used to assist Western social workers (and other professionals) to work with communities from Arabic backgrounds. There is no doubt in my mind that scholarly research needs to be based on the views of Arabic "consumers"—people accessing mental health services—as well as on the learning of practitioners who have worked in cross-cultural settings. My experience as a female social worker became the springboard for this research and for my ongoing interest in researching the intersection of social work practice, mental health services, and Islam.

One important principle that has underpinned my interest is the need to be open to other experiences around the world. Exposure to the perceptions of practitioners working overseas and in cross-cultural settings will enhance the creativity and confidence of social workers in exploring innovative approaches to social work. Such exposure has brought me to acknowledge the need to have curricula that are appropriate to Arabic and Islamic societies.

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Nada Eltaiba, Ph.D., is an Assistant Professor of Social Work at Qatar Univeristy. Comments regarding this article can be sent to: nada.eltaiba@qu.edu.qa.

SOCIAL WORKER IN A FISHBOWL: AN IMMIGRANT SOCIAL WORKER'S NARRATIVE

Intae Yoon, Ph.D., East Carolina University

As an immigrant social worker, the author struggled with the integration of her professional and personal self within practice settings. The challenges encountered included working with informal clients, practicing beyond traditional social work roles without any termination process, and coping with constant ethical issues. In the following narrative, the author reviews the mistakes and successes she experienced within informal practice settings.



Self, a critical practice tool utilized by social workers, is one that continuously interacts with various social environments. The constant interaction with the social environments facilitates ongoing formation, change, and reformation of the self. A social worker's ability to integrate her or his own personal and professional self is key to effective social work practice (Shulman, 2006). As an immigrant social worker, I struggled with the integration of my professional and personal self within my unique practice settings, which consisted of immigrant individuals, families, and communities.

In an effort to better manage my struggles, I sought advice through literature regarding other immigrant social workers' perspectives on the integration of professional and personal self. Unfortunately, I was unable to find good and thoughtful literature about similar struggles experienced by other immigrant social workers. It is my humble hope that a detailed review of my idiosyncratic experiences will provide readers with a

thoughtful perspective of the unique struggles encountered by immigrant social workers.

A Social Worker within Korean American Communities

I am a 37-year-old Korean American male community social worker, currently teaching at a university in a small southern city where approximately 100 Korean Americans reside. I also regularly attend a Protestant church, which serves as a hub of resources, as well as Christian religious activities for Korean Americans. Eleven years ago, I came to the United States to pursue a Master of Social Work (MSW) degree from a university in a mid-sized southern city that approximately 3,000 Korean Americans called home. After obtaining two years of post-MSW experience and completing my doctoral education, I moved to a major Northern U.S. city and found a very large Korean American community there. Over the last decade of residing in these three cities, I have had many Korean immigrants ask me to assist them with various issues.

Informal Clients

The most distinguishing feature of my practice within Korean American communities was the heavy reliance on the informal networks used by Korean immigrant clients to obtain my assistance. While the terms "Korean Americans" and "Korean immigrants" overlap, the meanings are different. The former refers to anyone of Korean heritage (Lum, 2007). The term mostly includes the first generation of immigrants from Korea and those who are born in the U.S.A., while the latter group consists of the first

generation of immigrants from Korea. Korean immigrants are part of the broader "Korean American" community. Even though there is a wide variance of acculturation within the immigrant groups, English is not their native language and they still adhere to Korean cultural norms and traditions in various degrees.

My unique practice with Korean immigrants began with a needs assessment at a local Family Service Center that attempted to reach out to various underserved Asian communities. Through conducting various needs assessments, I met and interviewed local Korean immigrants and their families and became known as a social worker to them. Interestingly, although very few from the Korean immigrant community sought formal help from the social service agency, many Korean immigrants contacted me through their personal network and sought informal help, independent of the agency. Even when I left direct social work practice settings and began to teach social work as a faculty member, this pattern of informal help-seeking by Korean immigrants was repeated in two other Korean immigrant communities where I resided.

As I pondered the reason behind this unique help-seeking pattern, some possibilities came to mind. Perhaps it is due to their lack of experience with social workers in Korea, where the helping profession is still relatively new to the society. Or, perhaps it is due to the language barrier. Still yet, it could be, as frequently mentioned in the literature (Sue & Sue, 2000), their preference for informal approaches to formal services was a way to avoid feeling shameful about seeking help from a formal social institution. Although I am unsure which of these possibilities is the main factor explaining their help-seeking pattern, the fact that only Korean immigrants and no U.S.-born Korean Americans informally sought help from me suggests that their help-seeking pattern was somewhat related to their status as immigrants from Korea.

Whatever the reasons behind this unique pattern, I realized that there were inadequate social service programs specifically designed to serve this immigrant group and that someone needed to fill the void of services for this clientele. I felt an obligation to serve them, as

I was often the only or one of a few social workers available to them. The Social Work *Code of Ethics* states that "[s]ocial workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service)" (National Association of Social Workers [NASW], 1999, p. 5). With this in mind, I decided to assist them. As I had clients from my formal eight-to-five job, these immigrant clients became informal whom clients I served beyond my regular schedule.

It was also difficult to refuse their need for assistance because many of them sought help through my personal and informal networks, with some being friends of my closest friends. Furthermore, many were members of the church I attended. These reasons further compelled me to offer my assistance as I did not want to be perceived as an arrogant young elite by my closest friends and acquaintances. Most of all, beyond my duty or reputation, I enjoyed assisting them. Even though helping them was not part of my formal job, I felt a sense of satisfaction when the informal clients received the needed help. However, since I had to provide these services outside of work as well as during working hours, I eventually became overwhelmed by this extra workload.

The sheer amount of the additional workload was not the only factor that overwhelmed me. At times, I was exhausted by the frustration stemming from some abusive clients. For example, although I lacked training in immigration issues, I frequently received questions and requests for assistance related to immigration. Fortunately, one of my close friends was a bilingual, Korean American attorney who specialized in immigration, so I was able to refer them to this friend for assistance. Some clients who could not afford to hire an attorney received pro bono or low-cost legal consultations from the attorney.

However, some informal clients possessed the financial capacity to hire an attorney yet still sought out free legal counsel from my personal connection. Due to the limited availability of his pro bono services, my value system told me that these informal clients were attempting to abuse the goodwill of my friend

and irresponsibly deprive someone in need the opportunity to obtain free legal services. As social workers should promote clients' socially responsible decisions (NASW, 1999), I recommended that they employ the services of another bilingual lawyer. Having such morally harrowing experiences undermined my belief in the innate goodness of human nature and occasionally created doubt about offering my services to informal clients.

A Generalist by Demand

Another feature of my practice as an immigrant social worker was serving as a generalist practitioner by demand. Borrowing from Shulman (2006), I was "the only game in town," like social workers in a rural community. Rural communities often lack adequate social services to address similar needs experienced by those in large urban hubs, where social services are readily available (Davenport & Davenport, 1995). This fact requires rural social workers to serve as generalists in order to fill the gap and satisfy the varying needs of those they serve. Likewise, although two of the cities where I lived were mid-or large-sized metropolitan cities, the Korean immigrants had limited access to public services due to their language barriers or their cultural barrier defining help-seeking behaviors as shameful. Since I was the only (or one of the very few) social workers available, Korean American communities informally requested me to perform various roles in different settings, regardless of my formal training.

Interestingly, almost none of my informal clients seemed entirely sure what social workers could do for them; yet they still had hope that a social worker could do "something good" for them. The most frequently requested form of help from my Korean immigrant clients included seeking public assistance for medical care or income maintenance, solving issues related to their immigration status, or obtaining information about available resources. This posed a challenge for me as I possessed little knowledge in these areas, since my primary practice experience was not related to public assistance programs involving medical care or income maintenance.

In order to cope with the discrepancy between the various service demands and my limited knowledge in these areas, I spent a significant amount of time investigating issues, reviewing federal and state policies, researching available resources, and contacting service providers, as well as other stakeholders related to my informal clients' interests. This clearly expanded my knowledge of various social service programs and agencies. To illustrate, I recall an occasion when one of my clients, a middle-aged hairdresser, experienced a medical emergency at her home. Fortunately, she received the necessary treatment in an emergency room. However, without health insurance and without meeting the five-year legal residency requirement, she was ineligible for Medicaid and thus faced an enormous medical bill.

This woman had heard about me as a social worker from one of her customers and inquired as to whether or not I could assist her. After contacting various agencies, I learned of a nonprofit foundation that assisted with medical expenses for low-income families without health insurance. I connected her to this local foundation and the foundation paid the entire medical bill. As she needed various follow-up tests and treatment sessions, I arranged them for her and worked as a translator in these medical settings. In the process of helping her, I became familiar with various medical assistance programs in the community.

I was also an advocate for my clients and a consultant for my English-speaking colleagues. On one occasion, I had an opportunity to visit an independent high-rise senior apartment in an effort to reach out to different members of a community. After the director of the geriatric facility realized my nationality, he began to grumble about two older Korean American women in the apartment complex. According to him, these women never participated in any social events, and some of the other residents complained about the smell of the ethnic foods the women occasionally prepared. When I met with the women and indirectly encouraged them to participate in various activities offered by the facility, it was obvious that their fluency in

English was very limited, of which the director was fully aware. However, the primary reason for them not participating in the activities was cultural. The center scheduled a variety of activity-oriented events, such as aerobics and fashion shows. These older women preferred more static activities as they had never participated in aerobics or fashion shows, even in their younger years.

The women also pointed out that meals served in the facility were not “fitting” to their tastes since they were accustomed to traditional Korean foods. Therefore, they frequently cooked their preferred Korean foods. Although they were fully aware that other residents did not appreciate the smell of the foods, they were unable to open the windows for ventilation because all the windows were screwed down to their frames to prevent residents from falling out. When I explained their unique needs and asked the director to allow their windows to be opened enough to circulate air, he was very glad to make the requested accommodation to their windows.

In addition to traditional social work duties, I performed a wide range of nontraditional social work jobs for my clients. For instance, as someone who is known to have a strong mechanical background (obtained from my military service in Korea), newly arrived immigrants often asked me to help them find cars and negotiate the prices. Helping someone search for and purchase a car was very time-consuming. After serving as an automobile consultant for more than a dozen immigrants, I created a checklist to help future immigrants select reliable cars on their own. I must admit that the checklist was not mainly for them, but for my own mental health as well. In addition to being a car expert, I was deemed a tax consultant, too. Thus, in the spring months I frequently found myself filing income tax returns for many immigrants as there were limited Korean-speaking tax professionals available in the community.

Burdens

One unexpected by-product of my practice with Korean immigrants was the psychological burden that I levied upon myself. My assistance

to the previously mentioned hairdresser case seemed to be a test for me to earn trust as an expert within the Korean immigrant community. As the hairdresser shared her story with her customers, the story served as evidence of my competency and led other Korean immigrants with various issues to trust and contact me. It is not unusual among culturally diverse groups to witness successful helping relationships between the helping professional and one of their members before seeking help (Sue & Sue, 2008). Since their requests were based on their faith and trust in me, I did not want to fail them. Thus, I agreed to help. Yet much to my dismay, I quickly discovered that these seemingly simple tasks always required extra, time-consuming work on my behalf.

As these immigrants had very limited English proficiency and I was the only social worker they could trust and with whom they could communicate, I was unable to simply refer my clients and cease involvement. Unlike other social workers—who are able to refer clients to other agencies where those clients may receive better services—I had to be continuously involved throughout the intervention process as a translator/advocate for them and for the social workers to whom the referrals were made.

Learning to perform as a generalist took an additional toll on me psychologically. When I performed various roles in different settings as my clients’ translator, case manager, advocate, educator, mediator, and information clearinghouse, my knowledge and skills were certainly expanded. However, my learning did not occur without costs. For example, I occasionally had to translate at hospitals or in court on behalf of my clients or their families. As I had never received any formal training regarding medical settings or court procedures, I was haunted by thoughts that my clients would not be treated well at a hospital or might lose a legal battle because of my incorrect translation. Such fear is frequently reported among children of immigrants who are translators for their parents (Sue & Sue, 2008; Umaña-Taylor, 2003).

I had to continually educate myself about these areas and related terms in order to do a

good job. The time to self-train was never adequate, and having sufficient time to learn the details of a client's case was a luxury I did not have. Many of my clients sought my help as a last resort after some attempts to "save face" by themselves, so I had to learn about their medical condition, legal situation, or related terms simultaneously upon meeting them. Therefore, it was natural for me to feel a huge burden when translating in medical or legal settings. The experience I have gained in these various settings has enabled me to feel more comfortable in helping prospective clients.

Practice Without Termination

Another unique aspect of my practice with immigrant clients included the lack of termination of the professional relationship. The Generalist Intervention Model (GIM) has seven usual stages: engagement, assessment, planning, implementation, evaluation, termination, and follow-up (Kirst-Ashman & Hull, 2002). Most of my informal clients initially asked for specific help. I thought that my professional relationship with them would cease once they received the requested service or a connection to the services desired. However, it did not take long for me to realize that notion was incorrect. Like other native-speaking clients, my informal clients from Korean American communities frequently had multiple issues over the years. However, unlike U.S.-born clients, my immigrant clients did not have additional services available as I was the only social worker accessible for them. Therefore, they would return to me with other types of issues within a one-or two-year period, and the assessment stage would begin all over again. Thus, my practice within the Korean American communities was a perpetual loop of all the stages.

As those clients came back to me, I slowly became disturbed by the notion that I might have been responsible for their possible dependency. Even though I was fully aware that many of my informal immigrant clients were unable to communicate in English and that I was the only one (or one of a few social workers) available, I sometimes became doubtful as to whether I was really the last

resort for them. From working with several informal clients, I learned that they were capable of getting needed services by themselves with the information I provided to them. But they *seemed* to use me as their quick-service provider, because that was much easier than doing it on their own.

Their returning to me may have been caused by my *rescuing* practice. Rescuing refers to a situation when social workers view their clients "as victims in need of rescue or salvation" and "assume disproportionate control over and responsibility for clients." (Cournoyer, 2008, p. 48). As a result, clients become more dependent on workers. While ruminating on my possible rescuer-rescuee relationships with my clients, the word "duty" emerged, since I felt a very strong moral duty to serve them. In retrospect, I now wonder whether the moral duty was my sense of *noblesse oblige* toward my Korean immigrant clients who had very limited communication ability in English, while I was *fortunate* enough to have been educated in America. Thus, I might have unnecessarily rescued them out of *pity*, thereby diminishing their independence.

On the other hand, their alleged reliance might have been just one of many survival or adjustment strategies they decided to use within a new environment where their ability to cope with new challenges was not fully developed and where they had very limited resources available to them. What I considered simple tasks might have been overwhelming to them. Therefore, they may have needed to rely on me, but not as a result of my rescuing services.

Another possible explanation for their continuous requests for help may simply have been the result of belonging to the same ethnic group and speaking the same language. Such a help-seeking pattern is commonly reported among the culturally diverse (Sue & Sue, 2008). Or, more likely, it may have been the combination of my rescuing approach, their environmental deficit, and our same ethnic background that were significant factors in their continual reliance on me for assistance.

Living in a Fishbowl

As one of a few social workers in an immigrant community, I felt as though I was living in a fishbowl. The term "fishbowl" originally refers to a rural practice setting where a social worker is known to the community members and her or his every action is subject to constant public observation and judgment (Daley & Doughty, 2006). Compared to other minority groups who see social workers as agents of oppression because of their negative experiences with the helping profession (Sue & Sue, 2008), my Korean immigrant clients lacked a chance to experience oppressive social workers in Korea since the profession is relatively new in the country. Thus, they held a high expectation of me as a social worker. In addition, I was a faculty member teaching at a university at relatively young age, while many of my immigrant clients engaged in manual labor. Therefore, I was perceived by the community as a role model. The combination of being a respected social worker and role model made me aware that clients treated me differently and constantly observed my actions. Even though I was much younger than many of my clients, they spoke with me as if they were speaking with a respected elder or superior.

I did not want to be perceived as a role model because I knew that I would be unable to live up to that image. Yet many Korean Americans felt I should conform to their expectations. When I failed to conform to those expectations, some of them did not hesitate to express their *concerns* about me. For example, having lived in the South for more than eight years, I was accustomed to wearing shorts during the hot, humid summer breaks. One day, while shopping in a Korean grocery store, I encountered one of my informal clients. The client, in response to my attire, freely expressed his disapproval, stating, "A professor should not dress like that."

As my informal clients used my personal networks to seek help from me, I was easily tracked down. In an effort to disseminate information about available resources and programs for the elderly, I conducted several workshops for older Korean adults and their family members. In addition, I wrote syndicated

columns for Korean newspapers explaining the services and cultural differences. One newspaper was distributed in three states. As a result of those workshops and newspaper columns, I received many calls from people I did not know. Faced with the knowledge that people whom I had never met now knew of my whereabouts, I felt as if there was no place for me to take a break from serving my immigrant clients.

After moving to my current location, I have discontinued the workshops and writing the columns. I erroneously assumed that by stopping these activities, I would not get any more phone calls or contacts from Korean immigrants in the cities where I previously resided. Because members of my personal networks had my contact information, some prospective clients still managed to track me down. Sometimes, my close friends were responsible for encouraging those strangers to call me giving them my contact information!

I did not appreciate those calls for practical and psychological reasons. In a practical sense, because I physically live in another state, it was difficult to locate social services that could assist the caller. Additionally, there were occasions when my contacts at social services agencies in the cities where the caller lived had resigned from their positions. Yet some callers seemed too desperate to understand the challenges on my part. Even though I was able to connect some of them to needed resources, I was unable to satisfy the needs of all. Psychologically, the inability to help them resulted in feelings of guilt on my behalf because of my perceived sense of failure to serve them. In addition, I worried that my inability to assist them could have given them distorted images of social work, as those who called me had very little knowledge about this helping profession. Now, after living in my current city for more than two years, I rarely receive such calls.

Ethical Issues

Also unique to my experience is the presence of constant ethical issues from working with my informal clients. Those issues included maintaining confidentiality in dual or multiple relationships with my informal clients,

setting up boundaries for offers of bartering, and refusing to be involved in perjury. Additionally, my role as *an expert* within Korean immigrant communities frequently collided with the self-determination principle from the profession's *Code of Ethics*.

Since many of my informal clients and I were within the same social circles, it was natural for me to have dual or multiple relationships with my clients where confidentiality issues accompanied the relationships. Such dual relationships are reported to be not unusual within new immigrant groups (Loewenberg, Dolgoff, & Harrington, 2000). Clients and I frequently relied on the same services targeted for Korean Americans, such as ethnic grocery stores or restaurants. We were often members of the same church. Sometimes, my clients were the providers of services that I used.

Cultural heritage complicated these enmeshed social networks. Some Asian American groups are reported to experience a sense of shame in seeking social services, and hide their seeking help from others (Kirst-Ashman & Hull, 2002; Sue & Sue, 2008). This was illustrated by clients within my congregation who experienced difficulties, yet sought to maintain an outward appearance of normalcy and control. When a third party from the same congregation was ignorant of the clients' situations and made insensitive comments about my clients, I was tempted to divulge confidential information in an attempt to correct their misperceived notions about my clients. However, as I was fully sensitive to the fact that my relationships with my clients were based on trust, breaching confidentiality would have destroyed our mutual trust and was therefore unacceptable. Most of all, had I divulged any information about my clients, they would have felt shamed at having "lost their face." The *Code of Ethics* mandates that social workers should "protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons" (NASW, 1999, p. 10). Thus, I had to restrain myself and not acknowledge the professional relationship with my clients. Since it was difficult to maintain control and not release any

personal information about my clients, I began to understand why self-control is considered one of the true hallmarks of professionalism (Cournoyer, 2008).

Self-control was also needed when some of my clients attempted to barter their services for mine. The *Code of Ethics* recommends that social workers "avoid" bartering between practitioners and their clients because of potential conflicts of interests or exploitation (NASW, 1999, p. 14). Yet, bartering is allowed "only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community" (p. 14). While I was a pro bono service provider upon their request, the clients I served were also at times providers to me. When clients and I reversed our service-provider/client roles, they were aware that I worked for them without financial compensation. Therefore, some did not want to charge me for their services out of the kindness of their hearts. The previously mentioned hairdresser would not let me pay for my haircuts. Even though I thought this arrangement would be acceptable among Korean immigrants, I told her that accepting the "in-kind" offer would jeopardize my social work license. While this was certainly not true, it allowed me to set a boundary related to bartering of services by using professional standards. As a result, she finally stopped insisting that I not pay for her services.

Unlike the previous ethical issue caused by my client's goodwill, I experienced some clients intentionally crossing ethical boundaries by contemplating perjury. As eligibility for many public assistance programs is means-tested, applicants for the programs should honestly report their means on application forms. Since many of my informal clients did not understand the forms, they asked me for help in completing them. While I helped them answer questions on the forms, I noticed that some of their answers were dishonest. Since many of the clients and I were members of the same congregation or within the same social network, it was not difficult for me to determine the deceptiveness of their answers. Such dishonest behavior is not only a matter of ethics, but also perjury and a criminal behavior.

Most of all, I felt that our relationships, which were built on mutual trust, were now destroyed, and I was saddened by this break in trust.

As social workers have a dual responsibility to their clients and to the broader society, they are advised to resolve conflicts of interests between the two in a "socially responsible manner" (NASW, 1999, pp. 5-6). Thus, I explained to them that lying on the forms would be considered a criminal behavior and that I could not sign my name in the preparer's section unless they answered the questions honestly. Although this explanation usually changed their minds, it did not always work. In fact, I had one client who had the means to meet his needs without relying on public assistance, yet refused to honestly fill out an integrated public assistance application form. He knew that the form was a gateway to many public assistance programs. I reminded him that perjury is a criminal behavior and he would never be eligible for any other social services if government workers realized that his answers were intentionally deceptive. However, I was unable to convince him. Thus, I had to leave the application form with him to fill out by himself after explaining what each question meant.

In retrospect, I regret using that method in an attempt to have him to reevaluate this decision. I now feel as though I might have passively approved of his action by continuing to explain each question on the form. Since I also stated that his behavior would be a crime *if* his lies were detected, did I in fact imply that it was acceptable to lie on the form as long as no one detected the lie?

In my experience, self-determination—one of the major social work ethical standards (NASW, 1999)—sometimes collided with a cultural norm among Korean immigrants. My informal clients often preferred simple directions from me as opposed to various options from which they could choose. For instance, when I attempted to practice respect for my clients' self-determination by explaining different Medicare options or publicly funded insurance programs, along with the advantages and disadvantages of each program, my clients usually said they were unsure about what to

choose and asked me to select one that would be best for them.

Initially, I thought the information I had presented was overwhelming and that this was what caused my clients' reluctance to make their own choices. However, I later came to note that many clients chose to waive their sense of self-determination even before I presented the available options. I believe this was due to Korean immigrants' cultural heritage of expecting experts to present advice when appropriate and to play more active roles in their clients' lives, which is a commonly observed expectation in other minority groups (Shulman, 2006; Sue & Sue, 2008). Yet, I never avoided explaining their various choices because I was educated to believe in the Euro-American principle that professional helpers should not unduly influence clients' lives and blur the boundaries of the helping relationship by making unilateral decisions for them (Sue & Sue, 2008). Most of all, I was unsure whether I would always make the best decision for my informal clients.

For the Future:

Empowerment through Contracting

Thus far, I have delineated my unique practice experiences, including challenges and ethical issues, from being the only or one of a few social workers in Korean immigrant communities. Today, I still struggle with many of those challenges and ethical issues. In the process of searching for solutions, I have found that the concept of empowerment through contracting is very useful in my unique practice setting.

One of the most challenging aspects of my practice as an immigrant social worker was the fact that my practice did not have termination with many of my Korean immigrant clients. They kept returning to me. However, when I nurtured the ability of some of my informal clients to *navigate* through various service systems by increasing their knowledge about available resources, I saw that some were able to use those resources without me. However, helping clients navigate through systems is a only primitive form of empowerment and is criticized as being a pressure-relief value that prevents clients from

becoming truly empowered (Shorris, 2000). Thus, my efforts to empower my clients may have fallen short.

In retrospect, I could have “truly” empowered my immigrant clients through contracting with them. Contracting is a process that “leads to a more or less formal agreement concerning the nature, scope, and focus of the services to be provided” (Cournoyer, 2008, p. 295). This process includes reflecting on and identifying an issue, clarifying issues for work, establishing goals, developing an action plan, identifying action steps, planning for evaluation, and summarizing the contract (pp. 295-296). The contracting process could have nurtured my immigrant clients’ critical thinking capacity, which may have been deactivated by the number of overwhelming challenges presented to them in a new society. With this newly activated critical thinking, my informal clients may eventually be able to choose the best option for themselves if they are given options from which to choose and find the locus of control of their fate within them, rather than within the experts. I also believe that the process of my clients’ use of critical thinking will facilitate their adaptation to American society, as well as eliminate my fear of making wrong decisions for my clients. In addition, this empowerment through contracting can curtail and eventually eliminate my unconscious rescuing of my immigrant clients because I will see them more as capable partners in my practice setting.

Reflecting upon why I chose a brief contracting process without formal agreements with my clients, a few reasons come to mind. First, I thought that having a formal contract with my informal immigrant clients was too cumbersome for my pro bono services with them. As those services were outside of my formal employment, I did not want to generate additional paperwork. Therefore, I assumed that providing a verbal explanation as to what I could do for them would be sufficient and less time consuming. Second, I certainly did not want to be bound by formal contracts as my services and clients were informal. Therefore, my selfish ego was satisfied with giving informal promises to my

clients. Finally, most of my clients were urgently in need of my services and were very specific about what they needed from me. As a result, clarifying their issues and setting goals and action plans to achieve the goals seemed less important to me.

It is my great regret that I ignored the importance of the contracting process. In addition to being beneficial for the clients, the process would have also minimized my ethical struggles about maintaining of confidentiality in dual or multiple relationships with my clients, setting up boundaries for bartering offers, respecting self-determination, and refusing to be involved in perjury. Due to the mistake, my immigrant clients did not have a clear understanding about what we, as the practice partners, were able to do together. The *Code of Ethics* mandates that, “when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries” (NASW, 1999, p. 9). I now understand that contracting serves as a protective measure for both me and my clients.

In this narrative, I have described my experiences with Korean immigrants. I also highlighted the mistakes that I made as their social worker. When I decided to write this narrative, I hoped that sharing my experiences would help other immigrant social workers who might have the same struggles, and would increase our understanding about the meaning of being an immigrant social worker. While I am unsure how well this narrative achieves those initial goals, I am very certain that I am a primary beneficiary.

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Intae Yoon, Ph.D., is an Assistant Professor at the East Carolina University School of Social Work. Comments regarding this article can be sent to: yooni@ecu.edu.



QUANTIFIED DISPARITY

Dr. Timothy B. Conley, Ph.D., University of Montana

This narrative portrays the experience of a white male social work researcher unexpectedly encountering quantified racial disparity in his research. Processing a reflection written at the time of the encounter, the author expounds on the impact this finding had on him and his teaching.

Introduction

In November 2006, a research project exploring what factors predicted recidivism for criminal offenders in rural prerelease centers in my state was nearing conclusion. I was in the data analysis phase of the project and preparing the final written report for the funder (Conley & Schantz, 2006). As a quantitatively minded researcher, I had several hypotheses to test. This narrative addresses my reactions to a statistical outcome I had not anticipated at all and explores why this was so surprising. It was written—at the urging of a colleague—within a week of the findings, and I have had sufficient time to process it and incorporate it into my professorial life in a meaningful way. The narrative, with only grammatical editing, is presented in full followed, by reflection.

Quantified Disparity

Carol says I have to write this. I have been finding ways to put it off since last Wednesday; it's Monday now. It does not feel good. But perhaps it will feel better after I have written it. I don't really know who I am writing for. For me? For her? For the next quantitatively minded white guy who gets blind-sided by an unexpectedly strong finding of race in his research?

The whole experience seemed to unfold in a haze of fatigue, deadline, and statistics. I was looking to support a hypothesis that mental illness predicted return to institutional status for pre-release center prisoners. But one by one, the predictors fell. Five days later, the results all presented to the management at the State Department of Corrections (DOC), I have this weird image

in my mind of cowboys and Indians. But, it is the cowboys who are riding in a circle around a lone Indian who is standing in the swirling dust, sun setting large, and the cowboys are just firing their guns in the air, slapping their horses, and whooping. They, like me, want to make him go away, but nothing will; the Indian is here to stay. He is significant. Statistically significant.

Last Wednesday I was driving myself to run the numbers to “stoke” the report to the DOC. It was the 14th month of the program, and the first-year report was due in five days. The university suddenly switched licenses with my statistical program (SPSS), and I lost my advanced regression models software without warning. A frantic email resulted in a distant colleague across campus letting me use his office for three hours: his older computer still had the models. I had run the frequencies, I had run the chi-squares. I had not run a multivariate predictor model—the holy grail of my work for the past year.

So there I sat in this colleague's office, surrounded by strange stuff, running binary logistic regression equations. “Return to institutional status/not return to status” was the outcome. So I started stepping in the predictors. Length of stay itself was significant. Length of stay and a dummy variable of Native American/not Native American were both significant. The Beta value, or predictive power of the Native American variable, was huge—my first indication of what was to come. I stepped in more: education (not significant), age (not), number of previous felonies (not), first sample wave or second (almost - but not); mental illness (not). The

only thing left standing as significantly predicting recidivism after 43 trial models was being Native American. I couldn't believe that mental illness was not significant. I wanted being Native American to be not significant. It was like being in the twilight zone. I couldn't make it go away. I was only aware in retrospect (about three hours later) how obsessively I had been trying. Sitting in this strange office on an exhausted Wednesday night, far from my native Boston, I was fighting the Indian.

I put more cowboys in the model. I created interaction variables of Indian x felonies (maybe it was the felonies...); Indian x education (maybe it was the uneducated ones...); Indian times almost everything, but none of them claimed the predictive power of being an Indian alone. I started taking some cowboys out, but it wasn't fair (bad statistics) and, besides, I had to take them almost all out to get even length of stay to become significant ($p=.04$). Also, the Beta value for the Indian was ridiculous: for every 100 non-natives returned to institutional status, 150 Indians were—all other things being constant. Even if time in the pre-release centers was significantly predicting something, it wasn't holding a candle to the sun behind that Indian.

I finally had to leave my colleague's office. I had to go home. I had to teach the next day. I felt sick to my stomach; more queasy than anything. I wanted badly to call my old buddy from Boston College who opened his dissertation defense with the ominous words: "Racism is an outcome..." He proceeded to present a model just like mine, showing that kids were bounced in and out of foster care with greater frequency for no other reason than being black. I sent him an email and a copy of the model.

It was 11 p.m. on the East Coast. I walked to my truck and called Carol. She is an Ojibwa Indian and a powerful scholar in social work with whom I had developed trust during the past two years. We were not on the phone for one minute when she was welcomed to the short list of people with whom I share my tears. The sick feeling in my gut came out through my eyes and in my spit. I was sort of compulsively blubbing about not being able

to make it go away and then hating myself for having spent two hours trying to do just that, almost without realizing it.

I think I was trying to protect my race, to protect us from being the way we are. The people doing the returning are almost all white. The outcome is so irrefutable, so quantitative, so everything I have come to value so highly as a social work researcher. There was no surprise from Carol at either my finding or its strength. It would be so cliché to say she honored my tears, but Carol is the one who insisted I document this process. She is a qualitative researcher—an ethnographer really. It is all about the process and nuance for her. What I was going through as a white guy stumbling on this finding was as important to her as the finding itself was to me.

I wrote up the egregious finding in a separate report to give it the new director of DOC as a separate finding, not part of the official report. If he knew about it, I reasoned that he would have to do something about it—commit resources he did not have—and his political enemies (who had just broadsided him in the press) would make hay of this. After sleeping on it, I realized I was caught in a race-driven compulsion to conspiracy to repress the truth I *so* did not like about myself and people like us. Segregate the Indian. Oh, that's so predictable! The day before I took the report to the state capital, I lost the data stick. Of course I had it backed up, but my subconscious mind wanted to leave it behind.

The presentation was painful for the director and his team. The ugly term "racism" came up, but I tempered it for them by stating that quantitative methods are reductionist and don't always appreciate the context. In some cases it *may* be overtly conscious racism; however, Native American return to institutional status is an outcome for which they do not have a full explanation. Some probation officers tell me that the Native Americans don't defend themselves when charged with a violation. Perhaps it needs to be looked at from more than one angle.

Putting the Experience into Perspective

Ultimately, I double-checked the results with a biostatistician, and they were validated;

the models were correct, and the findings went to the DOC. For them, the biggest impact of this study was that it established a baseline prevalence rate of mental illness in the pre-release center population. Nonetheless, my hypothesis that having a mental illness predicted return to institutional status was not validated. While this caused considerable consternation at first, I later came to the conclusion that the case managers at the prerelease centers were doing a good enough job of securing mental health services in the community for their mentally ill offenders, that they were essentially leveling the playing field. It was in the context of exploring this primary hypothesis that the finding of disparity with regard to Native Americans became manifest.

More recently, my research assistant and I hit the literature to seek a larger context for this experience. Discussing Miller's (1982) work, Pinderhughes (1989) notes:

Those in positions of power can also develop a tendency to deny their own personal pain and ignore their experiences of powerlessness. This stance can be costly in terms of its potential for distorting reality and for denying and devaluing one's own feeling. This is a commonly accepted consequence associated with the role of men" (p.123).

It certainly was my first inclination to deny the emotional pain and powerlessness associated with these findings. Fortunately, I had accumulated over 15 years of direct practice experience across diverse social work settings. This background, and the rapport with an understanding colleague, afforded me a process by which to reflect on, and make meaning out of, this experience.

With regard to the findings, least surprised of all were members of the Native American community; to a degree, they were surprised that I was surprised (Conley, 2008). What of my training at the MSW level? Shouldn't I have been prepared for this result? While I was equipped with the academic knowledge to process this in an objective fashion, in this

case, knowledge was not insight. My emotional and gut reaction to what had happened clouded my intellect. I knew that people of color are overrepresented in the corrections population, but I was not aware of how much more difficult it is for them to exit the system. In retrospect, my training at the MSW level would seem to have prepared me to encounter manifest feelings of racism in individual relationships, one-on-one encounters, perhaps even groups, but not in a research context. . . . a context where I came to dwell after earning my Ph.D. Even at the Ph.D. level, where I again took a course designed to instill in me critical self-consciousness with regard to issues of race, ethnicity, and power, I was not prepared to encounter this in a research context to the same degree as in a clinical context. However, I was prepared to engage in a process of self-reflection as a method of meaning-making.

In a provocative essay developed for his own teaching, Michael (personal communication, December 17, 2008) questions if researchers are seeking truth and/or promoting racism. He comments on Trepagnier's (2001) work by noting that:

Researchers must be willing to follow the facts wherever they lead, even if the results are contrary to one's cherished beliefs. Unless one's goal is pursuit of truth, there is no unique and distinct reason for undertaking research."

In the three years since this experience, I have incorporated my *Quantified Disparity* narrative into teaching a graduate-level research course, where I use it to demonstrate one way in which white men can be vulnerable to a tendency to suppress findings of oppression in order to avoid the discomfort associated with encountering them. By providing a powerful first-person narrative of the social and ethical value of turning inward to one's own discomfort—and not away from it—this experience has improved my ability to conduct and teach research. Students are more familiar with instructors processing their own internal feelings about direct social work experiences in practice courses. By using my

quantified disparity experience as an example, I am able to introduce this clinical element into my teaching about the research process.

The cowboys circled and the Indian stood - that was the truth of it. It is commendable that the funder in my case accepted these findings. By disseminating and not suppressing the results, by processing and not repressing my feelings, this work has become a meaningful ongoing experience for myself, my colleagues, and my students.

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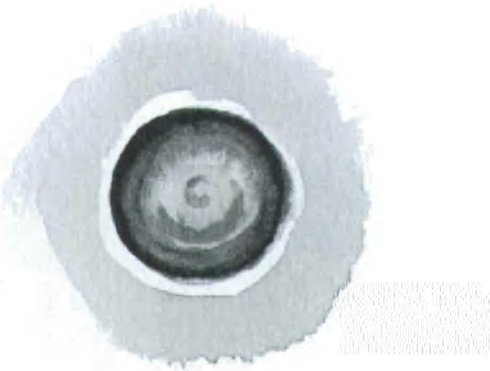
Dr. Timothy B. Conley, Ph.D., is an Associate Professor at the University of Montana School of Social Work. Comments regarding this article can be sent to: timothy.conley@umontana.edu.

VIOLENCE: ACTUAL AND IMAGINED

REFLECTIONS ON MORE THAN 20 YEARS OF RESEARCH

Jane F. Gilgun, Ph.D., University of Minnesota, Twin Cities

For more than 20 years, the author has done research on the perpetrators of violence and on persons who are at risk for violence but who lived law-abiding, pro-social lives. In this narrative, the author describes her gradual understanding of the meaning of violence to perpetrators.



I spent many years talking to men who had committed violent acts. Most were in prison when I interviewed them; others had served time and were living in communities. I wanted to understand what violence means to perpetrators. I also wanted to understand why some men become violent and others with similar risks do not. To do this, I interviewed men who were at risk for being violent but who had not inflicted great harm on others and were law-abiding. To extend the comparisons, I interviewed women who were also at risk for violence, as well as some who had committed violence.

The people I interviewed taught me a lot. For example, I learned about resilience or how people cope with, adapt to, or overcome risks and adversities (Gilgun, 2009, 2008b, 2006, 2005, 2004a, 2002a, 1999a, 1999d, 1996a, 1996b, 1992, 1991, 1990; Gilgun & Sharma, 2008; Gilgun, Klein, & Pranis, 2000). Some people experience hardships—such as long-term abuse and neglect during childhood and the teen years—and still manage to live productive lives. Persons who showed

resilience told stories of suffering and courage. Many became advocates for other people and served in battered women's shelters, self-help groups, and in lobbying efforts for policy changes.

Their stories inspired and enlightened me. I came away from those interviews full of admiration for their persistence, courage, and determination to use their experiences to make life better for others. I was also angered at the abuse and other hardships they had endured, which made me more determined than ever to contribute to making things better. On a personal note: my listening and learning helped me to see my own resilience, and to appreciate the persons who had loved and cared for me during my childhood and teen years.

Their stories taught me many other things, such as what can happen when children and teens do not have attachments of love and care. When they do not get help and comfort when distressed and hurting, or when there's no one to help them sort through a whole range of positive and harmful ways of dealing with risks and adversities (Gilgun, 2009, 2006, 2002b, 1999a, 1999c, 1998a, 1988; Gilgun & Sharma, 2008; Gilgun & Abrams, 2005; Gilgun & Connor, 1990). When they are exposed to models of violence day-in-and-day-out from their families, communities, and media (including videos, television, computer games, and the internet). When they don't receive messages that show them they can get respect and attention through acts of consideration and kindness.

Vulnerability and Dysregulation

Other learnings were ideas of vulnerability and dysregulation (Gilgun, 2008b; 2006, 2005; Gilgun, Jones, & Rice, 2005). Persons who had experienced adversities and risks had vulnerabilities; that is, they had what I eventually called “soul wounds” and “hot buttons.” When these persons are stressed, their soul wounds may be activated, much like hot buttons being pushed. They are then set up to relive many of the emotions and thoughts associated with the original adversities and traumas. These are painful, chaotic states that can lead to dysregulation, where thoughts, emotions, and behaviors become confused and agitated. Heart rates and breathing accelerate. Thoughts of being bad and unlovable, self-hatred and self-contempt, and fears that the dysregulation will last forever are typical signs of these chaotic states. Some people also experience dysregulation as physical pain—similar to being dropped into boiling oil—or have various somatic complaints, such as headaches and shortness of breath.

Dysregulation is intolerable. Persons do many things to re-regulate; that is, to restore themselves to comfortable and composed states. After many years of interviewing, I slowly came to see that persons have four general ways of coping with dysregulation (Gilgun, 2008b; Gilgun, 2005; Gilgun et al, 2005):

- **Pro-social.** Persons who activate pro-social efforts to re-regulate do not harm themselves or others and sometimes enhance their quality of life and the quality of life of persons who are there for them. Examples of pro-social ways of coping are: confiding in other people; writing in journals; looking for ways of being useful and kind to others in order to get some affirmation and to feel good about one’s self-worth; doing something enjoyable and energetic such as dancing, riding a bike, and going for a walk; and meditating on something pleasant.

- **Anti-social.** Persons who use anti-social efforts to re-regulate engage in behaviors that harm others

and themselves or threaten the well-being and even the lives of others. Examples are: picking on someone else; taking out anger on someone else or on an animal; and driving angrily and recklessly. Some people develop elaborate fantasies about themselves as powerful creatures who can do what they want, when they want, to with whomever they want. They are the heroes of their own fantasies. They feel powerful and in control. Often acts of extreme violence have a long-term build-up of fantasies that are like movies with plot lines and climaxes and denouements.

These attempts at re-regulation are short-term and eventually become part of the problem that individuals had wanted to solve. They are harmful and sometimes pathetic ways of gaining control over inner chaos and of restoring a sense of self-worth. Ultimately, anti-social ways of coping with dysregulation are self-defeating because persons whose violence stems from dysregulation typically feel remorse after harming another person. I refer to persons who act out violently while in dysregulated states as “reactors,” because they are highly reactive to chaotic inner states.

- **Self-destructive.** Some people act in ways that harm themselves. Examples are: over-eating; taking drugs; getting drunk; gambling; and cutting oneself. Each of these acts temporarily relieves the painful states of dysregulation, but the underlying mechanisms that lead to dysregulation are unaffected. In fact, these short-term solutions may become part of the dysregulating mechanisms themselves, though the intent of the persons who behave this way is to make themselves feel better and to restore themselves to a sense of sanity and safety.

- **Inappropriate.** These are behaviors that do not harm the self or others, but are inappropriate, such as

“zoning out” and not paying attention at school, in families, or in peer groups, or humming or singing to oneself while another person is talking.

When dysregulated, persons usually consider or use all four of these strategies, but one style typically dominates. For example, for persons with pro-social styles of coping with dysregulation, thoughts of kicking the dog may flash into mind and be discarded immediately. Having a bowl of ice cream or going shopping might be considered and even indulged in. Finally, the person finds someone to talk to, goes dancing, or phones an uncle in frail health to see if he wants to go grocery shopping (or may do all three). Individuals may behave in some anti-social or self-harmful behaviors along the way to pro-sociality.

Gender, Violence, and Ideology

Gender plays a role in styles of coping. Although members of both genders may engage in all four types of behaviors, men are overrepresented in the acting out, anti-social styles of coping. Women are overrepresented in self-destructive behaviors. Overall, most women and men engage in pro-social ways of coping with adversities. However, in terms of numbers of arrests and convictions for acting out violent felonies, men outnumber women by more than nine to one.

I also learned that some violent acts have nothing to do with misguided attempts to cope with the effects of adversities and nothing to do with dysregulation. Some men are violent while in regulated states (Gilgun, 2009). Their violence is their way of getting them what they want, plain and simple. They have internalized stereotypes and beliefs of what it means to be a man, and they act as if these meanings give them permission to do whatever they want, regardless of how their behaviors affect others.

I also learned that some women enact the worst aspects of female gender socialization, and hurt other people simply because it is something they want to do; it gives them pleasure. These cruel and sometimes violent behaviors occur when persons are in regulated states. They do not result from efforts at

copied with dysregulation, emotional pain, and other effects of adversities.

In some forms of violence, therefore, I have concluded that soul wounds and hot buttons are not at issue. Both men and women internalize gender stereotypes and beliefs that become part of internal working models of themselves, others, and how the world works. These working models, which can be considered inner representations and cognitive schemas, become guides to behavior.

Like those who act on their violent beliefs, reactors, when they are in dysregulated states, typically have recourse to internalized working models based on gendered stereotypes. When stressors “push” hot buttons and these internalized working models are activated, then reactors fall back upon gendered stereotypes and beliefs they have internalized. They then are at risk to harm self and/or others.

My Naiveté About the Meanings of Violence

It became apparent that I couldn't have been more naïve about understanding the meanings of violence to perpetrators of both types: the reactors and the ideologues. (For examples of what violence means to perpetrators, see Gilgun, 2008a, 2004b, 2002b, 1999b, 1999c, 1996c, 1995; 1994; Gilgun & Connor, 1989; Sharma & Gilgun, in press). I was able to handle stories people told me about being victimized, as haunting as their experiences may have been. What the perpetrators shared about their violence was sometimes so far outside of my own experience that I didn't understand much of what they had to say. I was frequently stunned into silence. Many of the stories I heard are still beyond my understanding. Yet, some of their tales gradually made sense when I was able to see my own dark sides in their stories.

Here's an example of a story I didn't understand when Stan (not his real name) told it to me, and I still don't understand it today. A woman told Stan, “I'll do anything” for a hit of the cocaine she had seen Stan share with three other people in the room. He told her to have sex with his white German shepherd. She did. Stan said:

It was like I was God and the white leader or whatever. All these people were laughing and making comments. It was like I made this happen. It wasn't just her and the dog itself. It was like them other people, too.

As he talked, he laughed and waved his arms around, as if reliving what for him was a glorious time. The woman. The dog. The appreciative audience. The degradation. Stan gave me what I asked for: an account of his violence from his point of view. I was appalled, and had no idea how taking advantage of a desperate woman could be a peak moment, comparable to being God. That was not my idea of God. However, I got what I wanted, which was his account of a violent act, but I was confused and horrified. I didn't "get it" and still don't. He felt powerful, but for me it was a despicable type of power, based on taking advantage of another person.

Seeing Myself in Some of Their Narratives

Some stories that mystified and horrified me later made some sense. I saw a piece of myself in them. One day Charley (not his real name) convicted of beating and raping his wife, talked over his reactions to other prison inmates who offend him:

At times when somebody's done something around the [prison] unit, I'll say to myself, and these are my exact words: "Fucking dickhead, you have no idea who you're even saying that to. I could rip your skull off." That sense of power is inside of me. It's always there, okay. That sense of power is there that says, you know, you know how powerful you are, okay. When you feel a little bit threatened, okay, sometimes that will pop up. I go, (chuckle), I go, "Listen to you," you know. Those will be my exact words. "I have to listen to you. If you only knew." I'm sure there are guys in here who have no idea and no matter how many times I've told them or talked about it, I don't think they have any idea who they're dealing with.

I didn't identify then or now with the ferocity of his words, nor with the certitude of his willingness to use violence. What I eventually saw in myself was my enjoyment of the violence I commit in my imagination, just as Charley and so many of the other men I had interviewed had raised their own spirits by imagining themselves committing violent acts. The difference between me and perpetrators is that they acted out their violent thoughts.

Here's how I discovered my own enjoyment of my violent imaginings. One bright winter day as I drove to work on the highway, another driver pulled in front of me in order to exit. I quickly looked in the rearview mirror and saw that I had space to brake and did so. I avoided hitting the other car with my front bumper by what seemed to be inches. I was first terrified and then enraged. I felt as if the other driver thought I didn't matter, that I didn't count. In my mind, he thought he could do whatever he wanted and get away with it. I let loose a string of curses. As I did, I laughed, bubbling over with the power of my display of aggression. Next I imagined ramming his car with mine. Then I had an image of the other driver bloodied and dead and myself with broken bones. The violent images and words disappeared. I laughed again, this time at how ridiculous I was acting. I drove on to class, relaxed.

The whole incident took seconds, but in that time, the dark side and the more healthy side of my personality activated itself. I don't think I would have been able to describe my own violent imaginings had I not heard prison inmates describe over and over again what went on in their minds before, during, and after they committed their violent acts.

Listening intently and opening myself up to their words revealed to me my own dark side. Until I started this research, I never acknowledged the violence that I sometimes commit in my mind and how much I enjoy it. I also never considered the automatic responses that stopped me from acting on these violent images. I never worried that I would act on these violent images, and I never have.

Differences and Similarities Between Me and Persons Who Act Out

I am different from the persons who act out the violence they imagine, but I am also the same in my mind and heart. The difference between me and those persons is that I experience automatic responses that prevent me from carrying out my imagined violent acts. When my hot buttons are activated and I conjure up violent responses, my mind moves swiftly to the dire consequences. I realize how ridiculous I am being. Images of consequences that hurt others and myself dissolve the violent images. My aggressive displays and their ridiculousness cheer me up. I don't want to maim them or kill anyone, or hurt their families and friends.

What I am describing is one kind of resilience as process. There are many other resilience processes, but the automatic activation of thoughts and images that dissipate my violent thoughts is a protective process. I have hot buttons that activate my own inner violence, but so far my protective processes have stopped me from acting on them.

I also realize that when I display aggression and enjoy it, I'm puffing myself up; like a gorilla banging his chest to scare other gorillas and attract an audience of females and young gorillas who want to be like him. Images of violence serve the same purpose for me that they serve for men who act out their violence. I momentarily feel giddy with power. Thoughts of what I could do if I felt like it restore my spirits for a second or two. I even feel a sense of relief when I laugh at myself for being so ridiculous.

I have been a reactor in my heart and mind, but I have noticed in the past several years that I rarely have these responses any more. The research helped me realize that I had them in the first place. I could then deal constructively with the violence in my own heart. I gradually found that automatic violent thoughts decreased when I felt demeaned. I might even be less vulnerable to feeling demeaned.

The Absence of Protective Processes

Here's the story that illustrates what happens when automatic responses do not

dissolve the enjoyment of imagined violence. Charley enjoyed imagining, threatening, and committing violent acts. Like Stan and many other men I interviewed, he reveled in the admiration that he got when he was violent. When he was depressed and angry, fighting made him feel better. He'd go to bars to pick fights. When he woke up in the morning, he got another charge. He said:

I've woke up in the morning with my lip hanging out here, the side of my jaw this big [puts hand over left side of face] and my eyes swollen shut and my nose broke. I'd have my friends come over, and we'd yuck it up. "Hell of a fight, wasn't it?" Somehow I was a man then, you know.

On occasion, I, too, have enjoyed talking about hurting others, and sometimes even believed that others enjoyed themselves when I told them about it. I may have had an imaginary audience as I cursed at the driver who cut me off. Yet, who in my life would ever approve of my displays of aggression? It had to be someone way back when I was very young, because I do not remember anyone who would have admired that behavior except perhaps the little boys with whom I had played from about age three to age seven or eight.

I have observed the enjoyment of movie audiences when they view violent film images. Maybe that was an influence. Maybe the rage and complaints I have heard women share with other women influenced the development of my inner violence. Maybe the venting that women did was a way of connecting emotionally with other women.

Sometimes I had an actual audience for my displays of imagined aggression. I considered this venting as a way of getting rid of anger and often used violent language, though I had no intention of committing violence. During the years I was interviewing, I had some friends who didn't vent about their men by using violent language. They drew back from me when I began to vent in this manner, so I learned to curtail my expression of anger in their presence.

The last time I vented using violent images in my speech, a man in my life was not doing what I wanted. I thought he was tossing me out of his life. I told a friend that I'd like to punch him in the nose, kick him in the butt, and jump all over him as he lay writhing on the ground. I enjoyed telling her, and the telling lifted my spirits. I didn't mean a word of what I said, and I thought she would think my words were as ridiculous as I did.

Instead of laughing with me, she looked frightened. She was taking me seriously. I stopped and told her that I would never do anything like that. It was just talk. She didn't seem convinced. The realization that someone else might think I meant to harm another person pulled me up short. I never shared a violent fantasy again. When something pricks me, and I start thinking about a display of aggression, I divert my negative energy to something more constructive. In other words, I now avoid sharing my violent fantasies with others and, when they are activated, I divert my attempts at re-regulation to something prosocial. I no longer want to enjoy my display of violence.

Charley, on the other hand, did not divert his aggressive imaginings elsewhere. He frequently experienced a "prick" to his heart, which I interpret as a hot button whose activation leads to dysregulation. This is how he described the "pricks:"

I see myself as a great big heart [holds out hands to show the size of his heart]. Got a picture of this, the heart being this big, okay. I see times when somebody comes up and tries to poke that heart and I get relatively mad. Okay. And then I see sometimes when my heart actually gets punctured. Then I get angry and rageful. In most cases in my life, the person who got hurt is me, you know, but in other cases I got tired of hurting me, and I wanted somebody else to pay, you know.

He wanted his wife to pay when he thought she was having an affair with another man. He beat and raped her in front of their four year-old daughter. His wife begged him to stop, and he daughter screamed and cried in the corner of the bedroom. He said:

Let's put it this way. When I quit swinging at her [he paused for two seconds] I was so exhausted that I thought I was going to pass out. I couldn't breathe.

After he beat his wife for "two minutes," he "wanted his sex." He raped her. When he woke up beside her the next day and saw what he had done, he said he was more concerned about what would happen to him than what he had done to his wife and daughter. Charley told me that he knew the difference from right and wrong and good and bad. "I chose the bad," he said, "because it made me feel better." He expressed regret for raping and beating his wife and traumatizing his daughter. He'd do anything to fix what he had done, but it was unfixable, he said.

Impact of Violent Narratives on Me

I was unprepared for the impact these stories would have on me. One time, after listening to Alan (not his real name) describe his murder of his two toddler sons, his fiancée, and an unrelated woman (Gilgun, 1999b), I had lunch with a friend. As I struggled not to tell her about the horror of this interview, I had what could've been an out-of-body experience. I felt myself shoot up into the sky like a helium-filled balloon and saw my friend and me sitting at the round outdoor café table. I finally told her a bit about the interview and then said I wouldn't know until later whether I had been traumatized by the interview. I wrote in my journal a few days afterwards:

By the next day, I knew I was. . . . [I didn't finish the sentence.] I was working at the computer. The program must've been very complex because it took the computer about 15 seconds to respond to every command. I was getting angry because I had to do this and I also had [to go to a social gathering]. I had several flashes of pounding and kicking the computer. I cried and I yelled, and I was hoarse for the night.

I didn't touch my computer because I didn't want to break it. At the social event, I saw two old, dear friends, whom I told about my upset. They comforted me in a sympathetic, but humorous way. Seeking and

receiving comfort are part of my automatic responses to stress. Luckily, my primary response is pro-social.

What to Share? How?

Over the years I've done this research, I felt like the Ancient Mariner in Coleridge's poem of the same name, wanting to grab people by the arm and tell them my terrible tales. I managed to hold back on telling these stories to unprepared audiences nearly all (but *not* all) the time.

Interviewing men who had perpetrated violence was a descent into hell. The descent came in stages. I didn't stay there, though I still go back periodically when a story propels me back. I was never confused about the horror of violence. That was clear and unambiguous. I was never confused about my will to do something to stop it.

For several years on and off, I was confused about how to share what I knew about violence. For example, I wanted to write a book containing a comprehensive theory of interpersonal violence for years and made many attempts, all unpublished (Gilgun, 2000, 1999d, 1998, 1996c). I would tell myself and others that I'm a slow learner. I didn't have a coherent way to talk about what I knew. I had waded into something I did not understand, and it was taking me an enormous amount of time to grapple with and organize what I was learning.

Sometimes I said stupid things. One example is a comment I made to a woman who herself had been raped and had become a well-known advocate for changes in policy and practice around rape. I had said, "I ruined my life for people like you." I was trying to communicate the irony of my situation; namely, that to make life better for others, I had put myself through misery. The humor fell flat for both of us because as the words flew out of my mouth, it sounded as if I were blaming her and other survivors of violence. Another example is a story I told to an audience of seniors about a burglar's invasion of an old woman's home. Upon observing the fear in their eyes, I realized that I had terrified them, not enlightened them.

Sometimes when I talked or even wrote about the stories told by perpetrators, I experienced waves of rage and disconnection. I suspect I sometimes was in a dysregulated state, but other times I simply did not know how to make some sort of intelligible whole out of what I'd heard.

Many times I began writing a book on violence (Gilgun, 2000, 1999c, 1998, 1996c). My attempts were disconnected pieces of a puzzle that I couldn't properly fit together. I did write many articles that told parts of the story, but I couldn't weave together the tapestry that embodied the sum of what I had learned.

I did not and do not want to sensationalize violence. The stories that haunted me would have been sensational. To publish a sensational book would have betrayed the persons who had suffered so mightily from violence and would do nothing to prevent violence. I wanted to write a book that gave a constructive view of violence so that persons who wanted to change things could use what I have learned.

Some Shifting and Integration of My Personal Understandings

Over time and with great effort, I gradually integrated what I had learned about violence into how I had previously viewed myself, others, and how the world works. For me, if there is a balanced, constructive, accessible view of violence, this would involve showing the meanings of violence and how these behaviors develop. Balanced, constructive, and accessible accounts include the hopeful, inspiring stories of people who in many ways should have been violent and weren't.

I thought that comparing the pathways to violence with the pathways to resilience would put the horror of violence in a framework that would enlighten others and give them material they could use to do something constructive about violence. I wanted the solutions to violence to be obvious in my telling of what I have learned over many years.

To understand violence as I do today, I also did a great deal of reading in such fields as developmental psychology, cognitive science, neuroscience, gender development,

critical discourse analysis, and philosophical readings on human will and free choice. My present understanding represents an integrated understanding of violence—what it means, how people develop violent behaviors, and the factors that move people away from committing violent acts.



Pathways Toward Understanding Violence

In summation, the stages of my learning about violence were as follows:

- shock and horror
- search for a framework to understand with some success what I was hearing
- appreciation of the persons who had risks for violence but who overcame these risks
- identification of the processes people use to cope with, adapt to, and overcome these risks
 - identification of the processes I used to cope with, adapt to, and overcome adversities and risks for violence in my own life
 - “in the bones” appreciation of the persons who loved and nurtured me in good times and bad;
 - “in the bones” understanding of what violence is
 - identifying my own dark side in some but not all of the stories
 - confronting and letting go of my own slights, losses, and traumas
 - profound empathy for what victims had experienced
 - emotional availability to the stories of horror that perpetrators told me
 - gradual integration of my new understandings into how I view myself, other people, and the world
 - struggles about appropriate ways to share what I had learned about violence

- doing a great deal of reading and reflection in order to help me interpret and understand these stories of violence and stories of successful coping

- developing an integrated way of understanding violence that can lead to constructive responses to prevent violence and to transform the lives of those at risk.

I did not progress in an orderly way through these stages. Instead, I moved back and forth between them, and the order shifted. What is important to me today is that I think I have found a way to share these terrible tales in ways that will lead to constructive solutions.

Final Thoughts

I have learned a great deal about the development of violent behaviors, the meanings of violence to perpetrators, and how persons overcome risks for violent behaviors. I am in the midst of reflecting upon issues such as how the violence in our own minds and hearts plays into violence that some people actually commit.

I realize now that listening to these stories of violence helped me to become aware of my own internalized violence. I have processed my internalized violence and have let go of most of it, although I will not let myself forget that violent thoughts and images are within me and presumably in other people as well. It seems impossible to be part of this culture and not to have internalized violence. My hope is that what I have learned will make a constructive contribution to the understanding and prevention of various forms of interpersonal violence. I have a lot of thinking to do.

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Jane F. Gilgun, Ph.D., is a Professor at the University of Minnesota, School of Social Work. Comments regarding this article can be sent to: jgilgun@umn.edu.

STUDENT EMPATHY: A LEARNING EXPERIENCE

Sherry Lovan, Ph.D., Western Kentucky University

A class of senior students in a community nursing course wrote "Dear Diary" journal entries that conveyed a deep understanding of empathy. This assignment served to connect the students with people in different stages of life. The journal entries provide an example to demonstrate how classroom assignments can effectively encourage students to place themselves in another's shoes, which is the basis for empathy.

Introduction

Nurse educators around the world are challenged to present complex material to a diverse group of students in a relatively short span of time, typically over a period of two years. With the current nursing shortage expected to worsen, it is probable that this time frame may be condensed as nursing education programs investigate ways to accelerate the education process and graduate larger numbers of students. While in nursing school, students are expected to learn critical concepts, manage a variety of clinical situations, gain experience as critical thinkers, and incorporate caring into the mix.

Rowles and Russo (2009) suggested that nurse educators continually search for the best way to teach and empower nursing students for learning. Even though the task is not easy, educators incorporate technical skills, nursing science, and the art of caring into a comprehensive and rigorous curriculum. Empathy, which is a component of caring, is often described as the ability to put oneself in another person's circumstance. While nurse instructors can certainly role-model empathy with students, effective methods to teach empathy are rare. In their study, Evans, Wilt, Alligood, and O'Neil (1998) investigated empathy scores in nursing students and found a need for new approaches to examine a student's basic empathy level.

A review of the literature reveals that nurses have low levels of empathy (Hills & Knowles, 1983; Reynolds & Scott, 2000). In addition, there are few examples of effective

teaching strategies that promote this behavior in students other than role-play. Reynolds, Scott, and Jessiman (1999) proposed a need to identify which components of empathy education were effective in teaching nurses how to offer empathy in the clinical environment. Kunyk and Olson (2001) found that the conceptualization of empathy used by nurses is of paramount importance to the profession. They suggested that understanding patients, their needs, their emotions, and their circumstances is fundamental to nursing practice and that empathy is the foundation of that understanding.

Most nursing faculty would agree that empathy is important and should receive attention as a common thread throughout nursing education. To promote empathy in senior community nursing students, I assigned textbook readings that discussed the health concerns of older adults, men, women, children, and adolescents. A large portion of this content was a review of material presented in previous nursing courses. As an attempt to engage the students with the content presented, I asked them to complete readings of the chapters and select one population that



interested them most. Next, I assigned each student to write a "Dear Diary" journal entry using imagery about the life of a person in the population they selected. Imagery is described as a reflection on the personal experiences of another person (LaMonica, 1993). Students could write about someone they knew personally, as long as they applied the content of the text to the entry. I posted a "Dear Diary" journal entry about a senior widow woman (a personal friend of mine) for students to review as an example. Finally, students submitted this assignment to an academic web site where classmates read and wrote comments in response.

What occurred after the students submitted their responses was a pleasant surprise. The entries were informative and presented material from the text in a manner that was interesting to read, true to life, and unique in that it was from many different student perspectives. After reading the students' submissions, I gained an appreciation for the various backgrounds and insights of my nursing students. The demographics of the class revealed largely traditional college-age, Anglo European, and female students. The small number of male, minority, and nontraditional students contributed yet another valuable dimension to the Dear Diary entries.

Some entries were funny while others were disturbing; however, all provoked powerful and serious messages that affect people in different life stages. The students wrote about topics ranging from children who experienced bullying in school to senior adults plagued with loneliness and isolation. Other common issues included breast cancer, high-risk adolescent behavior, childhood obesity, domestic violence, teenage pregnancy, child abuse and neglect, and the effects of poverty. After completing the assignment, I asked the students if they would like to have their Dear Diary journal entries published. The class unanimously agreed and signed permission slips to publish their work. The following paragraphs represent a sample of the writings from this senior nursing class.

Dear Diary Entries: Elementary-age children

Child One: I am glad to be home. School is no fun anymore. Today on the playground, Tommy called me Fatty McFatson, and a lot of kids laughed. Then he called me Butterball. I got really mad and punched him in the face. That was bad because I got in a whole lot of trouble and Mom had to come pick me up from school. I don't want to be big anymore. It makes me really upset when other kids make jokes or when we have to run in gym class and I don't run as good as the other kids. Whenever we play dodge ball, I always get picked last and I get embarrassed. Sometimes I get really really sad. I don't even want to go hang out with my friends and I just want to stay in my room and play Nintendo. Sometimes I tell Mom I am sick so I don't have to go to school. On Saturday, Mom and I went to the mall to buy some new clothes and I got real mad because none of the clothes I wanted would fit me. It's just really frustrating. It is all Mom's fault.

Child Two: Today was another rough day at school. I keep telling myself that it WILL get better, but I am running out of faith. I was extremely tired today and I kept getting in trouble for sleeping in class. I wonder if they really know why I am sleepy. I hope they think I was up talking on the phone with a cute boy instead of what really happened. My dad is unbelievable. I can't believe he says those terrible things to my mother. I hate when she cries. I stayed awake all night sleeping by her door so I could hear if she was ok. Every time I heard Dad get up, I ran and hid in my room. I hope he didn't see me. He would be so mad and take it out on her. It's always me. I don't even want to go to cheerleading anymore because he drinks every time we have a game and Mom isn't there to make supper. I have begged to stop going, but Mom continues to make me. She says she will not let him ruin my life like he does hers. I wonder why she stays with him. I will never let a guy treat me like that, diary. I am going to be treated like a princess forever and my kids will never cry all the time like I do. Is it bad sometimes I hope Dad doesn't come home?

Sometimes I think I am going to hell for wishing that. Do you think I will, diary? I know I am supposed to honor my mother and father, but it is so hard, diary. I wish you could talk back so someone would know what I go through. Just one person, that's all I want. There is nobody that will keep my secrets like you, though. I am so thankful to have you. I love you. I will write tomorrow. Dad still isn't home. It is 9:30 pm and his dinner has been ready for hours. My poor mom, she worked so hard on it. I will let you know how tonight goes.

Adolescent Life

Adolescent One: Today I went to my first doctor's appointment since I found out that I was pregnant a few weeks ago using one of those home pregnancy tests. Actually going to the doctor today started to make this whole thing a reality, especially when I heard the heartbeat for the first time. The heartbeat was so fast. . . . and so real. The doctor told me that usually patients do not get to hear the heartbeat at the first appointment if it is before 12 weeks, but I was able to because I had waited so long to seek prenatal care. I just can't believe there is a baby growing inside of me. The nurse talked to me about what I can expect during the pregnancy. She also asked me if I had ever used any contraceptive methods or if I had been taught about safe sex before. My mind thought back to an appointment I had before entering high school and I remembered the nurse trying to counsel me about safe-sex practices, but stressing that abstinence is the best way to prevent health issues. I remember rolling my eyes at her and thinking, "I don't need you to tell me any of this and I don't need to listen to you. None of this is ever going to affect me." Now, I wish so badly that I had listened to her.

Adolescent Two: I am so hungry, I could eat anything! I could even eat broccoli! Mom said that we can go the store in a few days to get some food. I do get to eat breakfast and lunch at school and I don't even have to pay for it! Almost every night when I go to bed, my stomach hurts. I can barely go to sleep I am so hungry. Mom was really sad today. I heard her talking on the phone to Nana. She said she was scared about not having a place

to live next month. I wonder if we are moving. I wonder if I will have to go to a new school. I like my teacher; I don't want to move again. My ear has been hurting a lot, too. Mom said that she can't find the time to take me to the doctor because she can't leave work. She said her boss would fire her if she left. What a meanie! I wish his ear would hurt like mine, and then he would understand and let her off. Sometimes I get in trouble for not paying attention in school, but I do when my ear doesn't hurt so badly. I miss Dad a lot. I don't get to see him very much, and he hardly calls anymore. I wonder if he ever misses me. I try to be really good so he will want to see me. I remember we had a big, nice house with lots of food and toys when Mom and Dad were married. I wish we were still a family. Things were a lot different then.

Men's Health

Man One: What a day! I had to go to the doctor today. I went to the free cholesterol screening at the drug store a couple days and it didn't turn out so good. The nurse there referred me to get a second test from my doctor. When my wife heard this, she did the usually nag, nag, nag. . . . preach, preach, preach, and nag some more. I didn't want to go to the doctor, but you know who won that argument. I haven't been in like two years, so why start now. Who has time to go to the doctor anyways? I work 45-60 hours a week trying to support my family, a wife, and two kids, one of whom is a teenage boy who won't listen to anything I say and eats like he's starving all the time. So anyways, I went to the doctor and he got the results back. Now I'm on some kind of new medicine, which is great because I'm already on insulin for my diabetes, which I can also thank my wife for because I wasn't gonna go to that appointment either. So now I have a nice, fat prescription bill to deal with on top of everything else. Now the doc wants to schedule me for a colonoscopy since I'm 50. I hate getting old!!! He also says I'm way too stressed out and need to relax. He also says I need to start working out. I tried joining a gym and that lasted for like two weeks. Who has the time to throw in exercise on top of everything else? I barely see my family as it

is. It's time to go finish my proposal for the morning, polish off half a fifth of vodka, smoke my cigarette, and get ready for this crap all over again.

Man Two: Today was a long day. I had an early meeting at the office today, where my boss chewed me out in front of everyone. He made me look like a fool, and I wanted to punch him to show everyone who really was the fool. But I need to make a living for the wife and kids, so I just took his crap. After work I went to the gym to lift weights and play basketball. My knee started to hurt again while playing and continued even after I stopped playing. I told my wife about it when I got home. She started in on her lecture about going to the doctor. When am I going to have time to go? The doctor's office is open only during the time that I work, and we cannot afford for me to take a day off. Plus, if I went in for my knee pain, I'm sure they would find something else wrong with me. I don't need any more stress in my life.

Women's Health

Woman One: Today was a life-changing experience for me. Today I was diagnosed with breast cancer. I went to the doctor for a mammogram and the test came back abnormal. I went to the doctor to find out results of a biopsy of a lump that was found in my breast. I had walked into the doctor's office full of hope, knowing that there was nothing wrong with me. I'm in my late 50's and I have lived a good life. The doctor walked in and I could tell from the look on his face that something was wrong. The room that had started out bright and cheerful suddenly became dark as I listened to the doctor tell me that I had breast cancer. Thoughts just ran through my mind. What am I going to do? I have children still at home to take care of. What will happen to them if I die? Who is going to take care of the house? Most of all, who is going to take care of me?

Woman Two: Today was a very stressful day. I had to get the kids up to go to school and all the while Riley was having another nosebleed and Kelsie needed help with her homework, which she waited to do until 15 minutes before class! Because I had to get

the kids up and ready, I was almost late for work myself. I only had time to take a quick drive through McDonald's and grab me a bacon, egg, and cheese biscuit and a coffee. I never have time to cook these days. Balancing work and all the financial problems we have is taking a toll on me. I barely have quality time to spend with my children anymore, especially since the divorce. I'm so worried about everything that I'm starting to get seriously depressed. I've been having weird pains in my right shoulder and back when I move around a lot or walk for long periods, but I think it's because of stress. It makes me feel like I can't breathe or something. I just need to go to the chiropractor, but I can't afford it. I pray every day my kids and me don't get sick. I don't have insurance because of my job and I don't qualify for Medicaid because my income is too high.

Life of an Older Adult

Person One: Today has been a true blessing. My grandson came by to see me this morning and told me of his life. He told me how well he was doing in his college courses and how hard he had to study. It was a joy to see his face, the face I see less and less. I remember when my lovely grandchildren came to visit more. It was less lonely then. Now they are getting older and are leading lives of their own. I hate to be any trouble, so I don't call them as much as I would like. I just wait for them to call me or make a surprise visit. My grandson has become so handsome. Before he left he smiled and gave me the biggest hug. He told me how much he loved me and how good I looked. I smiled back trying to hold back tears. I wanted to keep him there with me, to offer him a home-cooked meal, but he and I both knew I don't cook much anymore. Cooking takes a lot of energy for an 81-year-old woman and food has become so expensive. I knew he wasn't being truthful when he told me I looked "good." I've seen the mirrors. I know how time has treated my once young-looking face. I know how unsteady my walk is because of my knee and chronic back pain. The face and body I see in the mirror is now a stranger to me. I recognize the eyes that stare back at me, but even they

have neglected me over the years. It is they that have caused many falls around the house.

Person Two: This is day 25 of my journal writing and I feel the same as yesterday. Ever since my stroke a month ago today, I have felt helpless because I still have much weakness in my left side. I don't know how to hope for the best anymore. I pray about it often. Maybe it's teaching me patience. Maybe my prayers are not being heard. Ever since my husband John died, I've just been lost within myself. I've spent countless days wondering when my day will come...when I don't wake up. I just pray that I die a peaceful death. Hopefully I will be granted that much.

Conclusion

It is disturbing when research suggests nurses possess low levels of empathy (Hill & Knowles, 1983; Reynolds & Scott, 2000). Perhaps through assignments such as the "Dear Diary" journal entries, nurse educators can emphasize the importance of empathy in patient care and nursing practice. Reynolds and Scott suggested that the consequence of low empathy shown by nurses could lead to patients not being understood or not feeling understood. Without empathy, nurses also may fail to provide necessary information, fail to provide adequate emotional support, and increase a patient's stress level. The Dear Diary journal entries demonstrate that nursing students have diverse backgrounds and rich life experiences to share with others. Students teach one another through sharing their thoughts and experiences, which can ultimately create a powerful learning environment. The Dear Diary assignment taught me that students have the ability to be equal partners in learning about empathy. I will continue to use the Dear Diary assignment in my community nursing course and encourage other educators to incorporate this type of assignment to facilitate empathy in all students.

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Sherry Lovan, Ph.D., R.N., is an Assistant Professor at Western Kentucky University School of Nursing. Comments regarding this article can be sent to: sherry.lovan@wku.edu.

THERE'S A RAINBOW UNDERNEATH: A REFLECTION ON HOPE

Staci Jensen-Hart, M.S.W., Idaho State University

In the midst of professional and personal stress, we may question why we have chosen to become a professional helper. In this narrative, the author reflects on a lesson learned from a seven-year-old child. Lessons imparted by clients can open doors to hope and possibility, and rejuvenate professional careers.



"In your own experience, what is the success rate for your clients?" The pointed question hovered in the suddenly still classroom. Twelve senior social work practicum students waited for my response.

I found myself stammering, searching my brain for figures, and then explaining to the students that when I was in graduate school (albeit two decades past) the "third" adage was the percentage often referred to: a third get better, a third stay the same, a third get worse. Before I could get to the day's more promising research on evidence-based interventions, the student intent on having *his* question answered, stopped me. "No, I mean, you personally. . . . in your own experience."

I then listened more carefully to his question, the need behind his words, his longing for reassurance after being exposed to a horrible entry week of seeing client pain and being unable to do anything but administer a Band-Aid to a gaping wound. His question was really, "Give me hope. . . . why should I even think about entering this field?" He wasn't looking for theory or evidence from research-based studies. He was looking for certainty,

for confirmation of his chosen field, for something that at times in my own career as a social worker, I could not have honestly given.

In light of his deeper question, I realized the flimsiness of the "third" adage, or of even citing current evidence-based research. Responding with an academic statement, "It depends on how you define success," would simply be a delay. I often wondered myself how to define success. Is it only when our clients meet their goals and no longer need our services? *Or* is it that glimpse of an "aha" moment when we know something has shifted internally? As helping professionals, what fuels our desire to work in a field fraught with hurt, pain, and trauma? We understand that success is pivotal in serving as a motivator and instilling hope. But how do we impart hope to the hopeless when we ourselves are not certain of success?

I stumbled through the class discussion and perhaps relayed some helpful information. However, back in my office, the student's question continued to gnaw at me. How do *I* determine success? I have spent my life career as a social worker—has it been worth it? Have I really made the difference reflective of my dreams when entering the field at age 21—bright, eager, hopeful?

I looked at the framed finger painting hanging on my office wall. To a casual observer, the frantic swirl of raging black, tinged with deep purple, may appear to be a desperate mess. However, when I viewed this painting in light of my questions, I remembered Jess, the slight feisty seven-year-old who had profound insight.

When I met Jess, I teetered on burnout. I had been working in the social work field for 17 years. My working days were spent primarily with people experiencing struggles in their lives. I had witnessed extremes of the human condition: personal triumphs against impossible odds and spiraling falls that clipped everyone standing on the sidelines. My home life was stressful to say the least. My mother was seriously ill with heart problems. My son struggled with acute episodes of asthma to the degree that we had scheduled a ten-day hospital assessment in hopes of finding answers. Working part-time as a school social worker in the district's second-largest elementary school meant that, in reality, I put in full-time effort and adrenalin in exchange for part-time payment, heart palpitations, breathing problems, and stomach upset. My purpose in working part-time in order to have energy for my own two elementary-age children was defeated. I was exhausted and irritable. I seriously contemplated leaving the field of social work and applying to be a checker at a big-box store.

And then Jess came to school.

Jess was referred to me by his classroom teacher. Actually, "referred" does not describe the panicked call that came from the well-seasoned, first-grade teacher. Mrs. C. alerted the office that help was needed immediately. The secretary punched my extension and notified me of the crisis. By the time I arrived, Jess, wild with rage, had already scattered papers and tipped over a desk. Mrs. C. and I managed to get him out of the room while the class of first graders stared wide-eyed in fright. Once in my office, Jess finally exhausted his agitation. Emergency meetings for the multi-disciplinary team were called, Jess's mother made an appearance, preliminary behavioral plans were drafted, and an experienced aide was hired. With appropriate supports in place, I was able to focus on my role of counseling Jess.

Initial sessions centered on gathering data through observation, play assessment, and listening. Jess's play was haphazard. He tossed aside toys which did not interest him and became easily frustrated with games requiring even a modest amount of

concentration. However, he was particularly creative and gravitated toward the art materials.

Jess often chattered as he played. His words gave clues that gradually congealed to form a picture of his daily life. "Mom sleeps a lot. She yells at us if we wake her up." "My brother is in *big* trouble again." "We got kicked out of our house." "I watched TV all night." "I didn't have breakfast." "My uncle is kind of scary."

Jess's issues were all too horrifyingly common to an experienced school social worker: probable fetal drug effects, physical abuse, neglect, suspected sexual abuse, chaotic home environment with frequent moves, bouts of homelessness, and exposure to strangers wandering in and out. Not that we, as helping professionals, become calloused in the sense of hardened, but perhaps calloused as in a thickening, a toughening of the skin. Jess, however, managed to seep under my coarsened sheath. How could I hope to make a difference in my measly two hours a week with him when the other 166 hours a week, he lived with chaos, confusion, fear, and survival-mode hypervigilance?

Then Jess painted.

Several weeks into our work together, Jess spotted the paints high on my shelves. I reached for the bottles reluctantly, questioning my own motivation for the inevitable clean-up. Digging a stained paint shirt from my supply, I handed it to him. Jess ignored my offer. He touched each of the colors—red, blue, yellow, green, purple, brown, white and black—as I spread the waxy, freezer paper on the table. Together we opened the bottles. Jess did not ask for a brush like some children do, children who don't like touching the messiness. Instead, he asked for a pencil.

Gripping the yellow No. 2 pencil, Jess made wispy curving marks on the rectangular sheet of paper. He paused briefly, keeping his eyes on the faint marks before carefully laying down the pencil. Shifting his focus, Jess attacked the paint. He squeezed gushes of red, blue, black, and purple paint from the bottles. Fingers spread wide, palms open and flat, Jess furiously swirled paint on paper with purposeful vengeance.

In silence, I witnessed Jess's work. Expending a final burst of energy onto the paper, Jess suddenly stopped. He stared at the now blackish, purple goo for a long moment. Spent, he raised his head, his brown eyes gazing intently at me. His lisp momentarily gone, his words profound, wisdom cutting through chaos to answer my own questions, "Remember, there's a rainbow underneath."

And that is why I keep Jess's painting on my wall. I may not be able to quote statistics of therapeutic success rates off the top of my head, but I can tell my students that the messiness that comes with a field chosen by compassion is worth it—there is a rainbow underneath. After all, I received this piece of wisdom from a very reliable source.

Staci Jensen-Hart, M.S.W, is an Assistant Professor of Social Work at the Idaho State University Department of Sociology, Social Work and Criminal Justice. Comments regarding this article can be sent to: hartstac@isu.edu.

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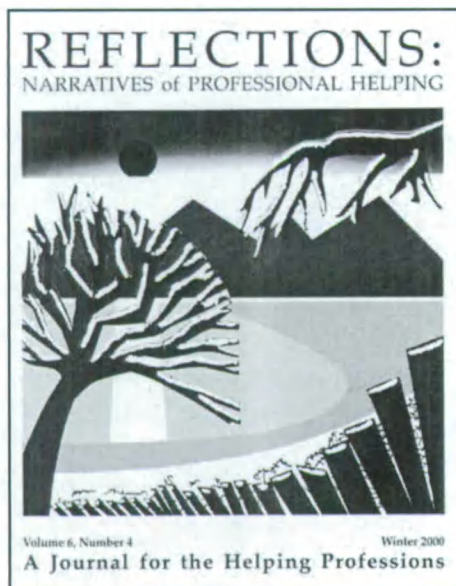
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