

Dear Editor,

In her narrative "Strengths Despite Constraints: Memoirs of Research in a Slum in Calcutta" (*Reflections*, Summer 1997), Dr. Banerjee writes about feeling bewildered when the story's main character, Raquella, "the most wretched among the slum's wretched," did not steal the author's prized video camera. Not having done so, Raquella compelled Dr. Banerjee to re-evaluate her "nascent and simplistic understanding that economic necessities drove behavior in the slum, and to question the validity of "dominant perspectives such as deficit and pathology, micro-economics, or Maslow's hierarchy of needs." Furthermore, Raquella's behavior inspired Dr. Banerjee to search for her inherent strengths despite her poverty, oppression and "otherness." In the author's eyes, then, Raquella became a woman who "did not want to be defined by her poverty."

Poverty has an adverse effect on biopsychosocial development and leads to behaviors that deviate from the "normal" and the expected. At the same time, poverty is only one among multiple variables which affect human behavior and it might be a natural inclination for poor clients to want to be defined by some other criterion than their poverty. Using my personal experience in a poor, socially cohesive community as a point of reference, I want to call attention to powerful, yet often overlooked beliefs and practices in some economically disadvantaged communities.

As an individual who has experienced poverty, not in an Indian slum but in a Greek village, not in a "culture of poverty" but in an environment in which poverty was the result of a ravaging civil war, I feel compelled to write in defense of Raquella and of all those whom Dr. Banerjee, along with the social work profession, places under the category of "the other." I do so while I acknowledge behavioral differences between the dwellers of an urban slum and the inhabitants of a farming community; between those who are born and live in poverty and those who experience fluctuating poverty. I also acknowledge the powerful influence of cultural expectations of human behavior and anticipate these differences to be manifested in the behaviors of Indian slum residents and Greek villagers. However, as "poverty is said to be similar rather than dissimilar in developed and developing countries," there is also evidence of similarities in codes of conduct and of defined consequences among poor, but culturally diverse communities.

It seems to me that on her way to "study the interplay of strengths and constraints in the lives of people living in a slum," Dr. Banerjee entered the slum of Dhobiatala with the dangerously preconceived notion that poverty is associated with deviance and pathology. When Raquella returned with the video camera intact, the author asks "why was she such a fool?"

Individuals who have lived in an economically de-

pressed community would attest to the fact that poor communities have their norms for resident behavior, a "code of conduct," and that there are consequences for any deviation from them. In some poor communities, behavior which deviates from these norms can be stigmatizing behavior and the stigma might be transmitted transgenerationally.

In a social environment in which possession of material goods and membership into an "acceptable" social group are not available and access to them is not based necessarily on a person's capabilities, adherence to community norms of conduct can be one's way of securing social recognition and a self-efficacy and of safeguarding the family's honor. Defiance of societal expectations, then, may strip the individual of the sense of being human and may make their microsystem a social outcast.

A poor community's behavioral norms, value and belief systems might not be viewed by its indigenous residents strengths. Compliance with what is expected is the means that residents use to define and validate themselves. They use neither their poverty nor the myriad adversities it subjects them to as a justifiable reason for anti-social behavior. They, therefore, might become skeptical when a professional labels their expected acts as "strengths." Not only does this perplex them but it risks making them view the professional with suspicion and mistrust. A reversal process begins and in their minds, in-

sidiously, the professional becomes the "pathology."

When middle-class social workers find it difficult to establish therapeutic alliances with their poor and ethnically diverse clients, the reason might be the client's preconceived notions of the practitioner's "deviance" in combination with the latter's perception of the client whom they have already defined on the basis of socio-economic status. In these situations, the social worker is seen by the client as "the other."

When a group of American volunteers came to my war-torn village almost fifty years ago, the prospect of assistance during the reconstruction process excited the inhabitants. However, when the first day's work was over and the Americans asked that all the tools be locked-up for the night, the villagers felt offended. Never before had they seen a need to protect possessions from each other. An outsider, whom they had welcomed as a "big brother," saw them as less than trustworthy. From that moment on, this outsider would not be accepted unconditionally. This small incident, which I now view as the result of the helper's misperceptions of the impact of economic want on human behavior, permanently affected the relationship between the "workers" and their "clients." The project was completed and the villagers were deeply appreciative of the assistance. However, the sense of assault to their integrity remained and, to this day, a villager might still use the expression "thank you for not

being an American" when he/she borrows from a neighbor friend with no strings attached. At that time numerous jokes were made about the incident and, in retrospect, I find the villagers' capacity to bring humor into an experience that, in their minds, humiliated them was more of a demonstration of strength than the fact that they would not steal any tools and building materials.

Dr. Banerjee states that she had to monitor herself so that her American, middle-class orientation would not bias her interactions with the slum residents. However, when she finds herself thinking that maybe Raquella could have "run off with the camera, sold it and lived happily ever after" it seems to me that she is doing nothing else than allowing her orientation to prevail and she, therefore, proceeds to associate poverty with the inclination to commit theft. In addition, she asserts that it was probably the "understanding, acceptance and appreciation" that she showed Raquella that made the latter "reciprocate with good will." I, on the other hand, view Raquella's behavior as her way of maintaining a sense of integrity and self-respect and of protecting both herself and her children from possible communal ostracism and condemnation.

I agree with Dr. Banerjee when she is asking us to re-examine our preconceived notions of the "other." But I also believe that it is time that we acknowledge our clients' belief systems which may make them place us in the category of the "other."

We need a shift in paradigm, indeed. A shift to a paradigm what will help us define our poor clients in a more multifaceted, global way rather than by their poverty only. An approach to practice that will enable us to discover and acknowledge similarities and view differences not as strengths or pathologies but as behaviors which help preserve the poor clients sense of self-worth, integrity, dignity, respect and of community acceptance. □

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