AN INTRODUCTION TO

SOCIAL CASEWORK

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FOREWORD

I have great pleasure in writing this brief foreword to the book written by my friend and colleague Dr. (Miss) Grace Mathew. As a long-standing and respected teacher in the field of medical and psychiatric social work, Miss Mathew has brought to her work a maturity of outlook and directness of expression which is rare to come by. This work on Social Casework is intended for students — Indian students. They will of course find it useful. But so will it be useful to many a young teacher who is called upon to teach casework to students of professional social work.

The book is immensely readable. It has also been written with great care and comprehension. Miss Mathew has succeeded in making the core ideas of social casework easily accessible to student and professional alike. I hope she can go on to write an equally lucid book on the present status of medical and psychiatric social work practice in India.

T.I.S.S., Bombay   M. S. GORE
31 August 1991

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the steno-typist of the Department of Medical and Psychiatric Social Work for her occasional secretarial assistance.

At this moment I remember warmly my students whose records provided material for the book. The Indianness of the book is a contribution of these students and their clients. I record here, my deep sense of gratitude to the clients, the social work students, the agencies, and the supervisors who were supervising the students.

There are two social work practitioners, Mrs. Harsheela Mansukhani (Social Work Consultant, KEM Hospital, Pune) and Mrs. Sulabha Warde (Head, Dept. of Medical and Psychiatric Social Work, LTMG Hospital, Bombay) who gave me their time to relate to me their notable experiences with some of their clients. My thanks to them.

September 1991   **GRACE MATHEW**

CONTENTS

1. Introduction

Social casework is a method of helping people individually through a one-to-one relationship. It is used by professionally-trained social workers in social work agencies or organisations to help people with their problems of social functioning. Problems of social functioning refer to situations concerned with social roles and their performance.

The major social roles are those associated with being a spouse, a parent, and a wage earner. And connected with these, there are many other roles, like roles pertaining to being a daughter or son, brother or sister. Apart from these roles that emanate from the family, there are other social roles linked with one's membership in larger social groups — roles as a neighbour, inhabitant of a city or village, and citizen of a country. Every person carries various roles, and in a way, life is nothing but a dynamic network of roles and role relationships. There are people, who for one reason or other, cannot perform one or more of their social roles adequately, and for helping these people, the profession of social work has come into being. The earliest and oldest method of social work is social casework which constitutes the topic of this book.

Though social work as a profession is a product of the twentieth century, social work as a helping activity is as old as mankind.

There have been always in every society, though in small numbers, people who were interested in helping others. There were individuals who were known to be receptive and responsive to the needs and

difficulties of their fellow human beings. These helpers who existed in every period of human history were the precursors of the modern social worker, who uses casework to help people in trouble. The literature of every religion contains the names and activities of teachers and sages who gave of themselves and their resources to help others. The ancient Hindu *Shastras* and the Buddhist philosophy emphasise the activity of *dhana* or giving. There were three types of giving: that of wealth and material goods,, that of religious knowledge and wisdom and of friendliness. The recipients of these gifts were priests and monks, relatives and friends, and those in trouble, including the sick and the afflicted, the destitute and the helpless who could not help themselves. There are stories of Gautama Buddha which tell of his kindness and understanding of the individual which led to the transformation of a prostitute and a murderer. Thus, one can see that casework, in its limited meaning of a helping activity existed from time immemorial. But casework as a professionalised activity is an event or happening of the twentieth century, and in this development, the focus of concern has been people in some kind of distress and who cannot help themselves.

Tracing the evolution of an age old activity — which some persons undertook in the process of living their lives — from a personal activity into a professional pursuit is a fascinating exercise. The casework of the pre-professional period depended very much on the qualities of the heart of the helper — generosity, kindness and willingness to be of service to others. But modern social casework as a professional method requires besides qualities of the heart, sound knowledge and skills. Knowledge in this context is not something steeped in mystique and profundity, but knowledge of human beings and human behaviour at various levels — as individuals and as members of groups and societies. Skills refer to proficiency

in procedures of helping that have been developed through the years and Much can be used deliberately aiming at specific goals. The term casework will be used in this book to mean the professionally evolved social work method of working with individuals, as distinct from the helping activity that has been in existence always and in operation through the kindness of some people who wanted to help, for reasons other than professional.

The chief landmark in the development of casework showed up in the context of urbanization and industrialization in the western countries, especially in the United Kingdom and U.S.A. The origins can be found in the Charity Organisation Society's appointment of paid workers for "friendly visiting". This Society, as its name implies, was founded by the charitably inclined citizens of England with the objective of helping the poor people. They had funds at their disposal, to help the poor and the needy. Originally, these social workers were friendly visitors, drawn from kind hearted volunteers, who visited the poor to assess their needs and to provide for the needs in a limited way. These friendly visitors made their visits in an act of charity, not expecting any monetary reward. But in the course of time, their numbers proved inadequate, thus creating a need for employing people for the task. Consequently, paid workers came on the scene. The next feature of development stemmed from the realisation that persons engaged in tasks of helping people would become more competent, provided knowledge and practice abilities could be imparted to them through training programmes. Subsequently, training schemes were initiated to equip the workers with knowledge and procedures of helping. Since these early social workers handled cases of families in need, they were called caseworkers in the U.S.A. This was in the early decades of this century. At the present time,

the general term, "Social Worker", is used irrespective of the specific method he or she is using.

The next step in the history of casework was the introduction of social work education in universities in the U.S.A., in the second decade of this century. Meanwhile, the content of social casework in terms of knowledge and practice was also growing.

In India, social service as a helping activity existed in one form or other through the ages. Gouri Rani Banerjee, one of the pioneers in professional social work and social work education in India, has written lucidly about social welfare in ancient India and the various forms of service that were adopted to help people in distress (1967). Social work as a learnt activity as conceived in the West, came to India in 1936, when the Sir Dorabji Tata Graduate School of Social Work was started to impart training to those who had a university degree and who were inclined to a career in social service. However, even before the year 1936, Bombay City had short term training programmes in Social Work. N. M. Joshi, one of the founders of the trade union movement in India, had established in 1911, an organisation called the Social Service League in Bombay. The Social Service League conducted training programmes for volunteers, whose services were later utilised for relief work among people suffering from famines, epidemics, floods and such other disasters, and also for welfare programmes among the poor and the destitute (Karnik V. B., 1972). With the establishment of the Sir Dorabji Tata Graduate School of Social Work, the training for social work was changed into a full time career oriented, educational programme. Casework figured, both as a theoretical course and also as a method of practice in the academic programme, from the year 1946. The other methods of social work were incorporated into the curriculum later. During the last five decades, social work as a profession

and as an academic programme has been enlarged and enriched by new perspectives, ideas and theories. Casework still continues to be taught in schools of social work and used as a method of social work in different organisations.

During her experience of teaching social casework and other social work courses in a school of social work in Bombay, the author had found that the social work students broadly fell into three categories with reference to academic performance. The first group consisted of students who were from good schools, had a good education and also a good fluency of expression in the English language; they were capable of garnering and ingesting knowledge from a wide range of books. The second group consisted of students who needed some basic or foundational books, as a preparation for reading on their own. The third group consisted of a few who were really below the average level of performance. Their academic backwardness was found to be arising mainly from their lack of adequate knowledge of the English language. This book on casework is intented to meet the academic needs of the second and third groups of students of social work. It was felt that a book" on social work, written in simple English and introducing terms and concepts with clearly stated meanings, would go a long way in bringing knowledge closer to their reach and making it available for assimilation and application. If this book serves that purpose, it will be a matter of great gratification to the author.

A brief outline of the organisation of the contents of the book is presented here for the benefit of the reader.

The second chapter gives the basic elements *in* the conceptual framework of casework. It includes the philosophical values and principles, and concludes with a few concepts on human behaviour.

The third chapter is a continuation of the second. It is devoted to a discussion of the psycho-analytical theory of the structure of personality. The chapter also presents the sociologically conceived formulations on the social role:

The fourth chapter gives a classification of the problems to which casework is addressed. The classification is based on the cases drawn from a survey of 200 casework records. The causative factors of problems are classified and discussed.

The fifth chapter is on casework tools — listening, observation, interview, home visit and relationship.

The sixth and seventh chapters deal with the techniques of helping, which as a topic takes up more space than other topics in the book.

The eighth chapter reviews the casework process — social study, social assessment and planning, casework help and evaluation. There is also a discussion on record writing.

The ninth chapter presents some theoretical systems used in casework. Existentialism, Reality Therapy, Cognitive Therapy, Rational Emotive Therapy and Behavioural Modification are included in the discussion.

The tenth chapter is on the social worker. Qualities desirable in the social worker are discussed. Then a working definition of casework is developed. Finally, the limitations of casework are examined and the chapter closes with a note on the concept of the casework approach.

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2. The Knowledge Content in Casework: Basic Elements

One of the characteristics of a profession is its body of knowledge which gets moulded and shaped over a period of time and goes on increasing in content in a never-ending process of growth and development. The expansion of knowledge in social work entails generating ideas and concepts, adapting useful ideas from the social sciences and conceptualising practice experience. The knowledge content of casework may be broadly divided into four categories: (1) philosophical assumptions (2) principles (3) theoretical formulations and (4) tools and techniques of practice.

PHILOSOPHICAL ASSUMPTIONS

There are certain assumptions which constitute the foundational structure of social work in general, and casework in particular. They are the basic values, the solid pillars without which the edifice of social work cannot stand. The word "assumptions" implies that, they are concepts which cannot be proved through scientific methods, which, nonetheless, are basic and vital to social work. They are philosophical in their connotation, having been generated out of collective thinking in response to fundamental questions that have occurred to humankind in its march towards civilisation. Questions like "What is the worth of a human being? Can he live for himself or does he have any duty towards his fellow human beings ? What is the purpose of human life?" might have

occurred to every human being at one time or other. Religious philosophers, humanistic thinkers and others have been pondering on these questions and have provided some answers, which, though not acceptable to all as regards every aspect of the question, offer some guidelines linked to the core idea that life is worth living. These philosophical assumptions are:

1. Every human being has to be considered as a person with dignity and worth.

2. Human beings are interdependent. The condition of interdependence indicates that there is a right-duty matrix which governs human interactions in. social groups.

3. There are common human needs that need to be met for growth and development of individuals. The existence of common needs does not negate the uniqueness of the individual. Every individual is like all other human beings in some aspects, like some other human beings in some other aspects and like no other individual in certain aspects.

4. Every individual has within him/her, the potential for growth and achievement and (s)he has a right to the realisation of this potential. From this, it follows that people have the capacity to change.

5. Society has an obligation to help those who do not have the means for the realisation of their potentials.

Internalising these values is fundamental to social work

There have been some sensitive and humane individuals who had internalised these values. Their conviction that society had a duty towards those who could not help themselves led to action that generated organisations of helping activities for the benefit of people in distress of various, kinds.

It is important to note that the philosophical values listed here constitute the core beliefs for social work. Among those who go for social work training, there are some who want to do social work mainly because

of these values. Within their conviction about the significance of these values, lies their motivation for social work. There are some others who go for social work training, prompted by their desire for a post-graduate degree rather than by a desire to help people. They are not particularly concerned about human needs and problems, and they may find to their dismay, that they are unable to accept these assumptions as core beliefs. Non-acceptance of these values is untenable in social work practice and a social work career is not meant for those people who reject them.

PRINCIPLES

Equally important as philosophical assumptions are casework principles. Principles are rules of action for guiding performance.

The first principle is that of *individualisation.* Each client** has to be perceived as a unique individual, with a separate identity and not as one of a mass. Human beings are not born in a mass nor do they die in a mass, except in a catastrophe. Suppose a man who comes for help to the social worker is a Hindu and an unemployed pavement dweller.

*Individuali-
sation*

It is likely that, the social worker has certain ideas about Hindus as a religious sect, about unemployed persons and about pavement dwellers. Instead of attributing these pre-conceived ideas to the particular client, and giving labels to his condition or behaviour or put him into a category, the social worker should view him with an open mind and a freshness of approach. The ability to see the client as a distinct individual, by being perceptively observant of the distinctive features, and a visible readiness to respond to his particular needs are essential in individualisation.

* This listing is based on the list of principles of the casework relationship developed by F.D. Biestek in his book, *"The Casework Relationship"* London: Unwin University Books, 1967 (Fourth impression).
** Client is the person whom the social worker helps.

The second principle in casework is *acceptance* acceptance of the client with all his good and bad qualities, strengths and weaknesses, regardless of his behaviour. The nearest meaning is that of the appropriate attitude taught by most religions and *Acceptance of the client* implied in the exhortation "Love the sinner and hate the sin". It indicates a favourable disposition towards the client characterised by friendliness and benevolence and a desire to be of help. The concept of acceptance is rather abstract, but can be translated into action by the use of techniques. Techniques of casework will be discussed in Chapters 6 and 7 of this book. Acceptance entails receiving a client, both in the figurative and literal sense, uncalculatingly, without any reservation and without making any mental verdict as regards his behaviour. Underlying the principle of acceptance is the philosophical assumption that every individual has innate worth, irrespective of his social position or behaviour. The client is entitled to notice and recognition as a person, even though he may have committed a crime. Acceptance does not mean condoning socially unacceptable behaviour, but it means concern and goodwill towards the person behind the behaviour.

Acceptance is akin to the next principle, the principle of a *non-condemning attitude.* In social work literature and practice, the term "non-judgemental attitude" is used by some to portray the same meaning. A non-judgemental stance towards the client may not *Non-condemning attitude* be always appropriate, because the social worker is expected to make tentative judgements in the sense of forming estimates, or sensible opinions regarding situations, relationships and consequences of behaviour. These are tentative, non-moral judgements which need to be verified or tested in course of time, as the process of helping continues, but these are not to be disclosed to the client at any time. A non-condemnatory attitude implies refusal to express disapproval of the person, to insinuate blame

Illustration

through arguments of cause-effect connection, or to pass judgement indicating that the person deserves to be punished for his/her behaviour. In common parlance, a condemned building is one that has been declared by the housing authorities as a house unfit for use. That means the building is beyond repairs. Likewise, a condemned criminal, in legal terms, is one whose guilt has been established and for whom punishment is inevitable. But there is no condemnation of the criminal by the social worker when (s)he becomes a social work client. Though society has already judged the criminal through its legal machinery, the social worker assumes a posture of a non-condemnatory acceptance and helpfulness, affirming the individual as a person worthy of attention.

The term 'condemnation of an individual' and the underlying attitude are anathema in social work. However, it does not mean that the social worker advocates acquittal for the criminal. The social worker as a representative of society, has to uphold the laws of the land and is not expected to do anything that will condone or encourage criminal activities. But from the social work perspective, there is emphasis on the idea that there are areas in which the wrongdoer needs help, before, during, and after the process of punishment. The major tenet implicit in such situations is that, the person who perpetrates the crime is acceptable as a person, though his crime is disapproved. This attitude of acceptance, untouched by elements of judgement and condemnation, may ultimately help him/her to turn away from crime. Criminals have been cited here for illustration because they naturally evoke condemnatory feelings. Since attitudes of acceptance and non-condemnation are not automatically aroused with reference to criminals, the social worker has to consciously and deliberately exercise or apply these attitudes. Not all casework clients are wrongdoers. In general, casework clients are those who have difficulty in coping with problems

of living. They are under stress in one form or the other. When the social worker talks and behaves in such a way that the client feels fully accepted, the stage is set for the client to talk about his problem.

Acknowledgement of the client's right to *self-determination* is another principle in casework. Self-determination refers to self-direction and is a derivative of the philosophical assumption on the dignity and worth of the human being. The principle states that an individual has the right of making decisions about matters pertaining to his/her life, and that, other people's decisions about directing his/her life should not be imposed on him/her. In the casework situation the social worker should not make decisions, choices or plans for the client; the client, however, can be guided and enabled to make his/her own decisions.

Client's right to self-deter- mination

Self-determination, like freedom, has its own limits. It is not an absolute right. The decision made by the client has to be within certain constraints imposed by the social obligation which states that the consequences of the decision should not be detrimental to others. Nor should it be harmful to oneself. Furthermore, the self-determined act should be within the socially acceptable standards of behaviour. In addition, every self-determined decision implies that the decision maker, the client, takes upon himself/herself the responsibility of carrying out the decision and handling the consequences. When the principle is viewed from this perspective, one can see that people vary in their capacity for self-determination. What follows is that the principle has to be exercised in accordance with the client's capacity for self-determination.

Closely associated with the principle of self-determination is that of *client's participation in* the handling of the problem that (s)he is confronted with. In a way, self-determination is a form of

Client's parti-cipation

participation as it entails decision-making by the client. The process of helping and being helped does not stop at the point of decision-making by the client, but it goes much further in terms of plans pursued and actions taken. According to the principle of participation, the client becomes the main actor in pursuing plans and taking action, whereas, the social worker is only an enabler.

Keep the client's case confidential

The social worker is also expected to maintain *confidentiality* regarding the information received from the client, which is yet another principle. During the process of casework, there are many things about which the client talks to the social worker. In view of the attitudes of acceptance and non-condemnation required of the social worker, who has to individualise the client depending upon the latter's personality and needs, it is important that the information which the client gives and the statements (s)he makes be treated seriously. It is necessary that they are not disclosed to others, except with the client's permission, where the situation warrants sharing of information with a third person, like the client's family members, or another specialist and such others.

Controlled emotional involvement

It follows from the preceding discussion that the social worker initiates a relationship with the client, characterised by acceptance and affirmation, devoid of hints at condemnation or fixing of blame. Such a relationship can hardly be mechanical. It has to be built up through emotional involvement on the part of the social worker. Emotional involvement is needed to the extent that the social worker can move to the emotional level of the client, and view the situation as (s)he sees it. The social worker, however, should have a perspective of objectivity, lest (s)he gets blinded by the emotional onslaught of the situation. Like an artist who captures on the canvas the feelings of the subject, the social worker should be able to capture on his/her own mental screen,

the feelings of the client, without allowing those feelings to affect adversely his/her thinking process. It is possible, therefore, as it is also necessary, that the social worker maintains a certain degree of detachment, side by side, with an appropriate level of emotional involvement in order that (s)he may enable the client to view his/her problem objectively and to plan realistically. Hence the idea of *controlled involvement* by the worker becomes a principle.

Gist of all principles

It can be seen that acceptance, a non-condemning outlook, individualisation and controlled emotional involvement are various aspects of the approach that the social worker adopts in relation to the client. Self-determination and client participation pertain to the responsive behaviour which is desirable for the client to handle his/her difficulties. The social worker should direct his/her own activities, of which the major element is communication, towards promoting self-determination and participation in the client. Confidentiality is the rule the worker should observe *vis-a-vis* the information given by the client. Just knowing these principles is not sufficient nor is it possible to put them into action without the help of systematised procedures, called techniques. Techniques are particular ways of doing and speaking in relation to the client and his/her problem, keeping in view specific goals. The principles become practicable by means of techniques. (See chapters 6 and 7).

THEORETICAL FORMULATION IN CASEWORK

One of the pre-requisites of effective helping is that the helper makes efforts to understand the person and develops a sort of conceptual sketch, based on his/her understanding of the person who needs help. A body of theoretical knowledge is available to the social worker, in the form of behavioural sciences which deal with fundamental characteristics of human

behaviour. The range of characteristics are known and every human being's behaviour can be explained in terms of one or the other of behavioural variations. Behaviour of individuals and groups become understandable to some extent in the light of the knowledge of behavioural sciences*. Hence, behavioural sciences are an essential part of the theoretical courses required for a post-graduate programme in social work.

A theory is a statement about the interrelatedness of a set of facts that have been empirically verified or are capable of being verified (Turner, 1974). The simplest unit in the building of a theory is a concept. *Concepts are basic to theory* The word 'concept-' has two meanings. The first refers to words that indicate in abstract terms, objects, situations, conditions, qualities, characteristics, etc. Concepts may be simple or complex. For example, 'table' is a simple concept, meaning a specific type of furniture. C©ncepts in casework are more complex. 'Client' and 'agency' are two basic concepts in casework. 'Client' is the term for the individual whom the social worker helps or who receives social *work* services. 'Agency' is the office or the locale of the organisation which employs social workers through whom social work services are provided. It does not mean that social work activities are operative only in an office or in a particular physical space. Agency is the centre, meant for organising and administering the activities, which may be carried out at the centre or elsewhere. The second meaning of concept refers to a generalised idea on the nature and qualities of objects, situations, relationships or characteristics. With reference to this meaning, the philosophical assumptions discussed. earlier may be termed philosophical concepts.

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* Behavioural Sciences in this context refer to psychology, anthropology, sociology, some parts of psychiatry, social geography and, behavioural parts of economics, political science and law.

Propositions are theoretical statements

    Propositions are relationships between concepts that are established and accepted as facts. Propositions are theoretical statements. A few fundamentals of human behaviour drawn from behavioural sciences will be presented as propositions here. For beginners in casework, these propositions constitute a convenient conceptual framework for understanding human behaviour.

Proposition One: An individual's behaviour is conditioned by his/her environment and his/her life experiences.

Environment and experience

    Behaviour refers to feeling, thinking, talking and doing. Feeling and thinking are covert, because they are not visible to others, whereas, talking and doing are overt behaviours. The simplest meaning of environment is the surrounding of the person, that has both physical and human aspects. The members of the individual's family, the house in which (s)he lives, its space and contents in terms of facilities and furniture are all components of his/her environment. His/Her work place with the people working there who have contacts with him/her, *is* also to be considered as his/her environment. There are less visible, yet equally significant elements of environment like the socio-economic conditions and the socio-cultural factors that influence his/her life. In other words, all the human, animal and inanimate elements, the conditions and influences surrounding the person constitute his/her environment. The implication of this proposition is that when two people behave differently in the same situation, the differences in their behaviour may be attributed to the differences in their environments and life-experiences. From among the general population, many turn out to be honest citizens, while some become criminals. It is, therefore, possible to explain a person's criminal behaviour, at least partially, by probing into his/her environment and life experiences.

Proposition Two: For human growth and development it is essential that certain basic needs be met.

Basic needs — physical

The basic needs pertain to the physical, emotional and intellectual development of human beings and they have to be fulfilled in an ongoing manner and at appropriate times, in order that a child may develop normally towards physical, emotional and intellectual maturity. The basic physical needs refer to the human body's needs for food, shelter and clothing. The emotional and intellectual needs, instead of dealing with them as two separate categories, can be discussed under the more comprehensive term ''mental needs'', that *is,* the needs for mental growth.

Basic needs — mental

Every child needs to be loved by parents, or in their absence, by parental substitutes for emotional security. Deprivation of love for long periods can have crippling effects on the child's emotional growth. Living in a family with loving adults creates for the child a sense of belonging and confidence in the self and others around him/her. The basic trust (s)he develops for persons immediately around him/her is an important ingredient, facilitating the process of growth towards maturity. Physical activities are necessary for the development of the body; likewise, there should be such activities as engage the child's thinking and reasoning faculties, which foster his/her intellectual growth. Opportunities for mental growth are an essential requirement for personality development. Mental growth, including the emotional and intellectual aspects cannot take place in a sterile atmosphere. On the other hand, a live atmosphere with stimuli for physical and intellectual activity, scope for the exercise of curiosity, opportunities for experience and experimentation is required. Furthermore, interactions with children of one's age group are also necessary in order that the child may learn to relate to people and to cooperate with others in group activities. We expect every child to develop into a law-abiding citizen. While growing

up, it is important, therefore, that (s)he learns to distinguish between right and wrong, what is socially acceptable and unacceptable, and what is realistic and unrealistic. Only with guidance and discipline can such qualities be imbibed and there is a need for such guidance and direction from parents.

Proposition Three: Emotional needs are real and they cannot be met or removed through intellectual reasoning.

This proposition is, in a way, a corollary to the second proposition, but is being considered a separate proposition, in view of its significance to human lives. When uncomfortable feelings are provoked in an individual by a particular situation, rational explanation of the situation by a second person may not suffice for the removal of the feelings. The rational explanation may emphasize the inevitability, the advantages, the transitoriness, or the lack of significance of the situation. Whatever the explanation may be, it may not be of immediate help. Feelings are provoked as the particular situation touches *some* area of the person's emotional needs.

As a simple illustration, take the example of a two-year-old child crying for his/her mother who has gone out of the house for a couple of hours. Mere factual explanations for the mother's absence are not sufficient to pacify the child. Other strategies of reassurance and cajoling may have to be used, because emotional needs are as real as physical needs When obstacles thwart emotional fulfilment, persons going through the experience are not going to be satisfied with explanations of the obstacles, however, rational the explanation may be. In an extreme case, one may consider the event of suicide that occurs in a specific situation like a frustrated love affair.

Client needs emotionally supportive stance from social worker

A woman unable to marry the man she loves attempts suicide. An objective observer who knows the case is likely to remark that self-destruction is not the solution to the woman's problem. This person may

argue that life is too important to be impulsively destroyed in a context like this, and that, if the suicidal person going through a severe emotional crisis can hold on for some time, the suicidal impulse will pass off, the intensity of the crisis will diminish and that she will be able to cope with the situation. But such a rational view will not occur to a person in the emotionally-charged context of contemplating suicide. What the person needs as a countermove to the suicidal thought is timely emotional assistance, strongly sustaining and supportive of the person, so that the person may be able to think and plan clearly a course of rational action subsequently.

Proposition Four**:** Behavour is purposeful and is in response to the individual's physical and emotional needs.

Much of human behaviour is explainable as long as the physical and emotional needs are observable. But some of the ramifications of emotional needs are not easily known and, therefore, it may not be easy to establish a need-behaviour linkage Ramu, a six-year-old boy is well-behaved and happy in his

Illustration: Ramu's changed behaviour

kindergarten class. He is active, responsive and bubbling with energy. One morning he appears to be a different person: he is cranky, sulky and unhappy. What is the reason for a change in his usual behaviour ? His perceptive teacher investigates and finds out that Ramu's mother has been in the hospital for a few days, and that, he is staying with some relatives with whom he is not very familiar. The father divides his time between the workplace and the hospital and does not have any time for his son. Ramu is full of anxious questions, but no adult has sat with the child to answer his queries. He *is* the only child to his parents. The sudden change in Ramu's behaviour is obvious to those who know and understand his current situation.

An implication of the proposition under discussion is that when the reasons for a person's behaviour

are not obvious, the social and emotional factors associated with the behaviour have to be explored and identified before an explanation can be given. It is also likely that, some of the motivating factors may be the hidden elements operating from the unconscious part of the human mind. A derivative of the proposition is that a particular behaviour may be prompted by one or more factors, some *of which* are known to the individual and the rest not known, the unknown factors operating from the unconscious part of the mind.

Explore reasons for person's behaviour

Proposition Five: Other people's behaviour can be understood only in terms of one's own emotional and intellectual comprehension.

When we see people behaving in a socially unacceptable manner, we make our own guess ,of the reasons for their behaviour. Our guesses are not based on a serious consideration of the social and emotional factors. Besides, we categorise persons and attach labels. This process leads to judging individuals and not to understanding their behaviour. Our efforts towards understanding should be preceded by a stance of openness, devoid of pre-conceived notions and a readiness to learn with the help of facts. We have to start from a point of assumption of ignorance and move towards understanding. An attitude suggesting 'I know it already, there is nothing more to learn' will be a major block in understanding and knowing about behaviour. Knowledge assimilated from already existing facts about behaviour can be a helpful asset in this process of understanding. A high level of comprehension of the client's behaviour can be achieved through keeping an open mind.

Emotional and intellectual under-standing

The propositions discussed briefly in the preceding paragraphs are the basic elements of the knowledge content of casework. There are additional theoretical formulations, which will be described in Chapters 3 and 9.

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3. Behavioural Concepts for Understanding Clients

This chapter is a continuation of the previous chapter and it will deal with additional concepts on human behaviour — concepts that are relevant and significant with regard to their usefulness and applicability in casework. Theories related to the structure and development of the personality will also be discussed.

HUMAN NEEDS

The gr©wth and development of every living organism takes place through fulfilment of needs. Human beings have two sets of needs: biological (physical) and psychosocial. The human infant needs air, water, food, shelter and clothing for physical growth. In adulthood (s)he develops the sexual need also. The human child's psychosocial needs, which animals do not have are: (1) love and security (2) a sense of belonging to a group (3) feelings of self-esteem (4) opportunities for physical and mental growth (5) guidance and direction. It must be noted that the term "mental needs" used in a similar context in the second chapter, has been replaced here by the term, 'psychosocial needs'. The word "psychosocial" refers to a larger concept that indicates that, psychic (mental) needs have a social dimension. The nature and content of the social dimension will be made clearer by the explanation in the following paragraphs.

What are human needs?

The environment is a factor that needs to be considered with reference to fulfilment of needs. An

individual's environment is his/her surroundings which include the physical set up, the animate and inanimate things, conditions and circumstances that affect his/her life one way or other. Fulfilment of needs is effected through means provided by the environment. The environment, while providing resources for meeting needs, also makes demands. Consequently, every organism develops adaptive behaviour or ways of meeting its own needs and demands of the environment. The adaptive behaviour of animals is most frequently through instincts, whereas, for human beings the adaptive behaviours depend to a great extent on learning. It is on the learning process and the maturation process that the development of human behaviour is anchored. The maturation process pertains to the sequential development of the body's abilities and skills; it begins earlier than learning. Though parts of the body and functions grow at different rates, a biological pattern of sequential development takes place.

Illustration

The biological pattern is predictable. For example, by the time a child is five years old, (s)he is expected to develop certain motor skills. The process of sequential development, which is maturation, will proceed more or less smoothly, provided the body is well endowed without any defect or deficiency. Any defect or deformity in the body is likely to disrupt the maturation process. Though some of the earlier physical skills like crawling, standing, walking, etc. are through maturation alone, human skills like dressing oneself, speaking a language, reading, writing and abilities for daily living do not occur in the child without the influence of other human beings. For acquiring mental skills and many of the physical skills, learning is necessary and this learning occurs through the help of other people. The process called 'socialisation' refers to the early learning period in which infants and young children become aware of society and their relationships with others, through

the influence and teaching of the people in his/her environment. The child's parents, teachers, and to some extent, his/her peers may be considered the socialising agents.

As far as the child is concerned, the family is very important because it is the source of such supplies as meet his/her needs — both physical and psychosocial. The parents have the responsibility for providing these supplies. Immediately after birth, the satisfaction of needs for the infant comes through his/her mother. In the course of time, the father and siblings also become sources for need-fulfilment. For a child who is physically healthy and whose environment is favourable, growth and development will progress without much hindrance. By the term "growth and development", one refers to both the physical growth and development, and the growth and development of the personality.

STRUCTURE OF THE PERSONALITY

Personality is the overall picture of the characteristic behaviour of the individual. Behaviour includes, thinking, feeling, speaking and doing. To know an individual's personality means to inform oneself about the usual way the individual thinks, feels, speaks and does things. Physical growth in children can be easily observed and assessed. Besides, steps to be taken for promoting physical growth are concrete, and hence, easy to comprehend. The concept of personality, however, is complex and personality growth is not easily assessable. It requires special knowledge and skills to identify the different aspects of personality growth.

Sigmund Freud's theory on the personality structure is helpful in understanding the complex phenomenon that is known as the personality. According to Freud, the human personality is an entity consisting of three systems — the id, ego, and the superego. One may

find an analogy between the personality structure and the structure of the human body divided into different systems. The human body is divided into different parts or systems, like the digestive system, nervous system, circulatory system, where each system denotes and carries out a distinctive set of functions. Similarly, the three parts of the personality, the id, ego and the superego perform different sets of functions. Unlike the body's systems, the three parts of the personality cannot be illustrated through photographs or sketches, because the division into three parts is a conceptual abstraction. But the idea is comprehensible in view of the differentiated and definable sets of functions.

Freud's conceptualisation: the id, ego and superego

The id is the most primitive part of the personality — the part that we share with animals. It is the seat of instincts and is said to operate on the pleasure principle or the principle of instant gratification. Fulfilment of biological needs is the main concern of the id. When a person is hungry, his/her id is activated in the sense that (s)he is driven to make efforts to get food. The ego and superego evolved during the process of human civilisation, as the human being gradually progressed from the level of the primitive savage. The superego constitutes the individual's values, moral codes and considerations of what is right and wrong. The ego maintains the balance between the id and the superego in relation to the demands of the environment. When a person is hungry, (s)he satisfies his/her hunger through socially approved ways and not through, say, stealing food. That food should not be stolen, comes as a behavioural check from the superego. The ego is influenced in this context, by the prohibitions proceeding from the superego and also by considerations of reality, like the risks of getting caught and punished. Understandably, the ego is said to operate on the reality principle. Extending the analogy of hunger to the world of animals, one finds

What is id

What is ego

that a hungry animal will find food some way or other, regardless of any system of values as to what is right and wrong, because animals do not have an ego or superego.

The ego has various functions: impulse control, tolerance of frustration, postponement of gratification, tension management, reality testing, object relations and integration and synthesis. Impulse control refers to the function of controlling the id impulses in relation to reality. The id impulses pertain to body's needs, and they operate for immediate satisfaction of these needs. The ego controls the impulses and directs them along socially approved channels. Tolerance of frustration and postponement of gratification are operative in human life in day to day living. For example, a child who gives up learning in the face of frustrations of learning and looks for immediate satisfaction will not get educated. The great human achievements would not have been possible had it not been for the effective performance of these functions. The achievers were those people, who instead of getting crushed under frustrations, proceeded ahead with their efforts for attaining their goals by trying new strategies of problem solving when the old strategies failed. Nor did they deviate from their long term goals by considerations of immediate satisfaction.

Ego, superego controls

Tension is a part of human existence and tension management which is a function of the ego, entails the containing of tension so that it does not affect the person's total functioning. A. school boy, for example, awaiting examination results is under tension. If he is not able to eat or sleep or perform his share of the household Chores because of his tension, it means that his ego is rather weak with regard to tension management.

Reality testing means assessing the reality pertaining to oneself and the environment as it is, and taking

appropriate actions to deal with reality. If an unemployed man, for instance, applies for jobs for which he is not qualified, instead of jobs that are compatible with his qualifications, it indicates inadequate reality testing.

Human beings are interdependent and, relationships are an essential component of human life. Object relations as an ego function are concerned with this matter and refer to forming relationships at different levels and varying in nature and intensity.

Synthesis by ego

The function of synthesis performed by the *ego* is a complex phenomenon involving the integration of different experiences of living, positive and negative feelings, happy and unhappy events, threats and fears, joys and sorrows. Just as the digestive system of the body digests the food, and then separates the nutrients needed for the body from the different types and forms of food, contributing finally to the nourishment of the body, the ego performs a synthesis function for the personality by making it possible for the personality to assimilate the different experiences. For example, a boy who nearly died in a drowning accident transcends the event and his fear of water, by learning swimming and by becoming a skilled swimmer. The positive developments after the bad experience indicates the successful functioning of his ego with regard to integration and synthesis. Another person may survive a similar accident, but may develop a horrible fear of water that (s)he is not able to overcome. In this context, his/her ego is deficient in the matter of synthesising a negative experience. The fear producing accident has not been assimilated; it has remained as an isolated offending fragment in his/her personality.

Thinking, remembering, judging and all the higher faculties of the mind, like conceptualisation, analysis, computing, and such others are in the domain of

the *ego* at the service of the personality for growth, development and survival.

Ego functions are geared to adaptation to the environment without which survival and growth is not possible. Adaptation involves change — change of the self or change of the environment. An individual emigrating to a new country, for example, is required to change his/her life style in some ways in order to be integrated with the new place and its people. It is through the change of the self that adaptation is possible here, because (s)he cannot change the life style of the people of the place where (s)he is an immigrant. Consider the situation of a man who is very rigid in his food habits and he goes to a new place where the food he likes is not available. If he refuses to eat the food that is available, he will have to starve. Many examples can be cited of individuals in crises whose inability to change caused harm to themselves. In the example cited earlier, of the boy who has been able to integrate the negative experience of falling into the river, adaptation is evident. Whereas, in the contrasting example, the man's fear of water remaining with him all his life indicates an area of non-adaptation. Adaptation through changing the environment is another possibility and the process started with the first primitive men who made crude shelters to protect themselves from the natural elements and who started to grow food crops, began using fire to cook food and do such things out of their environment and made living more comfortable.

Adaptation is key to growth

Factors Influencing Personality Development

In a well-developed personality there is a balanced operation of the three systems — the id, ego and superego. An adequately functioning personality means fulfilment of needs and adaptation to environment. There can be, however, obstacles to adequate functioning of the personality. For the child, its parents

Parental failure

are the suppliers for need fulfilment. There are some parents who do not love their children. They reject their children and reject also their role as suppliers for children's needs. The inability of parents to provide for children's needs due to lack of material resources, lack of knowledge, or other reasons, and the absence of parents or parent substitutes are factors that can impair personality development.

Most of the ego functions of growth develop through the process of socialisation at home. Parents who have some understanding about children's needs and their development are able to rear children in such a way that fosters the operation of *ego* functions. Every stage of the child's maturing process has its own agenda of possibilities of growth. There are

Socialisation is crucial

activities (s)he can do on his/her own, those (s)he can do with help, and activities which are above his/her age-appropriate capacities. There are things which (s)he needs and should have, and many things (s)he does not need, possession of which may have adverse effects. This agenda has to operate within a structure of legitimate freedom and restraints. Doing for children what they can do themselves, giving them materials which they do not need, though they may want them or demand them, and giving in to their whims out *of* a desire to please them at any cost, are manifestations of over-protection.

Over-protection

Over-protection prevents the progressive development of ego functions. When children have everything going for them smoothly, as though having a comfortable life is their absolute right without their having to flex their own physical, intellectual and emotional muscles, there is very little scope for the operation of ego functions like impulse control, tolerance of frustration, postponement of gratification, reality orientation and the like. Personality malfunctioning will set in as a consequence.

An environment characterised by love, under-standing, responsiveness to needs, supervision and

guidance is, therefore, necessary for the development of the personality of the child.

The content of the superego varies from individual to individual, depending upon the values of society and the child-rearing practices of the parents. A strong superego means that the person is guided by certain principles and standards of behaviour. A *Strong superego is* strong superego generates guilt feelings in the *conducive to growth* individual when his/her behaviour does not concur with the superego's injunctions. If the parents themselves have a well developed superego, that, by itself, is a favourable condition for the formation of a strong superego in children. Conversely, when parents have a defective superego, the children are at a disadvantage. In families, where parents hold strict norms and codes of behaviour, but try to inculcate their values in children through intimidation and punishment, the likely result is that the children may accept the parental teachings in a superficial way, reject them, or develop a superego which is very rigid and punitive. In a healthy ego-superego combination, the guilt feelings generated from the superego are handled effectively by the ego, so that the other functions of ego are not affected by the *Superego - ego balance* guilt feelings. When the superego is rigid and punitive, the superego-ego duo becomes ill-matched, creating situations in which guilt feelings overwhelm the *ego,* thus affecting the personality as a whole. There have been instances of individuals who were driven to suicide by their own guilt feelings. It is, doubtless, an extreme situation. Nevertheless, it illustrates the ego's total inability for adaptation to the environment against the onslaught of guilt feelings in certain individuals in particular situations.

From the preceding discussion, one may surmise that certain attitudes and practices on the part of parents obstruct the normal process of personality development in children. They are briefly summed up and listed in the following pages.

Factors Obstructing Personality Development

1. *Lack of love towards children*

Lack of love results in rejection of children which means that the needs of children are neglected. The agenda of growth possibilities, mentioned earlier, is disregarded by the rejecting parents whose failure is mainly due to omission of performing things essential to parenting. Coupled with the omission of performing appropriate deeds, may be the commission of inappropriate deeds in the form of physical and psychosocial ill-treatment of children.

2. *Severe child-rearing practices*

In some families, the problem is not lack of love, but love is overshadowed by the parents' inclination to be unduly strict and punishing towards their children. The probable result is that the children begin to fear their parents more than love them. A fear-based relationship is inimical to growth.

3. *The attitude of over-protection*

In contrast to the rejecting parents, the over-protecting parents' failure is that of commission or overdoing, that is, extending their parenting deeds to levels unfavourable for growth. They are unable to apply with discretion the limits or checks to children's behaviour.

4. *Inadequate or defective role modelling*

Learning is an important mechanism of growth and one of the early forms of learning is through identification. Through identification with their parents, the children learn appropriate ways of behaviour and thus parents become models for children's learning. Parents who have inadequately or defectively functioning ego and superego are poor models for their children.

5. *Inconsistencies in child-rearing practises*

Effective parenting means having a consistent pattern of bringing up children. Some parents are

not consistent; at times, they are very firm and strict and at other times, very lenient and tolerant. The problem lies in handling the same types of behaviour differently at different times; this can be very confusing to children. Inconsistency can occur also between the attitudes of the two parents. Situations where one of the parents is too strict and the other too lenient, are not helpful for growth, because in course of time, children learn to take advantage of the inconsistencies and manipulate the behaviour of parents.

THE CONCEPT OF THE UNCONSCIOUS

In common parlance, the word, 'unconscious' is used as an adjective, meaning, "not aware", and unconsciousness is a condition where a person becomes unaware of himself/herself and the surroundings and is irresponsive to physical sensations. When used as a noun, the word 'unconscious' refers to the psychoanalytical term denoting the unconscious part of the mind, where forgotton feelings, thoughts and experiences are stored. Though the thoughts lying buried in the unconscious cannot be recalled and remembered by the individual by an effort of the will, they can affect current behaviour. According to the psychoanalytical theory, the human mind *Three levels* operates at three levels: the conscious, the *of the mind* pre-conscious and the unconscious. Mind as a concept is contained within the larger concept of the personality which includes besides mental behaviour, motor and verbal behaviours as well. There is a connection between the conscious-unconscious levels of the mind and the three structural parts of the personality. The id, ego and superego are operative both in the conscious and unconscious. What we call conscience is the conscious part of the superego. Most of the ego functions are operative in the conscious. When the conscious level of the mind is active, there is the thinking process, including the sorting out of

the various stimuli that enter the mind through the senses, together with awareness of the surroundings. The pre-conscious level is the storehouse of memory. It contains thoughts, feelings and images of 'past events' that can he brought to the conscious level by an effort of the will. The thoughts, feelings and images contained in the unconscious are materials that were once in the conscious, but are now forgotton and untransferable to the conscious by an effort of the will, but transferable through psychoanalytical methods. When a person is asleep, the conscious is inactive, whereas the unconscious is active.

Dreams are the expressions of bits and pieces of the content of the unconscious. Similarly, people who walk or talk in their sleep are doing so under the influence of the unconscious.

There are two life energies in the human being: the sexual energy or the libido, and aggression. These are instinctual forces that all living organisms have. The first is meant for the preservation of the species and the second for the preservation of the self. Being biologically related, these forces emanate from the id, but in the human personality they are controlled and directed by the ego under the influence of the superego, in relation to the demands of the environment.

DEFENSE MECHANISMS

Coping with anxiety

In relation to the operation of ego functions, the mind experiences, occasionally, the phenomenon of anxiety which is a subjective feeling of uneasiness Earlier in this chapter, there was a reference to tension, which is a sharp, situation-specific form of anxiety. But anxiety occurs very often in a hazy indistinct form. From the psychoanalytical point of view, there are three types of pressures on the ego, leading to anxiety — from the id, from the superego and from the demands of environment. Human beings

use various behaviours to be able to cope with anxiety. These are simple coping strategies used in everyday life at the conscious level, distinct from defense mechanisms which are used mostly at the unconscious level. Some commonly seen behaviours which can also occur in response to anxiety are the following:

1. Swearing, cursing, using abusive language, crying, laughing, etc.

2. Eating, drinking, smoking. Some people who initially resort to cigarette, alcohol or drugs to deal with the anxiety caused by some problem become addicts to these substances, in course of time.

3. Indulging in any vigorous physical activity.

4. Sleeping.

5. Talking to others.

6. Thinking through the anxiety causing situation, planning action and taking action.

Repression

There are times when the anxiety provoked by external circumstances or by inner forces is so unmanageable that the ego represses it, or in other words, pushes it to the unconscious. Repression is a defense mechanism of the ego. Some people's abnormal fears of certain commonplace things may have antecedents in the past that were repressed along with the anxiety generated at that point of time. In ordinary forgetfulness, the disappearance of thoughts from the conscious is not absolute. Generally, the memory of the event, or at least, some elements of the event are liable to reappear in the conscious. Let us assume that a novel we read long ago is forgotton now. If the story is narrated again, it is most likely that we may remember a few aspects, which indicates that we are aware of our forgetfulness of some other parts of the book. In repression, there is no awareness of forgetfulness. It looks as though the repressed material has vanished without leaving any trace or clue by which it can be brought to the conscious.

Forms of defense mechanisms

Denial, rationalisation, displacement, identification with the aggressor, compensation, fantasy and projection are some of the other defense mechanisms. Defense mechanisms are more complex than the coping devices described earlier, though they are both aimed at adaptation.

denial

Denial is the shutting off of reality, in contexts where reality causes excessive anxiety. Suppose a sick man, who has no inkling of the seriousness of his condition is told by the physician that he is suffering from an incurable disease, one of the probable reactions is that he may not accept the diagnosis. His refusal to believe the diagnosis is denial, and there can be some factors behind this denial. It is these factors which cause unmanageable anxiety, leading to a defensive manoeuvre of the mind. There have been instances concerning mentally retarded children whose parents deny the fact of mental retardation, despite strong indications of its positive presence. It is possible that the ideas that these parents have regarding the condition of mental retardation are such that they cause unmanageable anxiety for the ego, leading to the use of denial in a defensive way.

Rationa-lisation

Rationalisation refers to finding a justifiable cause or causes or excuses for doing something not approved by society. In rationalisation, the individual attributes to his/her unacceptable behaviour only the socially approved motives, when in reality, there are other not-so-good motives as well. Suppose a man who makes money through dubious ways spends a part of the money for charitable purposes. If he says that he is using bad means to make money only to help the poor, he is rationalising his behaviour.

When the object or nature of instinctual forces is changed, the mental operation involved is displacement. For example, one may imagine the situation of a boy, who after being beaten by his

*Dis-
placement*

mother reacts instantly by kicking his pet dog. The boy experiences feelings of anger towards his mother who has beaten him. Beating the mother is not socially acceptable nor is it expedient, because he is weaker and smaller than the mother. By kicking the dog he is discharging the angry feelings he feels towards the mother. He is displacing on the dog the aggression that was originally aimed at the mother.

Sublimation

When displacement leads to a socially valued practice or activity, it is called sublimation. A young man, dedicated to the service of the poor, fighting incessantly for the removal of social injustice inflicted on the poor, may have originally started experiencing anger towards key people of his life, like his parents. In course of time his aggressive instinct has transformed itself into a fighting force directed against certain aspects of the society, and the fighting is meant to bring redress to the poor people. Here, we see sublimated aggression or aggression aimed at socially valued goals. Likewise, an unmarried woman who turns out to be a competent and understanding house mother in a children's institution illustrates sublimation of the sexual energy, with reference to her role as an effective mother substitute for the orphans.

While confronting an aggressor, the ego experiences anxiety. Identifying with the aggressor is a defensive way of handling the anxiety. Street gangs thrive in some of the urban localities and they are generally held in fear and are also avoided by the young people of the surrounding area. The gang members do not hesitate to use bullying tactics on some of the vulnerable adolescents. If this happens over a period of time, it can cause excessive anxiety in the victims. There is a probability that the victim may join the gang gradually. Thus, by becoming a bully himself, he avoids the inner stress. In other words, his ego holds the anxiety at bay and enables the personality

to function, though in a socially unacceptable way. Those victims who feel secure with the support of their families and of others, will not find the anxiety unmanageable. Identification is a growth mechanism. But when the object of identification is an aggressor whose behaviour is copied for psycho-social survival, the identification in action is a defense mechanism. There have been stories of prisoners in the Nazi concentration camps who sided with the prison guards against their fellow prisoners — a phenomenon resulting from the identification of the oppressed with the oppressor.

Identi-fication with the aggressor

Regression

Regression refers to reverting to less mature behaviours that are characteristic of earlier stages of development. For instance, it can happen that a child, say, of eight years, regresses to bed wetting, which means that the child who has been toilet-trained and who has acquired appropriate toilet habits is now showing inappropriate toilet behaviour by wetting his/her bed. Take another example, a six-year-old boy who could speak clearly started blabbering like a two-year-old baby, after the death of his favourite grandmother.

Compen-sation

Compensation is the ego's device against the pressure of excessive guilt feelings. A mother, who feels guilty of the angry feelings that her child provokes in her, may over-protect the child by way of compensation. Compensation is at the service of the ego, also for counteracting feelings of inadequacy. Many examples can be given of people who have made up for some inability or disability of theirs, by acquiring competence in a particular activity or occupation.

Day-dreaming

Daydreaming, that is, indulging in thoughts of fantasy, is resorted to by the mind as an escape device to run away from anxiety-ridden contexts. A child who is backward in his studies and who is unable to understand what the teacher is teaching, will not find learning or class situations enjoyable.

(S)He may escape into his/her fantasies from which (s)he derives some pleasure, by daydreaming.

projection

Under the surveillance of a rigidly strict superego, handling one's own undesirable feelings or traits can be painful to the ego. Therefore, awareness of such thoughts is avoided by attributing (projecting) the feelings or traits to others. An individual brought up on a strict code of sexual behaviour based on wrong notions of human sexuality will have difficulty in accepting his/her own sexuality. When (s)he experiences sexual feelings, (s)he is unable to accept them, with the result that, (s)he may project them on to the person who has caused the arousal of his/her feelings and may complain that the other person is trying to seduce him/her, thus presenting a mental cover-up for his/her own feelings. This process is called projection, which is also one of the defense mechanisms. It will be useful to remember that an unconscious process is operative here, entailing both denial and repression.

Illustration

Denial and repression are present with almost all the other defense mechanisms. The functioning of defense mechanisms is mostly unconscious. If they are used consciously as safeguards, they are simply coping devices used by the mind, as illustrated earlier. Defense mechanisms as protective devices of the *ego* are healthy and functional, to a certain degree. Beyond limits, however, they can become harmfully pervasive, causing defective functioning of the personality. A child who is scolded by the teacher for not doing his/her home work may drift into fantasies of pleasant experiences. It helps him/her to maintain his/her self-exteem on the current situation, for the time being. If (s)he uses daydreaming always to escape difficult situations, instead of dealing with the difficulty, it will affect his/her social functioning badly.

A man in his sixties may find it difficult to accept the fact of his advancing age, and that he will not

Second example

be able to do many of the physically and mentally strenuous activities that he used to do at a younger age. He uses now denial to deny the reality of old age. A moderate degree of denial enables him to remain active and thus lead a useful life. If he is unduly afraid of getting old, he is likely to use denial to a high degree, and thus attempt to do things that are beyond his mental and physical capacity. The end result will be ill-health. Denial in such contexts leads to the exercise of will power; but will power stretched to the utmost against realistic conditions will lead to disastrous results.

CONCEPTS OF SOCIAL ROLE

In the preceding pages some of the psychological theories that are of relevance to social work were presented. Some sociological theories also have to be considered. In this context, some theoretical formulations connected with the concept of social role constitute an important area of knowledge. The social role of a person is the pattern or mode of behaving, related to the position in the social group to which (s)he belongs. There are, thus, the roles

Concept of second role

of the father, mother, husband, wife, son, daughter, brother and sister in the family. In the school, for example, there are roles of the teacher, student, principal etc. A role is always in relation to another person or persons, and the relationship creates role partners. Thus, father and son are role partners associated with the father-son relationship. Every role implies certain function and privileges; in other words, a role carrier has certain duties and rights. Regarding the functions of a role carrier, there are expectations from others shaped by cultural traditions and customs. The practical aspects through which the role is visible are the tasks which the role carrier is expected to perform. A woman, for example, in her role as a mother, is expected to perform the nurturing tasks for the children, along with other tasks in the home pertaining to the management of the household.

Traditionally, the role of wage earning is assigned to man, who is expected to earn a living for the maintenance of himself and the family through the performance of this role.

Three aspects of social role

Social roles can be analysed mainly along three aspects : (1) the actions (the doing of tasks) (2) the prescriptions and expectations that govern the actions and relationships. Prescriptions stipulate how and why the actions should be carried out (3) the evaluation or assessment, which is mainly of the performance of tasks.

Most of the problems of social functioning are with reference to role performance, and the major roles in this context are those of being a spouse, a parent and a worker or wage earner. In partnership or connection with these major roles are those of sibling, a student, a trainee, and such others. An individual's performance of one or more of the major roles may be defective, inadequate or impaired by various factors which are listed below: (Atherton *et al.,* 1971)

Reasons for Poor Role Performance

1. *Non-fulfilment of needs*

A man who is debilitated by destitution and poverty may have difficulty in adequately performing his role as a father to his children. The individual who was deprived of love in his childhood may have blocks in expressing love to others.

2. *Divergent role expectations*

Discrepancies occur between the expectations that one has of one's role and the expectations that others have of the same role: For example, a woman may not be aware of her husband's expectations of her role as his wife, or perhaps, she does not accept his expectations. When conceptions of one's role differ from the expectations that the role partner or others have of the role, the former's performance of the role will not be to the satisfaction of the latter.

3. *Physical and mental illness*

Illnesses are severe obstacles to role performance. Sick persons are unable to perform their role tasks during the period of illness.

4. *Lack of material and non-material resources*

Material resources like money and goods and non- material resources like information and knowledge may not be adequately available to some persons to perform effectively their social roles.

5. *Mental and physical disabilities*

Mentally and physically ill people are unable to perform their social roles in an adequate manner. Similarly, mental and physical defects also impair the individual's role performance.

6. *Lack of preparation for role performance*

Those who do not have occupational skills are likely to be unemployed or they remain in the lowest level of wage earners. For successful performance of tasks in the wage earner's role, learning- cum -training is necessary. Thus, we have different modes of occupational training ranging from training on the job for a few days, to professional training requiring years of study and practice. Similarly, for the roles of a spouse and parent also, preparation is necessary, though not of the nature of job training but of another type, in terms of emotional understanding and readiness, and intellectual comprehension and awareness.

7. *The occurrence of conflict between two roles*

It can happen that the nature of tasks pertaining to one role is such that it obstructs the performance of tasks pertaining to another role. If a man's job keeps him away from his family for a long period, his absence from home is likely to affect some aspects of his familial roles. Take another context. Suppose a school teacher has his son as one of his pupils in his class. If he is unable to separate his role

as a teacher and his role as a father in relation to his son, the outcome will be impairment in role performance. One possibility is that he will show favouritism to his son. The other possibility is that he will be more strict with his son than with other pupils, in order to avoid the criticism of favouritism. When one or the other of these possibilities becomes a reality, his role performance as a teacher will be affected. Further, if at home he is not able to shift to his role as a father to his son, that will affect his role performance as a father.

The seven factors presented above are not necessarily exclusive of each other.

Socialisation

The concept of socialisation borrowed from sociology is also a very relevant term for understanding human behaviour with reference to casework. Socialisation is the learning of social roles that leads to the individual's performance of social roles. Family is the primary unit where the child's socialisation begins and progresses during childhood and hence, the parental role is important in socialisation. Aspects of successful socialisation discussed in sociological terms, correspond to the factors that were discussed earlier with reference to personality development. (See pages 28-32).

Other sociological constructs are also relevant

Sociological constructs on culture, social institutions, social control etc. are also relevant to social work. Sociology as a discipline which studies social groups theorises on interactions within social groups. Psychology (of personality) also studies these interactions in order to conceptualise the effects that these interactions have on the personality of the individual. (Johnson, 1966) It can be seen that sociology and psychology are not isolated bodies of knowledge. They are connected at many points, and this is of importance to the social worker who tries to understand human beings for the purpose of effecting changes in human behaviour.

Other psycho-logical constructs

Only the psychoanalytical theory of personality, from the discipline of psychology was earlier discussed in this chapter. There are other theoretical systems developed by behavioural scientists, which have been found to be useful in casework. It appears to us that these other systems offer tools and techniques of changing inappropriate behaviour without adding substantively to the knowledge on human personality. It is advisable that the application of these theoretical systems is deferred to a later point of time in casework practice. Some of these theoretical systems are described briefly in the ninth chapter.

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4. Problems of Living — the Focus in Casework

Human beings face difficulties in day-to-day living, many of which are handled adequately with resources at hand. These are difficulties of living that fall within our coping abilities and strategies. When difficulties assume dimensions that strain our coping capacity and go beyond our competence in handling, they become problems. People who seek casework service are those who encounter problems.

Problems of living may be caused by unmet physical or psychosocial needs or by the inability to perform one's social roles owing to any one of the causes referred to in the earlier chapter. Physical needs pertain to the biological needs of food, shelter, clothing, and the psychosocial needs pertain to love, recognition, security, opportunities for not only intellectual and emotional growth but also for fulfilment of one's potential. The major social roles, as mentioned earlier, are those connected with being a parent, a spouse, and wage earning worker, the latter indicating the individual's social position in terms of carrying on an occupation for earning a living. A problem which defies an individual's coping skills may be the end result or derivative of other problems or difficulties that remain unsolved from an earlier point of time. A human problem cannot be considered an isolated happening or an entity in itself. It is usually the end point or one point in a. chain of cause-effect relationships. To derive a classification of the problems to which casework is

addressed, the best method is to undertake a survey of social work agencies that offer casework services and thus collect information about the clientele. It was not possible for this author to use this method because of shortage of time and for the reason that casework records maintained by the agencies did not have detailed information. Therefore, an easier and less precise method had to be adopted to. get information about casework clientele. The method adopted by the author is described in the next section. The data thus collected provided valuable information about various aspects of the practice of social casework.

THE SURVEY OF CASEWORK RECORDS*

There are many books on casework written by authors in the West based on the experiences of social workers who rendered casework services to their clients. However, the context is 'problems of living' in a western culture. In order that this book may be indigenous in its form and content, the writer

Indian casework records

undertook a survey of 200 casework records (SOCR) which are actually the reports of casework services rendered for clients in India. The documents surveyed were casework summaries prepared by the First Year M.A. Social Work students of a post-graduate programme of Social Work, offered in an academic institution in Bombay. It is a practice in this institution that every student prepares, at the end of the first year, as an academic assignment, a summary of the casework report of a client whom the student had helped during the year. The summaries prepared by the four batches of students during the period 1978-82 were reviewed for the purpose, and 200 summaries were selected, after discarding those with inadequate information and those which were illegible. Since the list of students' placements covered a wide range of agencies, the clients about whom the

* The Survey of Casework Records will hereafter be referred as SOCR.

summaries were compiled represented a broad spectrum of human service organisations as shown in Table 1.

Table 1: Frequency Distribution of Clients in SOCR

Service Organisations	No. of Clients
1. Social service depts. of hospitals	19
2. Community centres	63
3. Residential institutions for the physically and mentally handicapped	13
4. Social service Departments of schools	33
5. Correctional institutions for adolescents	21
6. Mental health centres	10
7. Family welfare centres	10
8. Homes for destitute children	19
9. Organisation for the after-care of youths discharged from correctional institutions	4
10. Institution for girls in moral danger	8
Total	200

The problems for which people sought help were as varied as the agencies indicated in Table 1. Perhaps, it may not be right to say that people sought help from social workers for their problems. Many of the clients came under the label of "involuntary clients", having been compelled to receive the attention of social workers. For instance, the cases drawn from social service departments in schools, correctional institutions, mental health centres, homes for destitute children, after-care organisations, and the institution for girls in moral danger were of persons who did not come to the social worker of their own volition, except a couple of cases of self-referral. Truly speaking, social work service was

imposed on these clients. There is no implication, however, that a service that was not sought voluntarily and was rendered nevertheless because of referrals, was a useless one. There were reasons why the clients did not seek the service on their own. They did not generally perceive themselves as having problems. Granting that there were some who acknowledged to having problems though somewhat vaguely, they did not imagine that there would be a social worker in the role of a helper. People are generally not aware of the professional services of a social worker.

Kinds of problems

The problems reported by clients to the agency, or in other words, problems for which help was sought, may be classified in different ways. From the sample obtained from SOCR, the problems can be categorised as follows:

1. Problems related to illness or disabilities
2. Problems due to lack of material resources
3. School related problems
4. Problems related to institutionalisation
5. Behaviour problems
6. Problems of marital discord
7. Problem situations needing a follow-up service
8. Needs related to rehabilitation of people handicapped by disabilities
9. Predicaments and difficulties of clients caught up in problems that have been regarded as social problems like gambling, prostitution, alcoholism, drug addiction and unmarried motherhood.

Though one may view a problem as a single entity conceptually, in life a problem hardly occurs in isolation; it is more often than not associated with other problems or difficulties. From this perspective, the problems listed may be considered as the ''initially stated problems" or the problems for which they were referred for social work service. Other problems which surfaced subsequently or which the social worker identified later may be viewed as "associated problems".

For understanding the client and his/her problems, the social worker obtains information and makes an assessment about the social situation, taking into consideration the causative factors. Based on the assessment, a plan of action *is* drawn up and helping activities carried out. This fourth chapter, however, is devoted to a discussion of problems and the causes of problems only. But there will be brief references to helping activities so that, the discussion may not read as a prosaic list of problems. Besides, references to casework help in some contexts will initiate in the mind of the reader the idea that for the social worker, the question, "What can be done?" follows close on the heels of the question, "What is the problem?" The answer to the former question will emerge fully from the contents of the chapters on tools, techniques, and the process of casework.

PROBLEMS DISSECTED

Problems Belated to Illness and Disability

Conditions of ill health and disease cause disturbance to the individual as well as the family. Besides disrupting the rhythm of living of the people concerned, it also causes them considerable anxiety. Some people need help and information to go and seek appropriate medical services, to understand the nature of illness, the procedures of treatment and to accept the necessity of continuing with the treatment. Some of the patients who have already *Patients need help with onset of illness and its problems* reached the hospital voluntarily, impelled by the urgency to be cured of the disease, still need a helping hand to be able to understand the implications of the disease, the mode of treatment and to comply with the treatment procedures. Tuberculosis is a manageable disease nowadays, and curable. However, it is not an uncommon occurrence that patients, heartened by the disappearance of symptoms, give up treatment before they are fully cured. Or, take

the case of a leprosy patient, Ram*. His only symptoms are a few patches on his back and he is sadly misled into taking it lightly because of the inconspicuous appearance of the disease. He feels inclined to ignore medical advice and cannot by himself realise the medical necessity to continue treatment for a prolonged period of time.

Some cannot handle the feelings of anxiety, fear, shock or panic that are unleashed when a disease strikes unexpectedly. One can imagine the mental horror of Raju, a young healthy industrial worker who became unconscious after being knocked down by a vehicle. He regained consciousness hours later, only to find himself in a hospital bed and to know that his leg had been amputated. With the disappearance of his leg, his will to live also vanished. His self-image was now reduced to that of being an incomplete human being, "a half-man, who should die rather than live". Then there are those who, for one reason or other, are so hopelessly resigned to their illness that they do not want to seek medical treatment. Very often, social workers will come across *Resignation* people who attribute their disease to an unavoidable *to fate* and pre-determined fate, who continue to live with the disease without making any effort to remedy the situation. Coupled with an attitude of fatalism, the sense of hopelessness prevents action.

In all these contexts, the frame of reference for help is not only the patient, but also his/her immediate family. The case of the patient, Maria, who was in an advanced stage of cancer, is illustrative of the context. She was a widow and mother of two children. Her relatives were not in a position to care for her children. The situation demanded a few practical steps of action Like: (1) providing for some palliative measures to the patient for reducing her

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* Cases mentioned in this book are from the SOCR records unless otherwise stated. The names have been changed to disguise the identities of persons.

pain and discomfort as much as possible. (2) involving the patient in the planning of her children's future. She herself was distressed as to what would happen to them after her death. Hence, she needed help and so too her children.

The adult members of the family become particularly important in the context of child patients and psychiatric patients of all ages, because the burden of decision making falls on the responsible adults. The *SOCR* includes a considerable number of polio-affected children whose parents showed apathy and disinterest in getting their wards medically treated. This situation was totally unwarranted, because treatment facilities did exist, and sometimes there was excellent prognosis if detected early and treated. Improvement of the medical condition is well within the reach of most urban population. When treatment is prolonged entailing regular visits to the hospital, patients begin to show tardiness in attendance and/or lack of interest in course of time. Without extraneous supports and encouragement their motivation cannot last long.

Apathy of responsible adults in family

When distressful events occur in quick succession, they can be so overwhelming and overpowering that they can immobilise the person. The individual *becomes* mentally paralysed, not knowing what to do next. Such was the case of Rashida who had to face the deaths of three members of her family within a short period of three months — her husband and two children. She lived in a locality which was served by a community centre. In the absence of a breadwinner in the family she was instantly reduced to a destitute and when another child *fell* seriously ill, she was too dazed and miserable to be able to take any action. It became necessary for the social worker of the community centre to step in, to provide economic and emotional props to Rashida and also to deal with the problem of her child's illness.

Frequent calamity

A social worker could also come across totally unproductive and impractical ways of handling illness conditions in certain situations. In cases of fatal illness, like the terminal stage of cancer for example, it is sometimes seen that the patients' relatives impose on themselves severe hardships, deprive to themselves comforts, sell even their properties to be able to spend every paisa for the patient, not realising that nothing can save the patient. Through casework service, the family members can be prevented from taking steps which, in the long run would prove to be unrealistic and which will jeopardise the welfare of the whole family. The family can, nevertheless, be encouraged to do such things for the patient as are realistic and sensible.

Impractical over-stretching

There are many factors which become stumbling blocks in the patient's handling of situations and his/her progress towards restoration of health, for which (s)he needs professional help. Those factors are intensified when the patient is suffering from a mental handicap or disorder. Take, for example, the situation of mentally retarded children. Most parents of the retarded are reluctant to accept the disclosure by a professional, for the first time of the low level of intelligence of their children. The social worker, through continuous contacts with the parents and by use of his/her communication skills, will be able to help them in most cases accept reality and adopt a helping attitude towards the child. This is only the beginning phase. The parents have to be guided further and referred to other resources of a non-medical nature. Like the cases of mentally retarded children, there are other conditions of illness and disability in children and adults which require carefully planned referrals to other services.

Removing stumbling blocks

The preceding discussion should not be construed to mean that every patient or disabled person requires the services of a social worker. When an illness strikes,

the person concerned may have within his reach, human and material resources in order to meet the situation effectively without the assistance of any social worker. Only with those who lack the coping resources that the social worker is concerned. There are a number of patients who require help to deal competently with the psycho-social factors, described above, that are connected with or arising out of the situation of illness.

Lack of Material Resources

Poverty, also a problem to be handled

It is easily conceivable how problems of living orginate from poverty, destitution, unemployment and related factors. Poverty and mass unemployment are problems that have to be dealt with at the national level and it is unrealistic to expect the social worker to deal with this seemingly hopeless situation through casework services. Nevertheless, social workers do handle individual cases of poverty, as is evident in the SOCR pertaining to community centres and family service centres. There were also cases from school social services pertaining to children who could not afford school fees. The cases of this type from community centres manifested almost typical profile of characteristics — absence of the father, indebtedness and the unemployable condition of the clients due to lack of skills. The absence of the father may be due to death, desertion or separation. In such cases, the mother, often without any skill or training, had to fend for herself and the children. There were cases of disabled persons who could not find jobs in spite of their having been trained in vocational rehabilitation centres.

Housing problem

The problem of housing is another serious situation causing distress to many. The SOCR contained a few cases of persons who had no roof over their heads. The problem of housing had the same magnitude for newcomers to the city, regardless of whether they were of the middle classes or lower classes on

the socio-economic plane, with the only difference that the poorest ended up on the pavements, having nowhere else to go. Among the clients covered by the SOCR, there were people who shared the huts in slums or tenements in chawls* of their relatives and other unemployed persons who were under the threat of eviction because of their inability to pay rent.

Apart from the clients whose 'initially stated problem' is that of economic distress, there are many others for whom lack of material resources is a very serious 'associated problem'. For instance, a patient who is well-disposed to the treatment procedure may, however, be unable to comply with the physician's instructions because (s)he does not have sufficient money to purchase drugs, appliances or special/dietary food prescribed for him/her. Or perhaps, (s)he may not have the money for transport to the hospital, and for the same reason, relatives may not visit their hospitalised patients. Likewise, in all the other eight categories of problems, poverty or economic deprivation may be present as an associated problem. This is an inescapable fact in India in view of the extensive poverty and economic hardships confronting the people.

School Related Problems

The clients falling within this category are, generally, children and adolescents not exclusively confined to school social service departments, though school social services are specifically geared to helping such clients. The problem is prevalent in one form or other in correctional institutions, homes for destitute children and institutions for the disabled. Further, children with such problems are among the referrals to family welfare service centres and community centres. School related problems are of the following types:

* Brick and concrete buildings providing one-room housing for the poorer sections of the people are called chawls.

— Frequent absence from school or truancy

Behaviour Problems in school

— Conduct that disturbs the academic atmosphere of the classroom or of a generally withdrawn or non-communicative disposition

— Poor academic performance

— Dropping out of school before completing the requirements of any certificate

There can be situations, though not very common or frequent, where a child or adolescent seeks the help of a social worker with reference to something he or she perceives as a problem. In the SOCR there was an adolescent, Maya, who approached the social worker of her own volition for help to concentrate better on her studies. In another case, a school boy, Chandra, wanted very much to attend a boys' camp but did not have the wherewithal to fulfil his desire. He sought financial help from the social worker.

Problems Related to Institutionalisation

Here the problems are those which have reference to institutions for children. 'Children', according to the legal definition, are persons below eighteen years of age. Children's institutions are of two types — those which admit court committed children and those where children are placed without the intervention of the court. The commitment through juvenile courts takes place when children indulge in anti-social acts like stealing, aggressive squabbles and destruction of public property, and for those who wander around

Juvenile delinquents

aimlessly. The latter expose themselves easily to the wiles of bootleggers, drug pedlars and smugglers. Wandering female adolescents face the additional danger of sexual abuse who are sent to residential institutions through the court.

Some destitute children who have no parents or parent substitutes to take care of them may also be placed in children's institutions by the court. There is another group of children, who on account

of unfavourable family circumstances find their way into residential care homes. Among the lower socio-economic sections of society, there are many single parent families unable to provide for the care of their children owing to reasons like, absence of the parent for many hours from home for earning a living, lack of housing, condition of sickness or disability of the parent or inadequate income. There are residential homes that take care of such children. There are then children who are abandoned by their own parents and children with disabilities. There are residential homes meant for all such children.

When we take into consideration the lamentable backgrounds of some of the children, the urgent need to give them assurance, love and security becomes imperative. Susheela, a girl of 17 came from a middle class family in Bengal. She was a plain looking girl while her sister evoked considerable admiration from the family members for her good looks. The frequent comparison of the two sisters in which Susheela figured adversely was painful to her since the parents also made such comparisons, apart from other people. Eventually, however, there was a marriage proposal leading to an agreement between the two families and the date of marriage was also fixed. The marriage, however, did not materialise for some reason or other, and the blame fell on the girl. The situation became worse when the family happened to suffer a heavy loss of money and materials through a house burglary. Further, the paternal grandmother who lived with the family and who had till then provided the badly needed emotional support to Susheela, left the house to live with relatives elsewhere. Finding the home environment unendurable, Susheela left home, travelled by train without a ticket to Bombay, where she was caught by the police and sent to a girl's institution.

Susheela, a runaway

Changing residence from one's home to an institution is a major event in an individual's life and considerable

Children's traumatic experiences emotional pain is likely to occur as a result. It is possible to lessen the pain by explaining the reasons for the drastic change and by providing opportunities for emotional expression for the person who is compelled to submit to the change. But there are cases of children who are packed off to residential care institutions unceremoniously, mainly to suit the convenience of the adults around them. These children do not get even a word of explanation from the adults who manipulate the event quite mechanically.

Salim Salim was a boy of eight who was longingly waiting for a father whom he would never see. The father had died three years earlier but the child was never told about it. And one day, Salim found himself in a children's institution not knowing the reason why he was there. Nevertheless, he continued to wait for his father. In addition to the pain inherent in the situation, there was the teasing and mocking from other boys who made fun of his appearance. One can easily imagine his feelings of insecurity, inadequacy and rejection. The boy was naturally withdrawn and uncommunicative.

Some of the children in these homes have witnessed violence in their families. Many fathers have been alcoholics and seeing the father beat the mother is a routine event in their homes. Removal from such homes is not a matter of relief for these children who worry continuously about their mothers. In some, the burden of hate that they harbour against their parents is an emotionally unbearable pain. In a few cases of SOCR, the children were witnesses of murders that took place in front of their eyes. So varied are the traumatic experiences of children who finally land up in institutions.

Children's institutional stay has many problems Children are in no position to accept the reality of their stay in institutions away from familiar surroundings and away from their families. The situation could become more tolerable when the

monotony of existence in such an alien environment is occasionally broken by visits from family members or relatives. Some children never get visitors, and for them, to see the happiness of their fellow-residents who have the good fortune of being visited by relatives, is not a matter of comfort but of envy and sadness.

When parents are separated and remarried, the emotional tie that the parents had earlier experienced towards their institutionalised offspring becomes weaker and the offspring is waiting in vain for parental love. It is, therefore of salutary importance that the social worker assumes and discharges effectively, the role of befriending the children who do not easily comply with the demands of institutionalisation. As described above, they are all under varying phases of stress.

Behaviour Problems

The category of behaviour problems is with reference to children's and adolescents' problems. In the SOCR, the cases of behaviour problems were reported from community centres, institutions for the disabled, school social service departments, correctional institutions, mental health centres, family welfare centres, homes for destitute children, the organisation for after-care and the institution for girls in moral danger. The problems were of the following types:

Common flaws in behaviour among children

— Telling lies, changing the entries in the mark sheets issued by the school
— Stealing money or things
— Rude and abusive talk
— Disobedience and defiance of authority
— Running away from home, school or the residential institution
— Aggressive behaviour
— Bed-wetting.

An interesting phenomenon of trans fixing of roles by the children can create complications in casework.

This is how it happens. Normally, children's behaviour problems are referred by the parents, teachers, or house parents in residential institutions. Consequently, the children concerned may tend to identify the social worker with these adults with whom they are apparently or really in conflict. Therefore, reluctance on the part of the children to have interaction with the social worker can be expected. It is up to the social worker to project a likeable image to the children, that is, an image which is different from the stereotyped image of an adult that these children carry in their mind, an image characterised by authority, officialdom, unapproachability and as a dispensor of punishment.

Problems of Marital Discord

Marital discord refers to the situation of conflict in the husband-wife relationship. When the conflict is of a persistent nature, spreading over a large part of the relationship with the result that, all concerned — the spouses and the children — are unhappy, it becomes a problem.

Husband-wife relationship

In the SOCR, there *were* only a few cases with the initially stated problem of marital discord. But marital discord emerged as an associated problem in many other cases. Apart from the fact that people are uncomfortable either to acknowledge the problem, or to talk about it, there is the possibility that the problem lies submerged under other problems and difficulties more openly discussed. For instance, fifteen-year-old Santosh's uncontrollable behaviour is a matter of deep concern for his parents, who give graphic descriptions of Santosh's bad deeds. But it does not take much time for the social worker to discover that the father and mother adopt diametrically opposite ways in dealing with Santosh, and this discrepancy in parental handling has its roots in a state of conflict that is impairing the relationship between the parents.

The problem of marital disord is generally observed to be linked with one or more of the following factors:

— Alcoholism of the husband

— Extra-marital relationship of the husband or wife

— Unemployment of the husband

In some cases the wife seeks social service as a last resort, for advice and assistance in the matter of obtaining legal separation.

Situation Needing Follow-Up Services

Problems arising in specialised follow-up services rendered by certain organisations constitute another category of commonly seen problem situations. Though, in most social work cases, there is a stage of follow-up, this category denotes cases of altogether a different type. For instance, there are organisations which *Sponsored children's problems* 'sponsor' children directly or through welfare agencies. Sponsorship means undertaking to provide financial assistance on a monthly or yearly basis to poor children, to meet their needs related to schooling, health, and such others. The organisation's selection is based on needs and the undertaking is for a specified period only. During the period of sponsorship, the agency keeps in touch with the child and the child's family, and keeps records consisting of information about the contacts maintained with the child, his/her academic progress, personality development and significant life events during the period. The sponsoring organisation obtains its funds from Indian and foreign donors with whom regular correspondence is kept, whereby, the donors get periodical reports of the children whom they sponsor. The process of the social work service involving interactions between the agency and the clients, and between the agency and the sponsors, is designated by the term "follow-up". The term applies to another group of clientele as well. There are organisations specially interested in the welfare of adults and children who are discharged from correctional institutions. The goal

is occupational and social rehabilitation, to ensure which the social workers follow up the cases. Implicit within these goals is a concern for prevention of further problems. Nevertheless, problems do crop up during the follow up period despite the social worker's vigilance, and help ought to be made available.

No life is a smoothly going forward movement; nor is it so for a sponsored child. (S)He may show lack of academic progress, fall ill, provoke complaints from the teachers or parents for bouts of bad behaviour, get into scrapes, feel anxious about illness in the family or face any such predicament or crisis some time or the other. On such occasions, the child's social worker's involvement will go beyond the routine activities of follow-up. Judy's case is an illustration in point. Judy was eight years old. Her father was dead and her mother, Teresa, had gone away to Dubai abandoning her. Teresa's mother, Mrs. Lobo, took Judy under her care. Not having the means to support a grand child, Mrs. Lobo approached a sponsorship organisation for financial help. Thus Judy became the client of a sponsoring agency. There was no letter from Teresa, but Mrs. Lobo came to know through other sources that Teresa was working as a typist and that she got re-married in Dubai. Judy gradually got accustomed to her circumstances. She had detached herself emotionally from memories of her mother and had become very fond of her grandmother. She was doing well in school. One day, after four years, something happened to disturb the smooth run of Judy's life. Teresa returned unexpectedly, met her mother and daughter, Judy, and initiated plans of taking Judy back with her to Dubai. Judy did not want to go to Dubai with her mother and consequently, she became very unhappy and depressed. Her social worker studied the situation well and intervened to support her decision not to go to Dubai. The social worker helped

Judy

Teresa to understand her daughter's resentment towards her and suggested ways and means of winning her confidence and affection slowly and steadily.

Needs Related to Rehabilitation of People Handicapped by Disabilities

In this context, the disabilities include physical, mental and social impairments. The categorisation has reference to initially stated problems and the presupposition is that, the social worker takes over the case at a stage, prior to which, some hurdles were already crossed. If the social worker were to take over the case earlier with reference to the disability itself, the case would have then fallen in the very first category of problems we had described (in pages 47-51).

The case of John was referred to the social worker when he was approaching the date of discharge from a correctional institution. The problems connected *Problems of* with his institutionalisation were past history and *rehabi-* what he needed now was social and occupational *litation* rehabilitation. He became literate while staying in the institution and was also trained in carpentry. What he needed at the time of discharge were plans for job-placement and a smooth process of readjustment to his family and community. Different *John* from problems arising from John's social disability was Renu's problem with physical disability. Renu was a blind girl who passed her S.S.C. (Secondary School Certificate) examination, obtaining moderately good marks. She lived in an institution for blind girls during the period of her schooling. Desirous of working for a university degree, Renu approached the social worker of the institution for help. The social worker had to initiate action on a number of fronts and draw up future plans along with the client — exploring resources for financial assistance, making a decision to pursue a specific career, carefully choose a college for higher education, search for

hostel facilities and search for potential readers. Clients who have mental disability like mental retardation, and clients who have recovered from an episode of mental illness, both have to struggle against many odds before they can be rehabilitated, because of the social stigma attached to mental illness and retardation. Social work help is very essential in getting them to cope with situations with a positive outlook.

Predicaments and Difficulties of Victims of Social Problems

The social problems under discussion are gambling, prostitution, alcoholism, drug addiction and unmarried motherhood. Though, in reality poverty is one of the biggest social problems in this country, poverty is not included in this category, mainly because the scope for exercising personal choice in relation to poverty is much less than with reference to the other social problems. Besides, the problem of poverty and related aspects have been discussed under the second category of problems, titled, Lack of Material Resources. One can counterpose the valid point that there are occurrences of unmarried motherhood and prostitution where there is no scope for the victim's exercise of freedom of choice. This is certainly true and highlights the reality of how difficult it is to classify human predicaments into neatly and precisely demarcated categories.

Clients caught up in practices of vice

Gambling as an initially stated problem occurs in a couple of cases in the SOCR. Gambling among adolescents causes concern to parents; they report it to social workers known to parents. Otherwise, it is not generally noticed as a problem.

In a city like Bombay, prostitution is considered a social evil more because of the threat it poses to public health, in terms of the spread of sexually transmitted diseases. The law on the prevention of traffic in women and girls makes brothel keeping

Prostitution punishable by law but prostitution *per se* is not punishable. Prostitutes come into contact with social workers in clinics where patients suffering from sexually transmitted diseases are treated, and in the institutions run for the protection and care of prostitutes rescued from brothels. Though in clinics, the primary focus is on treating the disease, there is potential scope for dealing with the patients' status as a prostitute. Prostitutes rarely go to a residential institution of their own volition. Some of them only "happen to be" in these institutions, having been brought there by the police, who rescue them from brothel areas. Not all want to be rescued. A few may want to escape from the brothels but the rest do not experience any such desire. The first group may be viewed as potential help-seekers, whereas, the label of 'involuntary clients' fits the second group. Both groups need social work services, though the second group can be expected to put up a harder resistance that is likely to cause a severe strain on the social workers' resources. But the challenges are worthwhile and the social worker can make a positive contribution in this area.

With reference to unmarried motherhood, there are cases resulting from rape, or instances where the *Unmarried* girl has been a willing partner. The factor of age *motherhood* is also important and, therefore, the case has to be viewed from the legal dimension as well. The general experience of social workers is that the client comes escorted by relatives who become the decision makers in the situation. Usually, the relatives feel inclined to coerce the client to accept their decision which is specially true in the case of girls who are minors. Evidently, the situation is complex, riddled with many interwoven factors — social and psychological — interacting with each other.

Alcoholism is a problem that causes concern to social workers mainly because, in its trail many undesirable consequences follow. Though the SOCR

Alcoholism

has only a few cases of alcoholism as the initially stated problem, it was an associated problem in many cases. About eight per cent of the 200 cases covered by the SOCR revealed alcoholism as a characteristic habit of the father in the family. The social context of alcoholism consists of poverty, indebtedness, violence and neglect of children, and somehow these factors always appear to come together at a time. An alcoholic *rarely* acknowledges his problem. Even his family members who suffer from the consequences of his alcoholic behaviour seek help only occasionally and that too more with reference to the unpleasant consequences of the problem than the actual problem. Chellappa was once a hard working industrial worker. On becoming an alcoholic he began to neglect his wife, and his wife was forced to earn and she took up the job as a domestic help. Since the lion's share of Chellappa's moderately good salary found its way to the liquor shop, his debts began to increase. So did the arrears of his house rent.

Under the threat of eviction, Chellappa's wife came to a family welfare centre. Her problem, calling for social work intervention, is not a simple, straight forward one, but one which demands arranging for a sustained flow of material resources, of effecting a change in behaviour, of safeguarding the clients from eviction and loss and such other drastic fall in living standards.

Drug addiction

Drug addiction is similar to alcoholism in its negative ramifications and more young people are susceptible to it. The condition of young drug addicts deteriorates rapidly and steadily, often leading to premature and ignominious death, unless there is effective intervention and rehabilitation. Drug trafficking is banned by law but the menace only seems to be spreading.

Though the list of problems presented here covers a wide range, it cannot claim to be exhaustive because

the clients were exclusively from the city of Bombay. It has also to be acknowledged that the problems described are those of an urban population. Some of the problems may be common to both urban and rural settings. But there are some problems that are particularly characteristic of villagers.

Casework intervention is required in those situations where the subjects are unable to handle them unaided. The causative factors are many and in the discussion of the categories of the initially stated problems in the first section of this chapter, a few causative factors were discussed. In each case situation there is a configuration of contributing elements or trouble causing features which need to be explored and studied as a first step in helping. A brief analysis of these elements which in different combinations obstruct the coping efforts of people, is relevant and necessary here. These causative factors may be grouped under the sub-heads presented in the following pages.

CAUSATIVE FACTORS

Diseases, Defects or Deficiencies of the Human Body or Mind

The matter under discussion is linked to the description of problems related to illness and disability which appeared earlier in these pages. Here, the focus is on the psychological effects of physical impairment resulting from diseases or disabilities and on the social components of the impairments. The SOCR contained a good number of cases in this category. There was the case of Radha, an epileptic patient of 35 years, who was a life dependent on her married brother and his wife, because she got recurrent fits. The personality changes, a derivative of her condition, made her socially maladjusted at home. Or, take the case of Ramesh. He was deaf, but the condition of deafness being invisible was undetected by his parents. They found Ramesh unable

to cope with his studies in a school, which was a school for normal children. Ramesh was, consequently, an unhappy child. The parents' lack of knowledge about deafness and the scope for remedial treatment was the contributing factor, although the main problem feature was deafness as a defect. Thomas, a partially blind boy in an institution for the blind was reported as a problem boy because of his resistance to learning Braille. After a few contacts, the boy's social worker was able to get at the root of the problem. His resistance to learning Braille was caused by his inability to accept the fact that his vision was below the normal level and that it was insufficient for normal school work. So casework in his case initially aimed at helping him to accept reality.

Deprivation with reference to the Basic Physical and Psycho-social Needs

Human beings, for their survival as living organisms, need food, *shelter* and clothing. As distinct from animals, they have also a psycho-social life, for the nourishment of which, appropriate nutrients have to be supplied. Love and security, a sense of belonging, feelings of self-esteem, opportunities for intellectual, emotional and physical development, guidance and direction in the various aspects of living are all required for the gradual development from childhood to adulthood, through appropriate age-related stages of growth. There are many children in India whose physical and psycho-social needs are not adequately met. These unfulfilled needs lead to problems later on that result in precipitating situations that warrant *Unfulfilled needs* the intervention of social workers. Shankar, a boy born in a poor family, was often without food. At the age of eight, he was made to work for a man in the business of embroidery work. Shankar had to do long hours of work, doing simple stitching of a repetitive nature and what he got as wages

was a pittance. He ran away from the workplace and lived on the street, where he took to stealing money. One day he was caught by the police and sent to a correctional home. There are many children like Shankar in residential institutions coming from backgrounds where the predominant feature was physical and emotional deprivation.

Disability made worse by social factors

Suresh was a deaf child, attending a school for the deaf and was often absent from school, because he had no bus fare. He did not wear clean clothes either. His classroom appearance in dirty clothes often provoked critical comments from the teacher. As though all these were not enough to make him feel unhappy and inferior, the father's obnoxious behaviour added considerably to his sense of distress and humiliation. Couple of times, the father came to Suresh's classroom in a drunken state, mouthing abusive words. One can imagine Suresh's plight and the damage his life's depressing circumstances caused to his self-esteem as an individual. Non-fulfilment of needs, both physical and psychosocial, when it is persistent or continuous over a long period of time, can become a serious matter leading to socially unacceptable, anti-social or self-destructive behaviour. Often among the prostitutes, there are girls who are driven to prostitution on account of poverty, rejection by the family or ill-treatment in the family.

Deprivation ~- Sandeep

Deprivation can also be of a situational nature and not necessarily long-drawn. Sandeep was a thirteen-year-old boy, referred to a school social service department for his lack of concentration in the classroom. Very often it was observed that he slept during classes. The social worker did not have much difficulty in finding out the reason behind Sandeep's drowsiness in the class. Sandeep attended the first shift in the school, from 7.30 a.m. to 12.30 p.m. He came to school on an empty stomach. At home, there was no practice of having breakfast in the morning, and consequently, he remained without

food for a long period of time till 1.30 p.m. It was suggested to his parents that Sandeep might improve if he was given breakfast before he went to school every day. The suggestion was as simple as that, and when it was followed, nothing more was needed to rectify the situation. He was reported to be more alert and attentive in school thereafter.

Those who are deprived of opportunities for education also fall into this category. Illiterate people do not have the information and knowledge that one generally comes to possess through education. Thus the illiterate are deprived of a very important non-material resource essential for effective social functioning, and are more liable to become victims of wrong information and superstition. There were clients in the SOCR cases who did not seek treatment when diseases like epilepsy and mental illness afflicted members of their families. They adopted measures harmful to the patients, because they believed that these diseases were caused by the possession of the devil. There were many clients who were illiterate and they were dependent on others when it came to understanding official notifications and filling blanks on formal documents. Some of them did not know their dates of birth. Moneylenders and landlords took undue advantage of the illiterate state of some of the clients. Illiteracy also reduced the chances for employment. For example, women who were good at needlework were not able to appear for any certificate course in tailoring because this required the ability to read and write.

Inadequate Development of Personality

Some people get into predicaments because of the inadequacies of their personality. Some are unable to carry on their roles as wage-earners because of reasons of non-commitment to work, laziness, or inability to accept authority. Among the unemployed, there are some whose unemployment is due to their

inability to stick to any job. The same fact applies to other roles like the marital and parental roles and there is a marked incapability for role performance. *Inadequacy of coping abilities* Some become parents biologically, long before they attain psychological maturity, with the result that, they shirk the responsibilities of parenthood. Cases of children who suffer from the deeds of commission or omission of their irresponsible parents are not rare. In the SOCR, there was Chandra, a thirty-year-old father of two children, who refused to take his two-year-old injured child to the hospital. The child had fallen from a tree and was hurt badly. The father argued that the child ought not to have climbed the tree and that he should bear the consequences of his disobedience. Though this could be an extreme case of irresponsibility and immaturity, lesser variants of the same attitude are not unusual among some people who have an inadequate personality. In terms of the theory on personality structure, 'inadequately developed personalities' are those characterised by deficient egos, weak super-egos, and uncontrolled id impulses.

Internal Processes Adversely Influencing People

Only a part of human behaviour is visible to others. The part that is hidden refers to the mental activities of feeling and thinking and all their attendant mental operations. Thinking and feeling are different processes, though they are connected. Thinking indicates an exercise of the will, whereas, in feeling there is an experience of emotions and hardly any exercise of the will. Take for instance, the activity of going to see a play (drama). There is thinking involved in deciding to *go* for it. Witnessing scenes of a tragic denouement on stage, the spectator may *Inner feelings and thoughts* experience feelings of sadness, and tears may well up in his eyes. His shedding of tears is not something he has willed to happen. It has happened without his volition. He may even feel embarrassed about the fact that he cannot control his tears.

Feelings aroused by sudden and shocking happenings may overpower temporarily, the person's capacity for thinking and acting. The case of Rasheeda mentioned earlier, (who was bereaved thrice in a short period and who did not know what to do for her seriously sick child), illustrates the incapacitating effect of emotions.

The emotional hang-overs following unhappy events may persist for years after the occurrence of the event. Sunanda, who was five years old was very ill with diarrhoea. She was nearly dying, because of her condition of dehydration and she needed immediate hospitalisation. But her mother refused to hospitalise her for the reason that Sunanda's father had died as an in-patient in a hospital, four years earlier.

Early beliefs and attitudes

The human mind holds dear certain beliefs which are imbibed from one's parents or social groups to which one belongs. There are also beliefs that are derived from one's own thinking. Attitudes are one's pre-dispositions, of likes or dislikes, approval or disapproval, preference or non-preference, or when none of these is applicable, one's predisposition can be of neutrality or even indifference towards persons, things or situations. Attitudes are shaped by one's patterns of thinking and feeling, as also one's beliefs. They are influenced greatly by social and cultural factors and one's living experiences. Similarly, attitudes that are already formed may become rigid, affecting one's way of perceiving new situations and people, and thus, cripple one's thinking for decision-making. Kumar was a paraplegic patient, who was unhappy about everything in the hospital, where he was an in-patient. When he came to Bombay, seeking work, he had brought with him very strict norms of the sub-cultural group to which he belonged in the village, determining, for instance, what he should eat and should not eat. Living in Bombay,

Kumar

he had gradually relaxed his food habits and even ate meat. Then came the shock of the onset of paraplegia, that was subsequently viewed as a punishment for having broken the food norms in the past. As a reaction, Kumar adopted, once again, an attitude of strict adherence to socio-cultural rules about diet. He refused to eat the food cooked in the hospital kitchen, on grounds that it was not prepared by people of his caste.

A person who has an optimistic attitude towards life, while facing a difficult situation is likely to think and hope that (s)he will be able to cope with the situation. On the other hand, a pessimistic attitude dampens one's thinking, making it impossible for the person to plan for fruitful actions. Lalita had ten hospitalisations before she was fifteen years old. Her legs were paralysed as a result of tuberculosis of the spine. Since her twelth year of life she had been continuously staying in a children's hospital for medical treatment. On account of Lalita's long periods of hospitalisation, the parents drew the wrong conclusion that Lalita would be unable to live outside the hospital. If at all she was ever to be discharged from the hospital, the parents thought that their home would not be the right place for her. She would be better off in an institution for the disabled, they concluded. They stopped visiting Lalita in the hospital, and this engendered in the girl a feeling of being unwanted. This feeling was more intensified by her father's undisguised rejection of Lalita. He was nursing a sense of helplessness with regard to his inability to give her the care and protection that she needed. The father insisted that Lalita be placed in an institution. The mother could not visit her, because she lived in a village miles away from Bombay.

Negative attitudes obstruct rehabilitation plans

Feelings affect thinking and can also be affected by thinking. Ten-year-old Jehangir was reported as an uncontrollable child. His mother said that he was

conceived following a failure of contraceptives. Jehangir was thus an unwanted child, and after his birth, the mother developed guilt feelings for having used contraceptives earlier. As a result, she became over-solicitous about the child's needs, and gave in to his whims and fancies. Overindulgence of this nature could not but have some undesirable results and the gradual development of Jehangir's uncontrollable behaviour was possibly a result. The parents needed to change their behaviour towards the boy. The mother needed help to handle her feelings of guilt for which a change in her thinking was also necessary.

Deep-seated feelings in parents

The attitude of fatalism was referred to earlier, and one saw how it prevented people from taking appropriate actions to deal with difficulties. Fatalism means adherence to ideas of pre-determined fate and is associated with the belief in the concept of *karma,* which means that one's pains, sorrows or sufferings are the consequences of one's actions of this life or of the life of a previous birth. The individual entrenched in these beliefs generally gets resigned to what he considers as his fate. The fatalistic attitude, besides being a defeatist outlook, prevents remedial action when such action is possible. Diseases that can be cured or disabilities that can be arrested and improved upon, are neglected to the point of allowing the situation to get worse. Polio is a disease of short duration, but its after effects may last a lifetime in the form of orthopaedic impairments and crippled capacities, unless medical treatment is resorted to as early as possible. It was stated before that parents of some of the polio-affected children show apathy and disinterest with regard to getting the children treated without delay. In such cases one can often see undercurrents of fatalism and associated resignation. The fatalistic attitude which is present in many situations that confront a social worker gets further complicated and strengthened

under the combined impact of poverty and lack of material resources.

A person who is capable of experiencing different types of feelings, who at the same time can separate his feelings from his thinking and can use unclouded thinking for making decisions and judgements, may be viewed as a person with inner resources.

External Processes that Affect People in an Adverse Way

Physical surro- undings

All the external processes that have a positive or negative impact on a person are generally referred to as the individual's environment. The physical, human and socio-cultural components of the environment may be viewed separately, though they are interconnected. The physical environment refers to housing, the layout *of* the house, neighbourhood, the physical amenities and utility services available. Whether the house is a hut in a slum, a room in a chawl, a flat with two rooms or more, or a bungalow; whether there is congestion and crowding or comfortable space around — all these aspects are included in the concept of the physical environment. The physical environment extends beyond the individual's residential unit which is the proximate environmental setting. There can be non-proximate distant settings of physical environment like the workplace, school, etc., which are also included in the term 'the environment' of a person.

The human environment refers to the human beings who are in meaningful contact with the individual. **The** family constitutes the proximate human environment. The non-proximate environment consists of teachers, fellow-students and friends as far as children are concerned and for adults, it consist of people of the workplace, like fellow employees supervisors, bosses, etc. Within the human environment what is very significant for people is

Human environment

what takes place between people. Responses, reactions, interactions and relationships make the human environment alive and significant to individuals. Response is an individual's behaviour expressed in words or actions towards another individual or situation. Reaction is the same as response, except that the former connotes a stronger emotional content. There is a pre-supposition that the first person is the cause for the response from the second person. He provides the stimulus for the response, with or without any verbal utterance. When responses move back and forth between two people it is interaction. Interactions taking place repeatedly lead to relationships and depending upon the emotional content, a relationship is positive or negative. Relationships, tinged with feelings of affection, respect or appreciation are positive. On the other hand, hostility, fear, disrespect, dislike and such other feelings sour relationships, thus colouring them with a negative hue.

Socio-cultural environment

The third factor, the socio-cultural component of the environment, refers to features connected with the persons' educational level, occupation, religious background, ethnicity, socio-economic class and related aspects. How far the individual is knowledgeable with regard to matters of health, education, services and amenities in the community, etc. is also a part of this component. People's tendency to cling on to superstitions is a socio-cultural lack. Tappu was a four-year-old polio-affected boy. He could not walk and was being carried daily to school. His father assumed that no medical treatment would make Tappu walk because he believed firmly in the boy's horoscope that predicted that he would be affected by a serious disease.

Though the human environment and the socio-cultural environment are presented here as two separate sets of factors, they cannot be sifted so neatly in actual life, because they are interspersed

in human lives. If individual A has B as a part of his human environment, we cannot think of B as an entity set apart from his (B's) socio-cultural environment. B's behaviour towards A (responses, reactions, etc.) is very much influenced by B's socio-cultural environment.

Parents confronted with behaviour problems in children may not know how to handle the problem. They use physical punishment as a remedial measure and come to grief when their strategy does not produce the expected result. Laji was thirteen years old, and was uncontrollable at home. His father used to punish him by restricting his movements by means of a chain, one end of which was fixed around his ankle and the other end secured on a tree. One day Laji freed himself and ran away, joining subsequently a gang of teenagers who indulged in petty thefts. He was apprehended later by the police and sent to a correctional institution.

Socio - cultural poss- essions

A person's socio-cultural possessions are yet another category of environment. Housing, with amenities of water supply and electricity, hygienic surroundings, accessibility to convenient public transport, membership in a family consisting of a network of positive relationships, affiliation to the middle or upper socio-economic classes, advantageous educational qualifications, a satisfying job — all these constitute one's socio-cultural possessions. On the other hand, lack of or deficiencies in one or more of these is a disadvantage, which by itself, or in combination with other adverse factors, can create problems of living. A poor person is handicapped in many ways : because of his/her poverty, (s)he and his/her family are without many of the environmental resources mentioned above; (s)he is likely to be illiterate and without cultural possessions such as knowledge about health matters and information about services. With reference to the case of Ramesh (the deaf child

who was attending a school for normal children) mentioned earlier, there was considerable ignorance about deafness as a problem and about the availability of medical and other services for deaf children.

Distressful Life Events with Blighting Effects

Dhamu, aged fourteen, had witnessed violence at home since the days he was an infant. His father was physically and verbally abusive towards every member of the family. Dhamu was terribly frightened of the father. Eventually, the most grievous incident happened: the father killed the mother in front of the children. The father was arrested and sent to prison and the children to a children's institution. Dhamu and his siblings' food and shelter were taken care of in the institution. But food and shelter alone could not quench their mental anguish nor could it provide emotional security. Dhamu was naturally aggressive towards everybody in the institution and would declare openly that he would kill his father when he came out of the jail.

Suman

Little Suman was in her mother's arms when the mother jumped out of a running train in an attempt to kill herself. Suman was barely two years old at that time and she survived, though her mangled arm had to be amputated. The mother died in the hospital and Suman, after her recovery, landed in a children's institution. At the institution her sleep was often disturbed by nightmares and she was mortally scared of cars, buses and trains.

Lakshman

Lakshman, 30, was a married man. He was well educated and had a good job. He was, however, unhappy at home. He was often displeased with his wife for no apparent reason. There were frequent quarrels between them and they were both unhappy and dissatisfied with their married life. They were referred to a social worker who came to know, through her interviews with Lakshman, about his unhappy childhood. When he was six years old, his mother

had eloped with his father's friend and never came back. The father who could not forgive his mother had continuously told him that women were bad and that he should never trust a woman. Lakshman thus grew up with a pre-disposition against women and gradually he developed an attitude of hatred towards women in general.

It can be seen that these six sets of causative factors are interlinked in the light of the theoretical concepts on human behaviour discussed in Chapter 3. Physical defect or deficiencies occurring at birth or in childhood or non-fulfilment of needs in childhood can disrupt the process of personality development in children. Such disruption triggers off a chain reaction of unfavourable behavioural operations: the id-ego-superego systems do not proceed harmoniously, the ego functions are not effective and defense mechanisms may become pervasive. The final outcome in the individual is lack of ability to cope with problems of living or occurrence of maladaptive behaviours.

5. Casework Tools

A tool is anything that serves as a means of operation in the practice of a trade, occupation or a profession. The tools of an occupation like carpentry, being concrete, tangible and determinate lend themselves to sensory perception. Casework tools, on the other hand, are abstract concepts, and not concrete instruments or things that can be handled by one's limbs. The tools used in casework are: listening, observation, interview, relationship and home visit. The word "tool", which immediately produces the mental image of concrete things, cannot be easily explained when it is used as an intangible, non-material entity.

Two common meanings of the word "tool" may be adapted to explain the term "casework tools". (1) *A means of contact with something or a means of access to something.* Casework tools are means of contact with clients. They are also means of access to information about the client, his family and his *Descriptive definition of casework tools* problem. This meaning is applicable to all the five casework tools. Observation and listening may be considered as tools within tools as they are components of interview, relationship and home visit. (2) *A means for transmitting energy or force towards something.* Here the word "tool" refers to a channel, medium or venue for the transmission of energy or force. This meaning is applicable *only* to three of the casework tools, interview, relationship and home visit, which serve as channels for the transmission of information, knowledge and help. They are the channels through which casework techniques become operative. Casework techniques are systematic procedures of

helping.) There are many techniques which will be "described in the next two chapters. One of the techniques, say for example, acceptance of feelings, may be taken up here to show the distinction between casework tools and casework techniques. Acceptance of client's feelings can be shown only during the social worker's contacts with the client, that is, within the space of the interview, relationship or home visit. Listening, observation, interview, relationship and home visit are all human involvements that also take place in many situations besides the casework situations. But there is one difference: in the casework situation the involvements are geared to only one goal, that of rendering help to the client. Casework tools thus become the contexts for the application of techniques. Though casework tool is not a tangible thing, the literal implication of the five casework tools is active involvement by the social worker — an exercise of his/her mental and physical faculties.

Utility of casework

The utility of casework tools is along three dimensions: (1) getting information directly about clients (2) getting information indirectly about clients (3) giving help to clients. Direct information is from what the client says and getting direct information is a characteristic of all the five tools. It will be seen that indirect information is obtained through client's non-verbal communication and sometimes from what the client omits to say. Getting indirect information, as a dimension, applies mostly to observation and in some contexts to listening. The third dimension — giving help to clients — applies only to interview, relationship and home visit. As implied earlier, these three tools function as conveyors for the transmission of help.

LISTENING

Listening *is* a basic casework tool. Active, attentive listening is purposeful. The purpose is to understand

the speaker's words and feelings as accurately as possible, for which mental concentration is necessary. The listener has to pay attention to what is said, what is not said, and what is suggested. Listening, therefore, becomes a consciously performed activity for the social worker. It is also an aspect for the practice *of the* principle of acceptance.

There are some common obstacles to active listening, knowledge of which, is necessary for *one* who wants to train himself/herself as an effective listener.

Obstacles to Listening

(1) Distraction of various kinds take a listener off the path of active listening. There can be external distractions in the form of noises in the environment and other people's talking. Internal distractions are *one's* own thoughts, connected or unconnected with the speaker or the subject matter of his/her speech. Sometimes, the speaker's statements may bring to the listener's remembrance similar experiences, and set the mind off, away from the path of listening.

Distractions   It is likely that preconceived ideas about the speaker or about the materials he is talking about may occupy the centre of attention in the listener's mind, thus disrupting the listening activity. Here is an example. C is a person who is known among his friends as a frequent borrower of money. Today C *is* approaching his friend D for help with an emotional problem and not for money. But D wrongly assumes that C has come for a loan. While C is talking, D is not listening but formulating in his mind a polite reply of refusal to any request for loans. By the time D realises that C has not come for money, he also becomes aware that he has not been listening properly to Cs problem. So he asks C to repeat his story. It is clearly seen here that D's preconceived ideas about C as a frequent borrower of money

prevents him from listening to C when he is talking about his current problems.

(2) The listener's anxiety or fear concerning the speaker can become a block to good listening. Also, when the listener is unduly anxious that his/her response to the speaker should be appropriate, his/her mind gets pre-occupied with the formulation of a response. This obstacle occurs frequently in the social worker -client contact, where the *social* worker is anxious that (s)he should be able to win the client's confidence and that (s)he should use the "correct" words for the client. A social worker who is anxious about empathising with the client, may be turning over in his/her mind the different words and ways of showing empathy, while the client is speaking. So, instead of focusing attention on the client's speech, the listener is focusing attention on how (s)he should respond. When this happens, the social worker's response may not necessarily suit the context. Though statements, "I understand your feelings", "It is natural to have such feelings", "It is not wrong to feel that way" are indicative of empathy, they cannot be repeated parrot fashion without listening carefully to what the client is saying.

Selective listening

(3) Selective listening which refers to the mental tendency of hearing only what one likes to hear, prevents effective listening. In ordinary conversation, considerable amount of spoken matter gets tuned out of hearing because of selective listening. An individual may tune out of a conversation consciously, or not so consciously, when emotionally painful or unpleasant things are being spoken.

There are a few guidelines which will help the social worker to develop the habit of effective listening.

Guidelines J? effective listening

(1) It is important to maintain eye contact with the client during conversations. Eye contact helps the social worker to direct his/her physical and mental attention towards the client.

(2) The social worker must ensure, though it may not always be possible, that the place where the interviews with the clients take place, is quiet, with minimum external distractions.

(3) As a preparation for interviews with the client, the worker should clear his/her mind of internal pre-occupations and preconceived ideas or opinions of the client. Anxieties or apprehensions about the interview must be brought to the level of awareness and should be resolved. If they cannot be resolved immediately, they should be consciously kept aside for the time being.

(4) The ears should be trained to listen to everything that the client says. Mental habits of wool gathering and selective listening should be got rid of.

(5) What the client says or what (s)he appears to be, cannot but evoke thinking in the mind of the social worker. But thinking in this context should not deflect or sidetrack from the client. In other words, the social worker should be capable of disciplined thinking that helps him/her to understand what the client says, to make a mental note of what the client does not say and to ask appropriate questions. There are certain bits of information which the social worker expects the particular client to talk about in the course of the conversation. If the client fails to mention these or even avoids talking about these, despite the social worker's queries, then it is probable that these "ignored details" are significant, knowledge of which may be necessary to understand the client and his/her problems. Raju, an amputee-patient whose case has been mentioned earlier, was found to be talking more about his parents living in Mysore, than about his wife and children living in Bombay. The wife who was in Bombay was not coming to visit the patient The social *worker* suspected a strained relationship between the patient and his wife, which subsequently proved to be correct

The social worker visited the wife and came to know more about the patient. Though he had a regular job before the accident, he was not providing sufficiently for his family. Consequently, his wife and children had shifted to the house of the wife's parents. As a result of the social worker's efforts, the patient's wife and her father began to visit the patient and actively got involved with plans for his rehabilitation.

OBSERVATION

Observation is the practice of noticing features about people, things or situations, and in the context of casework, the purpose is to use the observed data for understanding the client and his situation. The caseworker has to take cognizance of the following with reference to the client:

1. The general outward appearance
2. Facial expression, posture, gestures, etc.
3. The characteristics, particularly the emotional nuances of interactions that take place between clients and others, including their family members.

The social worker should not have any difficulty in paying attention to the client's personal appearance — his/her clothes, level of cleanliness, and such

Appearance matters like. In the case of Ramesh, referred to earlier, his disability of deafness was not the main problem. He went to school in dirty clothes, without having a bath and for this reason, his classmates and teachers avoided him. Generally, the clothes are indicative of the client's socio-economic class, but there are exceptions. There have been instances where the relatives of patients have appeared in shabby clothes with the intention of hiding their real socio-economic status in contexts where certain payments to the hospital were to be fixed according to the patient's or his/her family's income. There are **also** cases of clients who are more concerned about **their clothes**

than about giving nutritious food to their children. Some of the poorest clients present a neat and tidy appearance though their clothes may be almost threadbare with repeated washing.

Facial expression matters

The human face occasionally reflects the feelings within and to the social worker facial expression is a matter for observation. Feelings like sadness, anger and hostility do not need verbal expression to indicate their presence; there will be tell-tale signs on the face that bespeak the unexpressed feelings. Similarly, the individual's postures, gestures, tone of voice and body movements are also meaningful.

Other symptoms of uneasiness

The client who sits on the edge of the chair may be doing so because of his/her feelings of strangeness or nervousness. Many of our clients do not feel comfortable on their first day of visit to a social work agency. They may be ignorant about what a social worker does and what they can expect from the agency. The pressure of their problems and their having to talk to a stranger about it add to their discomfiture. The confusion and tension that the client experiences within is likely to make him fidgety and restless. The way (s)he sits, and the manner in which (s)he participates in the conversation with the social worker should be observed carefully for indications of his/her emotional state of mind — whether (s)he is tense or relaxed, trusting or suspicious, receptive or inattentive. Knowing what the client feels or getting at least some clues to his/her feelings is helpful in that the social worker can prime himself/herself to respond appropriately. For instance, a client who feels ill at ease can be helped to feel more comfortable.

The clients themselves may be putting on a facade to test the social worker's attitude. It is not a rare experience for social workers working with adolescents of correctional institutions to see nothing but boredom and indifference in the demeanour of the young clients

with whom they are trying to hold a conversation. It may turn out that the client's indifference is put on, in an attempt to test out the social worker's authenticity, insofar as his/her declaration of interest in the client is concerned.

Mannerisms are also to be watched

Mannerisms and habitual body movements are also significant. Thampi, a disabled client was often seen covering his deformed hand (the fingers were turned inwards and twisted) with a handkerchief. Since the social worker knew about the client's disability, there was no need to hide the hand from the view of the social worker. It was a pointer towards his self consciousness, which exceeding normal limits, was becoming a formidable block to his vocational rehabilitation. The disability in itself was not the problem but what the client felt about it was veritably a problem. When there is an open expression of emotions like shedding tears, the pathos behind the action is understandable. However, when a person weeps repeatedly over the same event or situation, there is a possibility that the individual, besides expressing sadness, is also using the occasion for an additional purpose, though not on a conscious level. There is the case of Bhargavi who was weeping over her problem of marital discord, every time she talked to the social worker. The social worker discovered that Bhargavi was using her tears as a cover for her reluctance to face the problem squarely and to take efforts to solve it.

The body-mind relationship is manifest in the body movements which give expression to feelings. This phenomenon is appropriately called body language or organ language and may or may not be accompanied by verbal expression. What happens in the case of body language is that it is non-verbal communication, but it is involuntary communication or transmission

Watch the body language

of messages, without any volition on the part of the communicator. The message of information

mostly about feelings. The speaker may want to conceal information about the feelings that he experiences, nevertheless, the information leaks through. For instance, tears may gush out depending on the intensity of the feelings, regardless of the fact that the person does not want to be seen weeping. Likewise, the emotional material that seeps out of the mind on to the face of the individual is clearly visible to others, though invisible to himself/herself.

Involuntary facial expression of feelings

Since gestures and facial expressions are involuntary in real life situations, in a play the actors have to simulate them, while portraying the characters in the story. The actor enacting a role on the stage does not experience in real life the feelings of the person who is being portrayed in that role, but (s)he can imagine the feelings and consequently, project himself/herself as having those feelings. On occasions, when congruence is lacking between verbal and non-verbal communications, it may be surmised that the person is deliberately hiding his/her feelings behind words. Take, for instance, the context in which a man is talking about the business failure of another man who has been his rival in business. The speaker is expressing verbally his sympathy for the man and his sadness that such adversity had befallen him. What appears on the speaker's face is however, a mischievous smile and some signs of gratification. The discrepancy between his verbal assertion and non-verbal communication is due to the fact that he does not want to reveal the feelings of gratification that he experiences within. Since the feelings are quite strong, signs of them appear on the face, and he does not realise that his face is reflecting the feelings.

Subash

There is the case of Subhash (15 years) who was a resident in an institution for blind boys. His parents used to bring him things during their visits to the institution. The social worker noted the blank expression on the boy's face while meeting his

relatives. Though he indicated in his talk about being grateful to his family for the things he received from them, it appeared as though the gratitude was superficial and that it was not coming from his heart. What he was experiencing inside were unpleasant feelings. Subsequently, he was able to talk to the social worker about his feelings of rejection. His perception was that the family did not want him at home, that their life with him being away at the charitable institution was more comfortable and that they did not want the status quo to be disturbed by his presence at home. Subash believed that his parents were trying to make up for their reluctance to take him home by bringing him things which, in his view, were a poor substitute for being cared for at home.

Observe beyond the obvious

The social worker's observational precincts extend far beyond what (s)he sees in the client and hears from him/her to what takes place between the client and others, including his/her family members. It is possible to glean attitudes from people's patterns of communication. Megan (13 years) was a mentally retarded boy needing rehabilitation. His father was dead and he was under the care of his mother and older brother. The mother, despite her deep concern for the boy, could not do much for him because of the thoroughly negative attitude of the brother and his wife. The social worker observed that the brother's conversations with Megan and also about Megan contained nothing but scorn and ridicule, and a lack of understanding of the boy and his needs was clearly evident.

INTERVIEW

Purposes of interview

|The casework interview refers to the meeting of the social worker and the client in a face to-face conversation. It is not a casual conversation but a professional activity on the part of the social worker, because the conversation is geared to specific or general

purposes. The purposes may be one or more of the following: (1) to obtain information from, or impart information to, the client (2) for studying and assessing the client's problem and related situation (3) to give help.

Obtaining Information and Imparting Information

Generally, the client is a perfect stranger to the agency on his/her first visit. (S)He may or may not bring a note of referral from a third person indicating the reason for referral. The social worker has to gather data regarding the problem, how the client perceives it, what (s)he has done about it, some data about the client himself/herself, his/her family and his/her resources. When a client is not able to furnish the required information, members of his/her family are interviewed for the purpose.

Interviewing is a two-way process Interviewing is a two-way process. Just as information is received by the social worker, so also information is imparted to the client* regarding official procedures and other matters about himself/herself, his/her role as a social worker, and about the function of the agency. Information about the self is all the more important for those clients who come to the social worker not of their own volition but through other people's coercion. The client is also informed about other services.

Study and Assessment of the Client's Situation

Data gathered from and about the client are sorted out and analysed, from which relevant aspects are linked to form a verbal picture of the problem situation with clear indications of cause-effect relationships. *Assessment* In this process the social worker applies the knowledge of social sciences for understanding the behaviour of clients and others in the problem situation. Every case record of the SOCR had a social assessment

* Giving information as a technique will be discussed in Chapter 6.

that was simple and straightforward or quite complicated. Ordinarily, a few interviews are necessary before an assessment of the situation can be made. Social assessment is also tentative and is bound to change depending upon the new social data that emerge as time goes on. Furthermore, there is no stipulation that social assessment should end before the helping process begins. There are types of help that can be and should be rendered early enough — so much so that the action of providing help and efforts at formulating a social assessment occur side by side, at the same time.

Interview *as* a Direct Tool for Giving Help

With reference to the two purposes mentioned above, interviewing serves as an indirect tool of help. The information that the social worker elicits and the social assessment that (s)he evolves serve as a blue print, based on which (s)he decides suitable modes of help. But the interview can be used as a direct medium of help as well. It is during the interview that many of the casework techniques (which are described in the next two chapters) are used. Similarly the principles also come into play in the interview.*

Casework clients can be broadly divided into long term and short term cases, the latter group including even such cases as require only one contact and only one interview. Casework interview is operative as long as the individual *is* a client of the agency. The case records of the SOCR covered periods ranging from two months to seven months, with the contacts with each client taking place once or twice a week. In emergencies, clients were met more frequently. The interview is a channel of direct help even at the first contact between the social worker and the client. The cordial way the client is received at the agency and made to feel accepted is itself *a,* form

Help intrinsic in the manner of interviewing

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* For an understanding of interview as a tool of direct help a perusal *of Chapter* 6 (on techniques) is necessary.

of help and it encourages the client to continue with the agency in order that (s)he may receive other kinds of help. Those clients who do not seek help on their own, some of whom do not even acknowledge having problems are, however, compelled to come to the social worker by those exerting authority over them. They come to the social worker with a built-in dislike for the latter and for such clients the first contact is crucial. It can be effectively used by the social worker for dispelling the client's pre-conceived notion and prejudices and for getting him/her favourably disposed to social work help.

Interviewing as a professional activity requires that the social worker prepares himself/herself for the occasion. After reviewing the previous interview or interviews with the same client, the social worker should make note of the gaps in information, the ambiguities that need clarification, and one's own lapses and shortcomings that need to be replaced with skills of handling. Keeping these points of review in mind, the next interview should be planned for eliciting fresh data, clearing doubts, testing assumptions, assessing facts and for using techniques appropriately.

HOME VISITS

Place of interview

Conducting the interviews in the office of the agency has certain advantages. It provides for privacy and prevents distractions.. It invests a certain degree of formality and professionalism in the conversation, to the extent that the clients are encouraged to view the interviews seriously. But to some clients, the formality of the office may be threatening, provoking them to put on masks that hide their real selves and feelings. For such people, having one or two interviews at home will be a welcome *relief.* There are also some other considerations which make home *visits* an important and necessary casework tool. First of all, there is the likelihood that the client perceives

the social worker's visit to his/her home as an indication of the social worker's interest in his/her welfare. A recognition by the client of the social worker's interest and concern is desirable as far as the progress of the casework process is concerned. Furthermore, there are clients whose fatalistic attitude to life's problems and the resultant resignation to problems prevents them from doing anything. Social workers have to go to them rather than wait for them at the agency. One or two home visits may not bear any fruit; more visits will be necessary. Repeated home visits by social workers are recorded in some of the SOCR cases, the social worker's persistence paying off in the end.

Home visit, can be very revealing

Home visit is definitely advantageous in that it enables the social worker to observe the home environment of the client. Importantly, the interactions which take place among the family members lend themselves to the social worker's observation from which the social worker is able to make useful inferences about the attitudes and relationships within the family. There was the case of Lakshman (15 years) who was referred to the social worker for poor academic performance and aggressive behaviour. Lakshman lived in a one-room tenement with his parents who asserted that they loved Lakshman very much, that they gave him everything he wanted and that they expected him to do well in school. Even the T.V. set was bought for him, they declared. During every visit, the social worker found the whole family in front of the T.V., including Lakshman, who had his school books open in front of him but his eyes on the programme. On one visit, the social worker was talking to Lakshman about his school report, and suddenly and unexpectedly, the father began to beat Lakshman, scolding him loudly for his failure in the examination. The contradictions in parental handling could be easily seen by the social worker during home visits.

Vilas

Vilas (8 years) was an illiterate blind boy whom the social worker was helping to get admitted to a school for blind children. The parents were not doing much beyond stating that they were desirous of getting their son educated. On a visit to Vilas's home, the social worker found Vilas begging on the road. It was quite evident that Vilas was being encouraged by his parents in his begging activity. What the social worker observed during the home visit was a piece of relevant information that turned out to be very useful in the formulation of social assessment.

Tappan

Tappan* (30 years) was a paraplegic undergoing treatment as an in-patient in a public hospital. His disability being the result of an accident at his work, Tappan was entitled to compensatory benefits from his employer for which proceedings had been initiated by the hospital social worker. While he was in the hospital, his wife Mala indulged in extra-marital affairs as a result of which she had an illegitimately born baby. Mala continued to show interest in her disabled husband, and said that she regretted her extra-marital relationships. She was found eager to have Tappan discharged to her care. While planning discharge, the social worker made a visit to Mala's house, which according to Mala was kept ready to receive her disabled husband. But, what the social worker saw belied what Mala had stated and assured. The house, a hut, was empty and dilapidated that gave the impression that it was not a lived-in habitation. Then it dawned upon the social worker that Mala's concern for her husband might not be genuine and that she might be conniving to get hold of Tappan's compensatory benefits under pretenses of wanting to take care of him. Eventually, the social worker's suspicions proved to be correct and the plan of discharging him to the care of his wife was dropped;

* This case is not from the SOCR. This was narrated to the author by a medical social worker.

and the *compensation that he* received from his employer was safely deposited in a bank. Thus, a timely home visit prevented the social worker from taking steps which would have been detrimental to the client's welfare.

RELATIONSHIP

Kinds of relation- ships

The worker-client relationship is another casework tool that needs to be delineated. Relationship between any two people is the condition of their being connected in a significant *way.* We experience various kinds of relationships in our lives. First of all, there are the relationships derived from being members of one's family and kinship groups. Parent-child, sibling-sib- ling, uncle-niece relationships are examples. These are permanent and unalterable, lasting as long as one lives. On the other hand, relationships between two friends, neighbours or classmates are temporary. The doctor-patient, teacher-student, supervisor - supervisee, lawyer-client are examples of professional relationships. One can broadly classify relationships according to quality also. A relationship between two people, characterised by hatred is a negative relationship; nevertheless, it is a relationship. Likewise, a relationship marked by affection is a positive one.

It follows from the above discussion that the social worker-client *relationship is a professional* relationship, and that it has to be positive in nature. Only a positive relationship can serve as a means towards the desirable end of helpfulness, the type of helpfulness that provides scope for the exercise *of* casework *principles.*

Professional relationship is for specific purposes

Professional relationships have some common characteristics. They are bound by time to specific purposes. When the purpose is met, the relationship comes to an end. Unlike family relationships which are diffuse and permeate many areas of human life,

professional relationships pertain only to the areas surrounding specific purposes. For example, take the teacher-student relationship. The student's academic life is a matter of legitimate interest and attention for the teacher, who thereby assumes responsibility regarding how the student spends his/her time in school. The teacher is not concerned what the student does after school hours. The parent-child relationship, on the other hand, is all inclusive. There is hardly any aspect of the child's life that is not pertinent to the parents' view. In family relationships, mutuality is also implicit in one form or other. Parents take care of children, and when parents grow old the children, who are adults by that time, are expected to take care of the ageing parents. The dyadic pair in a professional relationship, however, are not bound by any consideration of mutuality. There, the mutuality concept is replaced by market economy, in the sense that, the professional service gets paid through some kind of monetary arrangement.

Authority implicit in the professional relationship

In a professional relationship, as between a doctor and patient or a social worker and client, the professional person uses two types of authority, one based on his/her knowledge and the other sanctioned by society for the practice of one's profession. Because of his/her knowledge and skills (s)he is able to apply suitable procedures for helping the patient or client. The possession of knowledge and skills is instrumental in obtaining a certain amount of conferred authority for the practice of his/her profession.

Social worker's relationship is diffuse

Apart from the characteristics stated above, the worker-client relationship has some special characteristics. Though it is attached to a specific purpose or purposes, it is more diffuse than the doctor-patient relationship. The diffusion in the former occurs as a result of the different areas of life, the relationship touches. It entails dealing with the tangible and concrete areas of living as well as the intangible

Janardhan

area of emotions. Janardhan (32) was an industrial worker living in a slum. He lost an arm in an accident. After discharge from the hospital he was referred to the social worker of a community centre of the locality. The social worker arranged for his vocational training in a rehabilitation centre. Meanwhile, his wife died and his five-year old child was placed in foster care with the help of the social worker. After the training, Janardhan could not get a job and he turned to illicit distillation of liquor as a means of livelihood. The social worker, however, dissuaded him from carrying on illicit distillation and encouraged him to look for legitimate ways of earning a living. Subsequently, Janardhan decided to put up a vegetable stall for which an official licence was necessary. There were formal procedures to be completed and officials had to be approached for the licence. In all these activities the social worker guided him and supported him.

Diffuse relationship builds strong bonds

As is evident in the above case, the social worker entered more than one area of his life: in arranging for his vocational training, the placement of his child under foster care, in turning him away from an illicit occupation, in helping him to decide to put up a stall of vegetables and in getting financial resources. The social worker being involved in so many things connected with the client's life is likely to be looked upon as a close friend or almost like a member of the family. To say that it is a professional friendship is not easily comprehensible to the uneducated client, nor is he prepared for the termination of the relationship that has to occur sooner or later. An emotional bond comes into the relationship which is stronger than the bond that occurs in other professional relationships. The emotional bond is very satisfying to some clients and they find it difficult to terminate the relationship. It can happen that a client's social worker leaves the agency, and another takes over the case long before

the termination stage. The emotional tie that has already developed between the client and the first worker makes it difficult for the client to adjust to the second worker.

Since the social worker comes to know of many aspects of the client's life through a relationship that is positive, the client may be inclined to give the relationship a tone of mutuality by wanting to know more about the social worker's personal life: (s)he may ask for the worker's residential address and may want the relationship to continue on a personal level.

There has been a discussion in Chapter 2 of the principle of controlled emotional involvement on the part of the social worker. In that context the need for a degree of detachment in the social worker's emotional involvement with the client was pointed out. The difficulties that have been referred to here in this chapter, in relation to the worker-client relationship arise when the client is not able to comprehend fully the professional nature of the relationship. But these difficulties can be handled effectively by the use of helping techniques. The difficulties have been cited just to highlight the special nature of the relationship.

The relationship between the worker and the client, besides being a medium of help, can sometimes be a form of help by itself. For a client who *is* confused, anxious and without hope, to be treated with courtesy and to be listened to with patience and without any censure, can itself be an experience of being helped.

Fostering client's growth

The worker client relationship is expected to foster growth in the client. Not all human relationships are growth producing. Suppose A and B are bound by a relationship in which B is excessively dependent on A, and B obeys A's orders or instructions unthinkingly. Such connectedness cannot be growth producing to B. The exercise of casework principles,

specially those related to client's self-determination and participation, is intended to infuse growth fostering elements in the worker-client relationship. Helping a person to participate actively in understanding his/her problems and in making decisions to find solutions cannot but engender growth in the person who is being helped. In the application of techniques also, this goal for client's growth is adhered to.

The concept of communication is the process of *transmitting information and messages between two* people or more. In social work it is related to the concept of worker-client relationship, although they are two distinctly different phenomena. They are interdependent in the sense that, communication skills on the part of the social worker initiate a positive *Relationship* relationship and, a positive relationship facilitates *has to be* constructive communication between the worker and *positive* the client. Though relationship is an evolvement depending on two persons, it is incumbent on the social worker to use his/her expertise to start a positive relationship with the client.

Verbal communication may not be always effective to start a relationship with reference to some cases of children, adolescents or mentally ill adults. When *Communi-* a child is non-communicative, giving him/her play *cation other* materials, or materials for drawing and painting will *than verbal;* help in removing his/her initial resistance to the social worker. Participating with the child in a *game* or other activity can be useful too in starting a relationship which, in course of time, will lead to verbal communication, in most of the cases. Mental health agencies provide for games and work activities which are useful in initiating connections between the social worker and the mentally disturbed clients who are reluctant to talk.

Granting that the social worker makes the correct approach, it does not always follow that the client

responds positively. There are people who for some reason or other are unable to relate to people. Perhaps, their life experiences are such that they are unable to trust other people. There are some who have been repeatedly let down by the important people of their lives. There are others whose meaningful relationships could be cut short through death or other circumstances. Clients whose personality has been marred by unhappy events related to their personal relationships may be unable to respond to the social worker's overtures of friendship. Their self-defeating type of behaviour is understandable in the light of discussions presented in earlier chapters on the theory of ego function. As regards the personality of these people, unfavourable events of life have obstructed the smooth development of their ego functions, particularly the functions of object relations and synthesis of life's experiences.

Rapport indicates positive relationship

Rapport is an important phenomenon in social casework. The word "rapport" is used to refer to the positive nature of the worker-client relationship. The social worker may look for the following signs of rapport with reference to his/her relationship with the client.

1. The client shows interest in meeting the social worker and keeps appointments
2. The client expresses his/her feelings in the course of interviews
3. The client participates adequately in the interviews, talking about himself/herself, his/her experiences, relationships, etc.
4. The client indicates a degree of commitment to his/her own decisions for action.

Levels of rapport as evidenced in SOCR

In the SOCK cases, the depth of the worker-client relationship varied from case to case. In many cases there was rapport. In a few cases the rapport did not improve beyond a certain low level. In the case of Kumar, the paraplegic patient who was referred

Kumar

to earlier, there was not much of a relationship. The social worker had carried out many tasks for the benefit of the patient, tasks that Kumar could not do himself. She obtained a duplicate Insurance Card for him to replace the original card that he had lost, and set in motion the formal procedures towards the sanction of the monetary benefits to which he was entitled. She wrote to his family in the village and getting no response, wrote to the *sarpanch* of his village. She established contact with his factory and secured their cooperation in the rehabilitative work, to such an extent that the manager agreed to give him a sedentary job after his discharge from the hospital. The personnel officer of his factory visited the patient in the hospital and showed eagerness to help him. Meetings were arranged between the patient and other paraplegics, particularly two patients who were responding well to rehabilitative programmes and were also willing to help the patient in some ways. Despite all these efforts on the part of the social worker, there was hardly any sign of rapport being manifested on the part of the client. Apart from an occasional expression of self-pity, there was no participation or commitment on the part of the patient.

In contrast, there was the case of Vispy. Vispy, eighteen years old, was a tenth standard student. He was referred to the social worker at his school for poor academic performance and for bad behaviour in the classroom. He refused to meet the social worker on the plea that "he was not a problem boy and that he had no problems". After repeated efforts made through different channels to meet the boy, the social worker eventually had a talk with Vispy in her office. And gradually, rapport was built up to the point of Vispy willingly approaching the worker regarding new problems that surfaced. When he failed in his unit test, he discussed the matter with the social worker to find ways of improving his

Vispy

performance. Before the end of the year, he began discussing his career plans with the social worker.

Listening, observation, interviewing, home visit, and relationship have been described in this chapter as casework tools. Counselling is often referred to as a tool. Counselling *is* a special kind of interviewing that will be discussed in the chapter on techniques of helping. The concept of counselling as a tool needs appreciation in the light of the helping techniques which are the bricks in the formation of the counselling process. It is important to note that generally two or more tools operate together, orchestrating like musical instruments in a symphony. For example, the social worker while listening to the client with his/her ears is also working his/her eyes, and mind to observe and to think. While interviewing, the social worker is also listening, observing and communicating. The connection between relationship and communication has already been pointed out. To put it in a nutshell, casework tools are interlinked dynamically to produce certain desirable outcomes.

Casework compared to orchestra

6.   Techniques of Helping _I

T he purpose of casework is to help people to handle their problems of social functioning effectively. The helping process is to be carried out in such a way that the philosophical values of social work as well as the principles are adhered to. That it is a professional activity emphasises the difference between indiscriminate, unplanned helping and thoughtfully planned helping. Take for example, the commonly observed practice of giving alms to beggars who beg near places of worship, bus stops and other locations where people gather. When a person standing in a bus queue gives money to a beggar, (s)he does not take into consideration ideas like dignity of the latter as a human being. There is no process of individualization nor is there any participation in its true sense by the receiver of the help. And probably, the giver gives money to get rid of the beggar who is perceived as a nuisance. With this sort of giving and receiving help, the receiver may remain a beggar all his/her life because there is hardly any scope for the blossoming of his/her potentialities whereby (s)he can earn a living. From the professional point of view, therefore, giving money to beggars is not a desirable way of helping. The social worker helps the client through procedures that draw upon the client's abilities and resources.

Social work is planned helping

The two major goals of casework service are: (1) rendering help to cope with the problem which the client cannot handle unaided and (2) enhancing the operation of client's *ego* functions, whereby, (s)he moves towards greater ability In handling his/her life and problems. The two goals are interlinked, or to be more precise, the second goal stipulates

Two goals of casework

the special manner in which the first goal — help for problem solving — should be achieved.

The social worker, while making the social assessment of the client's problem, weighs the impact of all the contributing factors, helps the client to grasp the significance of the various elements of the situation and then assists him/her in dealing with these elements.

What is 'solution'

The classification of the contributory factors of problems outlined in Chapter 5 can provide a thumbnail sketch of the type of solutions needed. The word 'solution' is used here in a limited sense. Only a few of the human problems can be solved fully; some can be solved partially; for some, there may not be any solution at all. But even in the face of exigencies and predicaments that defy all efforts at finding a way out, it may be possible to find ways of reducing some pressures on the individual and thus improve the situation a little bit. Casework efforts in such contexts are, therefore, aimed at making some changes for the better. Keeping this meaning of problem solving in mind, namely, that many situations can be only partially rectified and for some, only a few changes can be effected on the periphery without touching the core, the classification of the contributory causes of problems may be reconsidered.

With reference to the first type of causative factors, — diseases, defects and deficiencies of the body or mind — the clients need help to understand the disease, defect or disability in question and to avail themselves of the services instituted in the community. Furthermore, help is needed to overcome the psychological effect of diseases, defects and deficiencies. Regarding deprivations related to physical and psychosocial needs, the lack or insufficiency may be confined to a current exigency and then it may not be very difficult to find ways of meeting the

need. For instance, in the case of Sandeep mentioned in the chapter on problems, there was deprivation of this type. Sandeep used to go to school without food. Making arrangements that Sandeep might have *Range, of* breakfast every day was a manageable matter. When *solutions to* the deprivations are long-standing, they are likely *causative* to produce undesirable effects and these effects cannot *factors* be easily erased. There are children who took to stealing because they could not rely on their parents for regular meals. Some of them continue their stealing habit long after they are transferred to an environment where they get sufficient food to eat. When there is a long-standing deprivation in the fulfilment of psychosocial needs, the consequences may also persist over a long period of time.

A child who has been deprived of parental love or who has been hurt emotionally, may show emotional problems that cannot be removed easily. Some of the children living in residential institutions who have experienced emotional deprivation in their own homes, do manifest behavioural problems, 'to handle which, emotionally oriented means of helping are required. *Deprivation* Turning to problems caused by inadequacies in *may cause* personality development, the client's perception of *behavioural* *problems* his/her social roles and the corresponding role performance has to change. Likewise, with reference to factors related to thinking and feeling processes also, the client has to be activated to bring about changes within himself/herself.

As stated in Chapter 4, external processes which lead to human problems pertain to the physical and human environment. When the set up of the physical environment is disadvantageous or harmful to clients, efforts should be geared to making appropriate changes. The trouble creating elements in the human environment have their origin in interactions and relationships. For instance, a married woman's unhappiness may have links with her relationship with her mother-in-law who stays with the couple,

and who is perceived by the wife as a disturbing factor. Casework involves meaningful contacts between the social worker and the individual and the latter's family in most of the cases. But the contact with the family members becomes all the more essential when the individual's problem is observed to he in a tangle of relationships within the family. When the problem is linked with blocks and defects in relationships and attitudes, casework service has to be directed to activating all the persons involved, to set right their relationships, interactions and attitudes. Those people who are under the psychological impact of distressful events need to change their perception and thinking in order that, the feelings associated with the events may lose their intensity and cease to influence their lives.

A review of the remedies required with reference to the categories of causative factors will reveal that remedial help is of two types — material and non-material. Material help is for meeting the client's *Two types* need for money and things. Non-material help is *of remedial* provided to meet the client's lack of specific *help* information and knowledge and also to engender changes in the client's thinking processes. Counselling is the tool used to bring about changes in the internal process. Counselling entails the building up of a close relationship with the client and the use by the social worker of communication techniques that facilitate expression of feelings by the client, promote the client's understanding of himself/herself and his/her problem and induce him/her to change the behaviour so that, the new behaviour may lead to a better level of social functioning.

SUPPORTIVE TECHNIQUES

Casework techniques are the procedures of helping the client. They are the wherewithal through which the client gets the experience of being helped. The

client may not perceive the procedures as specific units or characteristics of his/her contact with the social worker, but (s)he will generally experience the fact of being helped.

Acceptance

Acceptance is one of the basic techniques of helping. The abstract principle of acceptance is made a reality through the technique of acceptance. It is a way of approach, an ongoing disposition through which the client feels that (s)he is welcome to the social work agency and that the social worker wants to help him/her. Acceptance by the social worker is conveyed through words, the tone of the words and the overall behaviour which is visible to the client. Further, it is characterised by the worker's warmth and courtesy to the client, his/her demonstration of interest in the client, his/her geniality and cordiality. The way the client is received, given a seat and listened to, is important in creating an atmosphere of acceptance.

Illustration from the puranas

One may say that acceptance is an attitude, a stance, a disposition, an outlook or a combination of two or more of these. Acceptance is more experiential than describable as a concept. One may find stories from the Hindu *puranas,* illustrating clearly the various nuances of acceptance. The story of Sudama from Mahabharatha may be cited here for illustration. Lord Krishna and Sudama were childhood friends. When they grew up and went along separate ways as adults, there arose a wide social gap between them. Krishna belonged to the affluent nobility and Sudama remained a very poor man who could not help himself out of the wretchedness of poverty. One day Sudama decided to visit Krishna. At the gate of Krishna's palace, Sudama became fully aware of the wide disparity between his and his friend's social status. He became discomfited about his miserable poverty and its manifestations, like the

shabbiness of his clothes and the shoddiness of the token-gift he had brought — a little quantity of beaten rice wrapped up in a rag. But Krishna's response to the arrival of his friend was astounding. He ran to greet Sudama, embraced him and ate appreciatively the beaten rice which Sudama on second thoughts had wanted to hide. And Sudama's internal reaction was also immediate. He felt accepted fully and there was no longer any scope for feelings of self-consciousness or embarrassment. The warmth of Krishna's welcome that was expressed quite clearly through his words and actions and the spontaneity with which he gobbled up the beaten rice — all these elements constituted Krishna's acceptance of Sudama.

Illustration from Bible

Stories of this kind are there in the literature of all religions. For another example, take the story of Christ's encounter with the woman taken in adultery. The men who brought her to Christ wished that she be stoned to death. Christ silenced the accusers and subsequently, impelled them indirectly to leave the scene by suggesting that, those among them without sin might start the stoning process. When Christ and the woman were left alone, he exchanged a few words with her and sent her away with his blessings and advice that she might change over to a new way of life. In Christ's acceptance of the woman is contained the totality of the various elements of his interaction — his non-judgemental attitude, his subtle admonition of her accusers, his words of kindness and brief advice to the woman.

The social worker's fist contact with the client has to be particularly utilised by the worker for conveying his/her message of acceptance. But the

Acceptance is not easy in all the cases

practice of acceptance has to continue as long as the individual is a client of the agency, with the underlying stipulation that, when and where acceptance does not come automatically it has to be used

deliberately and consciously. Acceptance of certain types of clients is easier because they evoke our sympathy on account of their problems and difficulties for which they are not responsible. On the other hand, there are clients who are perpetrators of anti-social acts where they bring misery to themselves and to others. Take for illustration, the case of Radha in the SOCR. She was in an institution for girls. She used abusive language against the staff and other girls of the institution, flouted the rules of the institution and was aggressive. Held in fear and disliked by everyone, she was a good candidate for non-acceptance and rejection, if one was to go by one's natural feelings. The social worker to whom Radha was referred for casework did not follow her natural inclinations. She had to demonstrate acceptance deliberately and consciously. Visible acceptance of 'unlovable' people is all the more important because they are likely to be people who do not love themselves. To find out how they reached such a state of affairs, their earlier life experiences need to be investigated. A significant person has to start loving them before they can be convinced that they are lovable and worthwhile. This role falls on social workers, especially with reference to clients like Radha.

Three factors that facilitate acceptance

The fact that when acceptance does not come naturally, it has to be consciously used, has to be emphasised. There are, however, certain factors which facilitate acceptance. Firstly, one's rootedness in the philosophical values of social work can become a built-in feature that smoothens the path of acceptance. Secondly, knowledge of human growth and development, of human behaviour, of how people can behave in certain ways under the influence of one's socio-cultural antecedents and experiences, and of particular conditions of individuals, is helpful. Intenalisation of such knowledge, covering general and particular features of people, events and situations, makes one's mental muscles flexible for

emotional acceptance of different types of people, without getting shocked by their behaviour. A person who is working with leprosy patients is likely to feel uncomfortable and even disgusted, in the initial stages, with the deformities and disfigurements of patients. A firm belief in the dignity of the person behind the disfigurement and a belief in his/her right to be helped, as well as some knowledge as to how the disease has resulted in such ravages on the patient's body will go a long way in making acceptance possible. Citing again the case of Radha from the girls' institution, it is relevant to know that knowledge of Radha's background, the deprivations that Radha had gone through in her childhood and adolescence that made her bitter towards people, made it easier for the social worker to accept her, Radha's obnoxious behaviour notwithstanding.

The third factor is the self-awareness of the social worker. Self-awareness refers to the social worker's awareness of his/her own mental processes, his/her biases, and feelings. In situations where acceptance is difficult and where one has to enjoin acceptance on the self, the first step is to be aware of one's own unfavourable feelings that obstruct acceptance. Secondly, these feelings have to be examined in the background of one's experience and built-in biases. The third step is to superimpose on the negative feelings, elements of acceptance. For a beginner, these three steps are cumbersome, but when there is good motivation, the steps will smoothly blend with one another to form a habitual practice. The prerequisite for the development of self-awareness is the social worker's recognition of the importance of the art of reflection.

Acceptance of client's feelings

An important component of acceptance of the client is the acceptance of client's feelings. Clients bring various types of feelings to the agency while wanting to meet the social worker. There may be sadness, anger, guilt, despair or other uncomfortable or

unpleasant feelings. And there may be, occasionally, outbursts of feelings, and when that occurs, acceptance should be the response on the part of the social worker. This is contrary to the usual reaction to such emotional expression in human encounters elsewhere in public places. For instance, one who weeps in an office may be looked upon as a childish person, except in certain situation of crisis. Open expression of feelings in public, even in a verbal form that is above board, is not approved of, generally. Expression of feelings is, however, acceptable in social work contacts and is also necessary on the part of the client.

Sympathy and Empathy

The quality of empathy has to be acquired by the social worker in order that (s)he may be able to accept the client's feelings. The word 'empathy' has a meaning distinctly differentiated from the word 'sympathy'. Sympathy is the feeling of concern, compassion or sorrow for another person. Empathy refers to the ability of entering into another person's mental state and to feel the latter's feelings. Empathising with a person in a predicament involves the imaginative viewing of the situation as (s)he sees it, understanding his/her feelings and transferring to oneself those particular feelings. The social worker has to guard himself /herself against the tendency" of mentally transferring to the client, his/her feelings which the latter does not experience. Suppose A is trying to empathise with B. If A puts herself mentally in B's place and tries to imagine what she, A, would feel in that situation, it is not empathy. It is empathy only when A putting herself in B's place experiences B's feelings.

Illustration

Once a student social worker told this author that the condition of her client, a leprosy patient, was very pathetic. If she was in the patient's place she would have committed suicide, she added. She was thinking, rather mistakenly, that she was empathising with the client. When she was asked whether the

patient had suicidal ideas, she replied in the negative. "On the contrary, he is very optimistic. I cannot really understand his optimism", she added. In this context, empathising would mean going beyond the gloom of the situation, understanding the client's mental state and perceiving the situation as he perceived it, which the student was unable to do.

Assurance

In certain contexts, the client needs assurance regarding the authenticity of his/her feelings and that (s)he will not be judged, or ostracised for his/her feelings. The client has to be helped to understand the difference between feelings and doing. One may feel murderously angry at another person but does not have to feel guilty as long as one does not commit the murder or do any other thing that causes harm to the person against whom (s)he has the angry feelings. Feelings of any kind are neither wrong nor blameworthy, but certain acts carried out under the force of feelings can be unlawful and wrong because of the harm it causes others. In the SOCR, there were a few female clients who had told the social workers at one time or the other that there were times when they wished that their alcoholic husbands were dead. The common observation was that, after making this angry statement they felt embarrassed and guilty. The social workers were not shocked at hearing such statements nor were they inclined to reprimand the client for expressing such feelings. But they were accepting and assuring in their responses that conveyed the message: "I can understand your feelings of anger. It is human and natural to have these feelings in such circumstances".

Facilitation of Expression of Feelings

It has been stated before that for the client, the expression of feelings is necessary; it is now added that facilitation of expression of feelings becomes

a technique for the social worker. The accepting attitude on the part of the social worker does make it easy for the client to vent his/her feelings. Strong feelings, when bottled up, can create blocks in thinking and thus impair one's problem solving abilities. Feelings like anger, guilt, sorrow, despair, and such others consume considerable mental energy, leaving very little for problem solving. Hence, it is necessary for the client who is carrying a load of emotional material, to unburden himself/herself. The social worker by careful listening, by asking appropriate questions and by refraining from judgemental statements, facilitates expression of feelings by the client. The social worker acts as a prompter and prodder.

Illustration — Rashida

The case of Rashida mentioned earlier can be cited again. When Rashida came to the agency she was helpless. She was still mourning for her dead husband and children, and at the same time baffled by the problems confronting the living members of the family. Her tears flowed unceasingly. Subsequently, the tears were replaced by words of anger. She was angry with God, with the world, and even with her husband for dying and leaving her alone with her children. With the social worker's encouragement, she brought out her feelings, some of which she was not aware of, previously. After the three deaths in the family, she was so overwhelmed with her responsibilities that she never had the time to let out her emotional load. She did not find a significant person to whom she could unburden herself. After having vented the painful feelings, she felt relieved and relaxed, as though confident in facing the world, despite the problems.

Every situation is emotionally charged, to a small or large degree, as the case may be. The emotional elements should be attended to, before the client can be fully involved in handling his problem. Gopal

was a boy in a correctional institution in Bombay. His parents living in a village outside Bombay appeared to be disinterested and had not visited him in the institution, not even once. The social worker began sending letters, one after the other, to Gopal's father, requesting him to visit Gopal. Eventually, the father came. What happened subsequently was literally an emotional explosion, an explosion of his pent up anger and hostility towards the institution. The social worker listened patiently to his allegations, some of which were legitimate and the rest, distortions. Without trying to refute the allegations, the social worker responded in such a way as to indicate that it was all right for the father to express his anger. He was subsequently asked to talk about himself, his work and his family. Then emerged the story of his problems, his joys and sorrows, sorrows exceeding joys disproportionately. Later, the social worker did not have much difficulty in enlisting the father's cooperation in doing certain things for Gopal's welfare. The social worker, instead of blocking the client's flow of emotion, directed her communication in such a way as to promote the flow and this was a major factor that initiated the father's participation in matters concerning Gopal.

Allaying Feelings that are Overpowering

Stressful events can provoke strong felings in an individual which affect his/her capacity for thinking *Intensity of* and acting appropriately. Satyabhama, a housewife *feelings* was quite at peace with herself leading a moderately *reduced at* happy life, till that day when she learnt that her *the nick of* husband was having an extra-marital affair, and then, *time* her world collapsed. She went to a social worker seeking help. After telling her story, she told the social worker that she was determined to leave her husband. She had no idea as to where she would go or what she would do, but she wanted to leave the place immediately. After her talk with the social

worker she realised that her feelings of hurt and anger were manageable, and that she was able to think better. She found that there were some things she could do before deciding to leave immediately.

Illustration

Narendra was a resident of a children's residential home. His mother was a pavement dweller who visited him regularly on Sundays. When she failed to turn up on three consecutive Sundays, Narendra was upset. He stopped eating food and refused to go to school. The social worker of the institution met Narendra regularly for a few days after which there was a change. Though Narendra continued to be sad, he was able to contain his sadness to the extent of his being able to go to school. He started taking his meals after a few days of self-imposed starvation.

When the mind is filled with disturbing emotions, the individual tends to withdraw into himself/herself and brood over the matter causing stress. Brooding causes the stress to expand and occupy the full space of the mental screen, shutting out possibilities of rational thinking. When the social worker intervenes, (s)he is able to arrest the client's mental process of withdrawing and brooding by helping the person to verbalise, to perceive the situation realistically, and by opening to his view, avenues for new thinking. In allaying overpowering emotions, the social worker goes a few steps beyond the facilitation of feelings. The conversation is directed in such a way that the strength and extent of feelings is reduced and the stress causing situation is projected in its true size for the client's viewing and handling.

Accrediting and Building of Self-Confidence

It has to be remembered that the social worker cannot take over the client's problem, however helpless the client may be. All techniques should be directed towards making the client an active participant in problem solving, and for that, the client needs to

Giving credit to client's performance

develop self-confidence. Pointing out the client's strengths and giving him/her due credit for the tasks (s)he has been able to perform successfully, is helpful in building up self-confidence. Surekha was a poor and illiterate widow, mother of four children whose only income was the wages she earned from working as a domestic help in two or three houses. Her major need was financial assistance to meet the basic needs of the family. She and her social worker discussed about the various possibilities and listed the tasks that needed to be done, some by Surekha on her own, and other tasks by the social worker and the client together. A budget was drawn up and Surekha had to *follow it* scrupulously. Going to the children's school to obtain the relevant information and certificates in connection with soliciting sponsorship for the children, was also something that Surekha did by her own efforts though it meant many visits to the school and much waiting. Following the budget and maintaining contact with the school were tasks that Surekha fulfilled adequately, much to her own satisfaction and sense of achievement. The social worker commended her for these accomplishments and thus built confidence in her and in her abilities to get things done. It is obvious, therefore, that accrediting (verbally commending or *giving* credit) and confidence building are casework techniques.

Encouragement and Reassurance

Buttress client's actions

Encouragement and reassurance need to be used to clients' advantage in casework. It is a common experience of social workers that clients are generally reluctant to do unfamiliar things without strong encouragement, albeit doing such things is necessary to improve the situation. Surekha who has been mentioned in the preceding paragraph, was not willing to go to her children's school to make the necessary contact. Her own embarrassment over her poverty

and illiteracy was the main inhibiting factor. The social worker's encouragement was needed at every step to make Surekha do things which she was capable of doing, but afraid of trying. While trying to follow her stringent budget, she had difficulty in refusing the children's unrealistic demands for things. She had to be reassured that her firmness was legitimate and that it was not unkindness to exercise control over the children.

While using encouragement and reassurance, the social worker has to ensure that the situations are suitable for the exercise of these techniques. Encouraging a client to do things for which (s)he does not have the ability, or reassuring a client about the success of an activity (s)he is going to undertake which does not warrant certainty of success, is undesirable. To a patient awaiting a surgical operation, the social worker cannot give any reassurance regarding the success of the operation unless success is warranted by the surgeon.

Being with the Client

Being with the client in a time of emergency, or accompanying the client, say, to the hospital for medical consultation or to an office to meet an officer in charge will be necessary occasionally as a way of help. Not all situations require the social worker's presence near the client. There are contexts where the social worker remains purposely in the background, leaving room for the client to undertake actions on his/her own, for the main reason that such a stance is necessary to help the client grow in independence. When the client lacks self-confidence or is weighed down with excessive anxiety regarding carrying out a necessary action, the social worker's presence will serve as a support. Therefore, providing one's nearness appropriately with discretions according to the need of the situation makes it a technique, distinct from a mere gesture of friendliness.

Physically accom- Panying the client

Emotional Support

Giving emotional strength to client

All the techniques presented and discussed in this and preceding pages constitute the supportive techniques in casework. They provide emotional sustenance to the client and are used with the goal of making the client fully affirmed and sufficiently strengthened to take the next step. Giving emotional support is a term commonly used in social work parlance, with the speaker using the term to mean as if it were a single technique. Realistically speaking, the term refers to a cluster of techniques, that is, a combination of all or some of the techniques discussed above. Therefore, emotional support may be considered as a multiple technique. Emotional support, when effectively used, makes the client hopeful, bolsters his morale and sets the stage ready for his participation in problem solving.

Almost all clients need emotional support in order that they may feel comfortable with the social worker, the agency and themselves to be able to use help to handle their difficulties.

Action-Oriented Support

Physically facilitating client's case

There are also contexts which require social worker's action-oriented support, as for example, in getting a ration card for the client, Lalji at an agency. The social worker went to the ration office with Lalji, to do the needful for getting a ration card. With reference to institutionalised children, the social worker sometimes undertakes the task of searching for children's relatives whose whereabouts are not known. Seven-year old Bhaskar was in a residential institution for children. His parents were dead but he had an aunt with whom he was living before joining the institution. While wandering in the streets, he was caught by the *police* and placed in the institution. He could not give his aunt's address but *could give* the name of the locality, also describe some signposts near the house. Bhaskar was with

the social worker when the latter went to the said locality searching for Bhaskar's aunt's house. The boy's directions enabled the social worker to locate the house.

The *social* worker may have to do work pertaining to formal procedures as in writing letters of request for financial help and in filling the blanks in formal proformas. Illiterate clients do not understand the contents of official documents. Nor can they furnish in writing all the items of information required. The social workers have to explain the content, clarify the queries, elicit information and finally transfer the information to paper. It has been observed with reference to the SOCR cases that a good deal of the social worker's time was spent in filling forms and writing statements for the clients. For certain requirements, legal affidavits had to be procured which entailed time consuming trips to the law courts. There was the case of Ahmed who was an ailing leprosy patient. He had a meat stall which he could no longer manage and which had to be transferred to his wife's name. An affidavit was required and also some statements and certificates to meet government requirements. The social worker's direct involvement in the procedural work however provided little scope for the common practice of giving and taking bribes. In some other cases of SOCR, the social worker had to visit certain offices to which the clients had made various trips before, and all in vain.

Helping with official formalities

Illiterate widows found it difficult to get hold of their deceased husband's insurance money, provident fund and the like without the direct support of their social worker. There are many things in this country which work against the interests of the poor and illiterate and their attempts to fulfil formalities of official work. People manning the offices are often brusque and unresponsive and devoid of sensitivity

Officialese and bureaucracy can prove to be formidible

towards the problems of the poor. The applicant is compelled to repeat the visit to the concerned office again and again without any fruitful outcome. If the applicant happens to be a social worker's client, his/her social worker is obliged, finally, to go to the office personally to get the work done. Though the social workers are able to generally expedite matters, it does not happen like that in every case. There was the case of Ranjit. Eight-year old Ranjit was in a correctional home in Bombay. He was previously in another correctional institution. After his transfer to the second home, he could not be admitted to the local school, because the first institution had not sent the transfer certificate which was to be obtained from the school that he was attending before. There was no response to the social worker's letters, and subsequently, the social worker made a trip to the residential institution, located at a distance of 40 miles, away from the present home. He made two more trips but no certificate was forthcoming. The long and short of the story is that, Ranjit lost that year academically.

Advocacy

Social workers do not use coercion or threats for changing client's behaviour. Nevertheless, the social worker does have the authority emanating from his/her own knowledge and skills, from the declared functions of the agency and from society in general in terms *Intervention* of its sanction. Though it is in the form of unwritten *effective* authority, it has certain by-products that are *due to* advantageous. One by-product is the respect that *social* *sanctions* is given to the social worker and the profession. There are people among the public who acknowledge the personalised service content of social work and give credence to the reports and requests of social workers. There are times when social workers find it necessary to use advocacy. Advocacy involves making a request to a third person in support and on behalf of the client. In the SOCR cases, there were

unemployed clients whose major need was employment. Meeting potential employers and recommending clients for jobs was a common feature in all these cases. There were yet other cases where some children whose names were removed from the school register because of irregular attendance, were reinstated with the social worker successfully persuading the school authorities to give the children a second chance.

There was the case of Usha, a domestic maid, who could not take her disabled child to the hospital for regular treatment, because the hospital timing clashed with Usha's work schedule. On the social worker's request (advocacy), Usha's employer was willing to change the timing to make it convenient for Usha to take the child for treatment.

TECHNIQUES FOR ENHANCING RESOURCES

Providing or Procuring Material Help

Exploring specific resources in the community as aid to clients

Apart from the support provided through various techniques, some clients will need material help, that is, help in the form of money or materials. Some agencies have provision to provide material help in a small way. A few clients of the SOCR cases received money, food, medicines and medical appliances on a temporary basis from the funds of agencies. For some other clients, money or materials were procured *from* charitable trusts and organisations. There were also instances where material help was obtained from individual donors and well-wishers. For Maria, the patient in the terminal stage of cancer, whose case was referred to in Chapter 4 on page 49-50, the social worker procured an easy chair from a well-wisher. Since *the* patient could sleep only in a reclining position, the easy chair was very helpful. Similarly, milk powder was obtained for Maria's family from the Social Services distribution of the local church. A private medical practitioner agreed to provide some drugs free of cost for Maria. This

way of marshalling help from various quarters for the benefit of clients becomes useful when it is done with proper planning. It is termed 'pooling of resources', for which some spade work needs to be done by the social worker by way of exploration of potential resource persons and services and of interpreting the client's need to them. Bank loans were obtained for a few other clients. Also, help was solicited for some cases from sponsorship organisations who agreed to help some of the needy children and adolescents.

Though in casework practice the client's material needs can be met in a limited way for a limited time, such a service is only a drop in the ocean, in view of the large scale poverty in this country. Though in the SOCR cases, those who came specifically for material help were not many, economic deprivation was a common feature of many cases. Unemployment, *Pervasive* indebtedness, and degrading forms of poverty were *poverty and* problems which were overwhelming in their impact. *lack of* Take the case of Lalji, which was referred to earlier *state* *provisions* in page 11.6. At the time of referral, he was thirty-five *are insur-* years old, and suffering from T.B. With treatment *mountable* in a public hospital he was cured. Lalji's two children were found to be malnourished. The family had no ration card. With the help of the social worker, a ration card was procured. But the possession of a ration card did not improve matters since Lalji's income was inadequate to buy the full supply of rationed food grains. In the U.S.A., Canada, and the welfare states of Europe there are public assistance programmes which serve to fulfil to some extent, the basic physical needs of social work clients. But India, though a welfare state, does not have any provision for meeting the basic needs of its needy citizens and this fact is a serious drawback in the practice of the helping professions. What is often mentioned as free medical treatment for poor people in public hospitals is not really 'free' in the strict

sense of the word. A fee is charged on the patient in some form or other and many of the essential drugs are not supplied free. Poverty prevents many sick people from seeking help at the appropriate time. Economic deprivation and destitution of a large part of the population is a stupendous problem that the social workers have to contend with, which often makes their efforts ineffectual and unproductive. This is a grave limitation to the practice of casework.

Change of Physical Environment

Only incremental changes in environment possible

Providing or procuring material help for the client is often referred to as environmental change in social work literature. Another aspect is the change of physical environment which will be necessary for some clients for better functioning. Among the institutionalised children of the cases of SOCR there were a few with adjustment problems who benefited from a change of dormitory in the residential institution. Some of the children who were referred to the community centres for poor academic performance were children who had no facilities at home for quiet study. Their dwelling places were often overcrowded with too many persons living in a small area of space and there was no nook or corner where they could sit and read. Arranging a place for them which they could use for a few hours every day for study was helpful. Even these small changes demanded persistent efforts on the part of the social workers. Effecting more substantial changes like finding a place of accommodation for clients who were pavement dwellers was beyond the capacity *of* the social worker, though in a few cases, plots for huts could be procured in slums.

Enhancing Information and Knowledge

As stated earlier, included among the resources required for human functioning is the non-material Resource of information and knowledge, the lack of

Mitigate lack of information and mis-information which can create problems or aggravate the problems that are already present. A person can die of thirst in the vicinity of the only well in a desert if he has no way of knowing where exactly the well is. Sometimes, lack of information may be further confounded by the presence of misinformation or superstition. There are many wrong ideas about the causation and treatment of certain diseases. Epilepsy is a disease caused by a defective functioning of a part of the brain. But there are people who believe that epilepsy is caused by the possession of the devil and that the patient should be beaten at the time of epileptic fits in order that the devil may be driven away. Human concern for epileptic patients demands that the family members of the patient be correctly informed about the disease. Therefore, enhancing the knowledge resource of clients becomes a necessary technique in casework. With reference to the SOCR clients, the areas pertaining to which information or knowledge was imparted to the clients were (1) diseases or conditions associated with the client's problems (2) professional and welfare services available for the client (3) human behaviour, knowledge of some aspects of which was necessary for the client to understand himself /herself and others.

Imparting knowledge, like any other casework technique is used according to the needs of the situation and the client. Among the SOCR cases, the children with poor academic performance became objects of worry and concern for the parents, who badgered and pestered these children for higher levels of *Provide new information* achievement. Some of these children could not reach the average standards of performance because of their low levels of intelligence. The parents of such children were given useful orientation about mental retardation, and information about special schools where the children could learn at their own pace. It has been the observation of the social workers that with reference to conditions of disability like blindness,

deafness and orthopaedic disabilities, the parents need adequate information regarding the treatment, facilities of treatment, and about what the parents can do to prevent further deterioration of the disabilities.

Knowledge of human growth and behaviour is useful to all human beings and an understanding of the basic elements is essential to every human being in order that (s)he may be able to create healthy human relationships. Parents should know some aspects of child development, and the importance of physical and emotional needs in order that their child rearing practice may be conducive to the personality development of children. In the SOCR, in relation to behaviour problems of children, a few of the repeatedly occurring features in the handling of children were as follows:

SOCR's recurring problem behaviours

1. Comparing a child unfavourably with another
2. Holding unrealistic expectations about children's behaviour and achievements
3. Not giving opportunities for the children to express their opinions or feelings
4. Inconsistencies in dealing with children, as between the two parents and between contexts.

In these situations the social worker's role is almost like that of a teacher, teaching about human needs, relationships and how parents could involve themselves in growth producing relationships. But the teaching in casework practice has to be carried out in an indirect manner without making the client self-conscious or uncomfortable about his lack of knowledge. A part of an interview between a female social worker and the mother of a client is presented below:

The client is Susheela (13 years old). The mother is worried about Susheela's backwardness in studies and about a new development noticed in her behaviour. She has become uncommunicative recently.

Social Worker: I know you are worried about Susheela's poor performance in school and her being very quiet these days.

Mother*: Yes. Susheela is a problem. Sarla (Susheela's older sister) comes first in her class. Susheela does not come first. She even fails often.

Social Worker: I know you are concerned and want to know how Susheela can be helped.

Mother: I scold her and ask her why she cannot be like Sarla.

Social worker: Your open comparison of. Sarla and Susheela, does it help Susheela?

Mother: No, it does not.

Social Worker: Can it be that Susheela is getting tired of this comparison ? She may be angry and sad and thus has become quiet.

Mother: (after a long pause) You may be right. Then, what do you think I should do ?

Social Worker: Let us discuss and find out. One thing I know from experience. Children, or adults for that matter, do not like to be compared with others, all the time. If my supervisor in this office always compares me unfavourably with the other social workers, I will feel terrible. (Says laughingly), If your mother-in-law always says that your cooking is not so good as that of her other daugher-in-law, will you like it ?

Mother: But Susheela is my daughter and she knows very well that I love her and that I scold her for her good.

Social Worker: She may be knowing all that. But there are other thoughts in her mind that are stronger: that she cannot please you, that you like Sarla better, that she, Susheela is worthless, that she is a failure....

Mother: There are times when I feel sorry for her and at other times I am so angry with her.

Social Worker: I can very well understand you feelings. The fact that you get these different feelings does not make you a bad mother. That you have come here to seek help shows that you are a concerned mother. Now let us see whether we can adopt a new way of dealing with Susheela. Do you think you can try some new ways ?

Mother: I will try.

Social Worker: Let us first stop unfavourable comparison. Experts say that if we want to help children to grow up properly, we should avoid comparison. What are some of the things that you like about Susheela ?

Mother: She helps me in housework, she is very kind to the younger children.

Social Worker: So she can be given due praise about these things. If she can be encouraged to talk about things other than her studies, it will be helpful. If you think more about it, you will be able to find out some ways in which you can demonstrate to her that there are other things about her than about her studies in which you are interested.

In the conversation given above, there is teaching about the undesirability *of* unfavourable comparison but it is done in a non-didactic and subtle form, with the use of empathy and of words that are non-provocative but supportive. For example, the use *of* the word 'we' gives a non-didactic flavour to the social worker's teaching. It projects the social worker also as a learner thus bridging the gap between her and the client.

It is evident that new knowledge is needed to produce new forms of behaviour. But intellectual knowledge

alone is not sufficient; along with it there should be emotional readiness to change. Knowing and doing are two different things. For example, an expert in the psychology of child development need not be a good parent just because (s)he has the relevant knowledge. His/her competence as a parent will depend upon his/her emotional readiness to put his/her knowledge into practice. The techniques, that are targeted at developing in clients the emotional readiness for change, will form the content of Chapter 7, which is an additional chapter on techniques. In this preliminary chapter, some of the basic techniques have been described, that are helping procedures aimed at providing psychological support for the client and at improving the client's material and non-material resources. It is obvious that communication is the base for all techniques. The manner and content of the social worker's speech and non-verbal symbols are consciously patterned on a design that is geared to the goal of helping.

7. Techniques of Helping—II

The next set of techniques to be discussed are in relation to bringing out changes in the internal processes of the client. When the mental processes which constitute the hidden, unobservable part of human behaviour change, there will be changes in the external, observable behaviour as well. The social worker's role is that of an enabler, preparing the ground, as it were, for change. The supportive techniques are indeed necessary, because they obviate the use of defenses by the client. Take for example, parents' unwillingness to accept the fact of the condition of mental retardation of their child, when they get to know of it for the first time. The usual reaction is denial, a defense mechanism, through which reality is rejected mentally. Ignorance about mental retardation and fear that the mentally retarded individual is doomed can be the factors that lead to denial. In most of the cases, with the enhancement of knowledge of mental retardation comes a positive outlook. For instance, the removal of guilt feelings that they are not to be blamed for the birth of a retarded offspring and the generation of hope that the life of a retarded person is not useless and beyond help will be useful for removing denial.

The supportive techniques and the techniques that cater for the material and non-material needs, thus remove some of the obstacles for change. Most of the remaining obstacles can be removed by means of counselling, unless they are too deeply entrenched and also complicated by other factors. As stated earlier, counselling is the tool used by the social worker for bringing about changes in the client's feelings,

ideas, patterns of thinking, perception and attitudes. As a tool, it makes use of communication techniques. In counselling, emotional support is the groundwork on which the other techniques are used.

COUNSELLING TECHNIQUES

In a broader sense, counselling techniques are inclusive of the supportive techniques because in the beginning phase of the worker-client transactions, use of supportive techniques is necessary for initiating a positive relationship. They are presented as two categories to highlight the fact that with regard to some clients casework service does not go beyond the application of supportive techniques and the techniques for enhancing resources. When they are considered as two sets of techniques the meaning becomes clear with the statement that, counselling techniques are always preceded by one or more of the supportive techniques. But supportive techniques are not always followed by counselling techniques.

Reflective Discussion

Reflective discussion is discussion between the social worker and the client based upon the client's deep thinking on the different areas of his/her life that have a bearing upon his/her problem. Most of the problems of living need thinking through, for finding constructive solutions. At one point or other, in the social worker-client relationship, the client has to *Promote* be enabled to view his/her problem objectively by *analytical* separating the actualities of the situation from the *thinking on problem* feelings and impressions surrounding it. There is a need to look at the various aspects of the problem, its antecedents and the likely consequences. It may be necessary to trace the development of the problem and be aware of the parts played by self and others, knowingly or unknowingly. Then, there is the question of what can be done now ? By means of appropriate questions, empathetic remarks, and statements linking

the various elements of the problem, the social worker should be able to draw out the client's capacity for thinking and to help him/her to reflect upon the different aspects of the situation. Reflective discussion as a multiple technique may span a part or the whole of one or more interviews.

Advice

Advice is a technique in counselling. In casework literature, most of which has originated from the West, advice is not ranked high in the list of techniques for various reasons. But it is used considerably, and with advantage in casework practice in India. In the Indian socio-cultural tradition, advice is something *Giving* which is sought, given and accepted without *advice is* misgivings. Social work clients do ask for advice *culturally* *acceptable* and even at times when it is not asked, it may *in India* be given, provided it is given objectively, is based on sound knowledge and on the client's genuine need for it There is also the condition that advice-giving is not followed by any attempt of coercion or compulsion to make the client follow the advice. Advice-giving can avoid the bad flavour that is often associated with it, by the social worker's thoughtful act of initiating reflective discussion on the matter advised. Take the question of family planning. Many clients with large families struggling with problems of poverty will need advice on family planning. But it is not just a message conveyed by the social worker to clients, it is a matter that has to be discussed. The client will have queries needing answers and anxieties that need to be allayed.

In the SOCR cases, advice-giving was present and it was used in combination with other techniques. Parents were advised on matters like child-rearing *Giving* practices, needs of children, nutrition, health, etc. *advice in* A woman who brought her mentally retarded son *combination* *With other* to a family service agency with a request for help *techniques* for institutionalisation was advised as to how she

herself could do a great deal for the child by teaching him self-care activities. A client of a mental health centre was advised against getting into a shady deal in selling her tenement. She was advised about the proper procedure of selling property. The father of a mentally ill son was advised how he could get some of the household chores done by the son, for he, the father, was tiring himself out in trying to do everything in the house. When advice is not sought by the client but is perceived by the social worker as necessary, it may be given indirectly. As pointed out in connection with the imparting of information and teaching about human behaviour, advice may also be given indirectly in such a way that it prevents feelings of self-consciousness or embarrassment in the client. Advice may be couched in suggestions, observations, questions, etc.

Motivation

Closely connected with advice is 'motivation', (a multiple technique) a term which is commonly heard in the field of family planning in India. One who advises, guides and finally persuades a man to undergo sterilisation operation is called a motivator. In casework, motivation refers to influencing the client to take a course of action that is considered good for him and his family, or that is necessary for solving the problem he faces. Expectedly, some clients respond normally to the social worker's techniques of advising, informing, and imparting knowledge by doing according to the line of action indicated. Here, the implication is that the emotional readiness to act in a new way happens by way of a chain reaction. There are, however, clients who listen and participate attentively in the casework interview and even decide to take up a course of action but fail in the last step, that is, actually doing. They cannot get themselves to the doing part. The emotional readiness to act in a new way is not there. In such cases, the social worker may have to provide additional

Gentle prodding and goading

stimulation, inducement or spurring to activate the client. Then the entire process of advising, discussing, informing, teaching and spurring becomes motivation.

Illustration - Sunil

In the SOCR cases, motivation was in action with reference to disabilities in children, where the parents' attitude was one of apathy and inaction. Sunil was eight years old, partially blind, and not attending any school. His parents' over-protective attitude was obstructing the processes of his development. He was not sent to any school for fear that some harm might befall him when he was out of the sight of the parents. When the social worker of the community centre came to know of Sunil, he informed the parents about a residential school for blind children, which, he said, was suitable for Sunil, since no such facility was available in the vicinity. But the idea of the child's separation from parents, implicit in the social worker's suggestion, was not palatable to Sunil's parents. After a series of social work interviews, the parents were convinced about the child's need for schooling but were not willing to send him to the boarding school. Nor did they have the convenience to register the boy in the school as a non-resident student. The parents were persuaded to visit the school; the social worker accompanied them for the visit. The visit turned out to be educative, informative and reassuring, particularly because the social worker pointed out the important aspects of the school's programme and the school's staff answered their queries and cleared their doubts. The parents saw with their own eyes how the blind children were learning many things and enjoying themselves through various activities. Eventually, Sunil was admitted to the school where he adjusted very well and began showing steady progress in course of time.

For children with other types of disabilities also, motivation had to be provided to the parents for effecting changes in their attitude of fatalism and

Motivating client's parents and others

disinclination towards taking remedial steps. Apart from motivating parents to do certain things with far reaching beneficial consequences for their children, there are situations when adults have to be motivated to plan and act for their own benefit. Deva was an orthopaedically disabled adult who had undergone vocational training but was not successful in finding a job. Constant motivation regarding searching for employment was effectively wielded by the social worker who managed to help the client to get over his despondency and to prevail upon him to apply for a bank-loan to start a small trade.

The first step in motivation in the case of Anthony (17 years old), a school drop-out and a probationer, after discharge from a correctional institution, was to plant in his mind a desire for a career. Anthony said that he wanted to become a technician. The social worker was able to influence the client to maintain his ambition aiming towards his goal. All these contributed to Anthony's steady application to his studies which had been disrupted earlier during the period of his institutionalisation.

Clarification

In some contexts, clarification is called for before the client can be motivated for a particular line of action. Clarification means conceptually disentangling the various factors of a situation, to render it more comprehensible to the client. It would involve explicating one or more elements of the situation that are not perceived correctly by the client. There was the case of Shirin in the SOCR. She was a prostitute and she was unwilling to go for a medical test for sexually transmitted diseases. Clarification of the factors linking prostitution to the disease was necessary before she could agree to take the test. There was the case of Mohan (13 years) whose academic performance was being affected, because much of his free time was devoted to his work

Meaning to be explained

as a hotel boy. When the social worker suggested that Mohan could apply to a sponsoring organisation for monetary assistance, the father did not agree for fear that such assistance might have some negative impact on his job. All aspects of the sponsorship programme of a welfare organisation were explained to the father and his fears dispelled by clarifying the rules and conditions set by the organisation.

Illustration

It often happens that TB patients who feel better during treatment, drop out of treatment before the full course is over. The fact that feeling fit does not mean that the disease is cured and that the condition of being fully cured will be shown only by medical tests has to be clarified to the client.

There was the case of Nazir (12 years), a boy who grew up in slums, who was not attending school regularly. It was found that during the time the boy was expected to be in school, he was doing embroidery work for wages. The mother was keen that the boy should go to school. Though Nazir's father wanted Nazir to complete his school education, he goaded the boy, nevertheless, to work because of the extra income *it* fetched *for* the family. The situation was clarified to the father with special reference to the father's contradictory expectations that were harmful, as far as the boy's need for education was concerned.

Correcting Perception

To change the under- standing of Particular Situations

Correcting perception is also a technique in casework. Clarification often leads to the correction of the client's perception. At other times, new information or knowledge is required to change perception. In the cases of Mohan and Shirin mentioned earlier, clarification helped to change their perception about the sponsorship programme and the need for medical tests respectively. When family relationships are disturbed, one may expect wrong perception as a

cause or consequence. Therefore, perceptions have to be corrected for the mending of parent-child and husband-wife relationships.

When clients are emotionally upset they need to have their feelings clarified for them, so that, they may be able to perceive their own feelings correctly. For instance, a father who says that he hates his delinquent son immensely and wants him out of sight by placing him in a correctional institution, may not be saying so out of hatred towards the boy. What he experiences may be more of anger at his own helplessness in controlling the boy. The social worker's skill lies in understanding the father's feelings, disentagling them, helping him to name the feelings and then guiding him to use his thinking, and not feelings, for deciding his course of action.

Modelling

Setting an example through one's own conduct

Clients do learn from what the social worker says and also from what (s)he does. Since the social worker converses purposefully and responsibly, some clients learn helpful and constructive ways of communication from their experience of the social worker's pattern of communication. When the social worker presents a prototype of behaviour with the idea that, the client may learn new forms of speaking and doing, it is the modelling technique at work. There are children between the age of one and four, who learn to use temper tantrums as a means of getting what they want, being encouraged initially by their experiences of observing their parents' discomfort and anxiety to avoid their temper tantrums. If the temper tantrums occur in front of the social worker, his/her modelling is in the way (s)he handles the child calmly without getting disturbed. When in the client's family, there is defective communication, modelling occurs in the social worker's effective communication with all the members of the family.

Anticipatory Guidance

Most people are anxious while awaiting an event, like a job interview, or in meeting people in authoritative positions. Anticipatory guidance of clients by the social worker will, to some extent, dilute the fear and anxiety surrounding a future event. The relevant persons of the future event are figured out in imagination and their possible queries and statements postulated.,. Then, appropriate responses to the queries and statements are discussed and planned in the casework interview. In SOCR, there were clients who were afraid of job interviews or of interviews and conversations of a formal nature. Anticipatory guidance was found handy in these situations. Questions that were likely to be put to the client by the interviewer were discussed by the social worker and the client. Mentally and verbally picturing a future situation in its entirety, is a good way of handling the anxiety that is currently provoked by thoughts about the event. It is also a good preparation for facing the event.

Preparing the client for a formal event or meeting

Role Playing

Anticipatory guidance becomes more explicit with the help of another technique, role playing. The future event is mentally brought forward to the present, and simulated by the social worker with himself or herself and the client assuming the roles of the people involved in the situation, including the role of the client. The event may be enacted again and again with the social worker and the client trying out different roles. Role playing is a valuable technique as a teaching and learning device. Very often, in role playing, modelling and anticipatory guidance are implicit. Likewise, some other techniques may also be operative in role playing. Therefore, role playing is also a multiple technique.

Enacting out the anticipated event

Reality Orientation

When clients face problems and beat **around the** bush without being able to face reality, reality

orientation is called far Some parents have unrealistic expectations about their children and problems emerge when the children are not able to fulfil the expectations. There was the case of Shiv (12 years)'whose performance was not upto the mark, according to the teachers of the Hindi school he was attending. When the social worker of the community centre in the slum where Shiv lived made investigations, he found to his surprise that Shiv was attending two schools — the Hindi medium school of the locality in the morning and a distant English medium school in the afternoon. Shiv's father who was uneducated expected his son to become a brilliant scholar by attending two schools. The reality was that Shiv found studies so burdensome that he could not do well in any of the schools. Through casework interviews the father realised that he *was* expecting too much from his son and he agreed to take Shiv out of the English medium school.

Too high or too low expectations of the client family

Somi (18 years) was another client who needed reality orientation. She was placed in a correctional institution after being rescued from a brothel. She knew English and was better educated than the other residents of the institution. Considering herself as a person of a high social status, she began to look down upon her fellow-residents of the institution. She refused to do any work in the institution and defied the rules and regulations. In brief, she became a problem both to the staff and the residents. Though she decided at the rational level to *give* up prostitution, the emotional readiness to adjust to the life of the institution and get prepared for normal life outside of it and the brothel was not forthcoming. Reality orientation, as used by the social worker, involved in helping Somi to accept the reality of her legal commitment to the institution, to adjust to the people and to conform to the schedule of the place.

Illustration — Somi

Some clients whose major problem was unemployment, aspired for jobs for which they were not

qualified. In some of these cases the social workers have been found using reality orientation effectively, by making the clients to apply for the same and

Illustration

go for the interviews. The idea being that at the interview the realisation will occur that they do not have the skills that the employer is looking for. Better acceptance of reality then takes place than what would have resulted from the mere advice of the social worker. After this experience the clients are emotionally prepared to try for lower types of jobs for which special skills are not needed. It can be seen that reality orientation is to be used with clients whose ego-function of reality testing operates insufficiently. What the social worker tries to achieve is, to activate and strengthen this *ego* -function.

Removing Guilt Feelings

Some clients have difficulty in handling the guilt feelings, whether they be warranted or unwarranted. Guilt feelings are unwarranted when they are unrealistic and without substantial reasons. When a patient dies after a serious illness, the relatives may feel guilty about many things like not going to the private hospital because it meant more expenses.

Guilt feelings out of place

The case of Jehangir of the SOCR was mentioned in Chapter 4, page 71-72. He was born as a result of failure of contraceptives and the mother had guilt-feelings later for having used contraceptives. She reacted to her guilt feelings by developing an attitude of overprotection towards Jehangir, resulting in Jehangir living an undisciplined life. Lalitha (15 years) was kidnapped by a *hijra** and sold to a brothel from where she was rescued later by the police and placed in a residential home for girls. She was mentally tormented by her own feelings of guilt for having been sexually used in the brothel. There were cases of mentally retarded children whose parents blamed themselves for the condition of mental

* Hijras are eunuchs who wander around in groups asking for alms.

retardation of the children. Removing guilt-feelings was essential in all these cases before the clients could participate in the problem solving process.

Using Guilt-Feelings Constructively

Guilt-feelings are warranted and realistic when they result from such behaviour as causes harm to oneself or others and is socially unacceptable. In such contexts, the client can be helped to use his guilt feelings constructively for changing his/her behaviour. Deepak (17 years) was in a correctional home. He had run away from home and while staying in the institution there was no contact between him and his parents for about two years. Since the address he gave was a false one, the authorities of the institution were not able to trace the parents. When a social worker was able to win Deepak's confidence, he gave her the correct address, and she made a home visit. The social worker brought to Deepak the news that his parents were greatly relieved to know that he was safe and that they were eagerly looking forward to visiting him. Such an affectionate response from parents was unexpected and this generated guilt feelings in Deepak. He regretted having run away from home and having caused worry to the parents. The social worker helped Deepak to use his guilt feelings constructively, through the channel of (technique of) reflective discussion. From the guilt feelings arose his decision to turn over a new leaf, work for a good record in the institution, get discharged, go home and be of use to his parents.

Guilt-feeling valid in some instances

Illustration — *Deepak*

partialisation

Partialisation refers to breaking up the situation into its different problematic aspects and then focusing on the aspect which needs immediate attention. Subban (8 years) was mentally retarded and was referred to the child guidance clinic of a hospital. Three days after the referral, Subban's father had detachment of the retina of the left eye, a condition that needed

Deal with most immediate problem first. Reserve the remaining.

immediate medical attention. The father, a taxi driver, found himself suddenly disabled for his job; he was so upset that he could not decide whether he should have surgery. The social worker had to consider the father's illness as a priority area and do the needful to ensure that no time was lost to start the urgently needed treatment.

When there are many problematic aspects of equal importance, not all requiring urgent attention, partialisation will help to take up the area which is straightforward and which can be done without much difficulty, keeping in view the possibility that the client will have the satisfaction of attaining something. In the case of Surekha mentioned earlier, partialisation helped the client to take over immediately the things she could do.

Interpretation

Reveal psycho-logical basis for actions

Interpretation is the explanation of the client's behaviour in terms of its psychological meaning. When a toilet trained child starts bed wetting after the birth of a sibling, it may indicate a sudden onset of insecurity in the child, who perceives the new-born baby as an usurper of his/her position for the love and care of members in the family. This may be explained to the parents, who could also be given suggestions as to how to make the older child feel secure.

Illustration — Keshav

Keshav (15 years) was lagging behind in his studies. He was often compared unfavourably, both, with his older siblings and his classmates. His parents, besides complaining about Keshav's poor academic performance, had another worry that he was always seen playing with smaller boys. His wanting to play with smaller boys could be interpreted as the result of his inferiority feelings which he experienced in the company of his brighter classmates and siblings.

Interpretation may be given directly to the client, or to certain members of the client's family as in

the above cases. When it is used, whether directly to the client or indirectly, about the client to certain others, the social worker should ensure that the interpreted material is comprehensible to the persons and that it does not cause any anxiety or embarrassment.

As a matter of fact, in the cases of the SOCR, interpretation directly to the client was very sparingly used. It should be so, taking into consideration the fact that most of the social work clients do not have the sophistication to benefit from interpretation based on Freudian psychology. For instance, when the social worker observes that the client is using a defense mechanism, (s)he should try to understand what purpose it serves for the client. But it is not advisable to interpret the meaning to the client unless the client is able to use the knowledge for change of behaviour.

Universalization

When clients tend to consider their problems as unique, and thereby, subject themselves to excessive anxiety or self-pity, it will be helpful to bring to their awareness the reality that there are many others facing the same problem. This is universalization. It is expected that by universalizing the problem, the anxiety may be reduced in intensity, and that, hope may be derived from the knowledge of persons who are coping better with the same problem. In the SOCR cases, some parents of polio-affected children were benefited by getting to know of others who had their orthopaedically disabled children under treatment in hospitals. For the use of universalization as a technique, the timing is important as it should be used only after the clients have given vent to their bottled-up feelings, fears and anxieties. It is important to note that in the use of universalization, de-individualization should be avoided. It means that there should not be any indication of a hidden message

' 'Others also have similar problems'

that the client's problem is not important as there are others having the same problem. While universalizing, words have to be used judiciously and discerningly to generate hope and a desire for constructive action.

Setting Limits

Check undesirable habits and traits

The concept of acceptance does not imply that every kind of behaviour has to be accepted or condoned. The client as an individual has to be accepted unconditionally, but his behaviour many be approved conditionally, and hence, the need for the technique of setting limits to certain types of behaviour. Jeroo (15 years) was a client of a school social service department, referred for her use of abusive language. After a period of time, a good relationship was established between her and the social worker, and the social worker was able to exert some influence on the girl's behaviour. Limit was set on the choice of words. Socially unacceptable words like 'bitch' and 'bastard' were replaced by milder words like 'foolish' and 'silly'. The client could be persuaded to apologise when inappropriate expressions were used against people. In the case of the probationer, Anthony, the social worker had occasionally reminded the client that, the solution to his problem very much depended upon himself and that, if he went back to his old ways of wandering aimlessly, his licence might be revoked. The setting of limits becomes. necessary while dealing with children, adolescents and even adults with behaviour *problems.*

Confrontation

Question the client for not keeping up his/her word

Confrontation is applicable when a client contradicts himself/herself or retracts from commitments that (s)he had undertaken during his/her discussion with the social worker. When such contradictions or retractions cause a worsening of the situation, a confrontation with the client is valid. Confrontation means bringing the client face-to-face with the lapses

in his/her own behaviour that have turned out to be harmful. The aberrations or lapses in behaviour referred to are those which are subsequent to his/her earlier commitment to a plan or decision in the presence of the social worker.

Illustration — Patel

There was the case of Patel (38 years), client of a mental health centre. He was a cured mental patient in the process of being rehabilitated occupational. He was a graduate with some work experience to his credit., At the centre, he had taken up the assignment of getting quotations for the centre's purchase of a drawing board. A couple of weeks elapsed and no quotation arrived. The social worker reminded Patel about his assignment, and still nothing happened for another fortnight. Then the social worker confronted Patel about his inaction and the harm it was doing to himself and the inconvenience it was causing the centre. Patel's first reaction was to shirk off responsibility by saying that the staff of the centre should do this work and that they should not expect him to do it. The social worker pointed out very clearly to him that he had agreed to do it, that it was something he was capable of doing and that doing such work was necessary in view of his desire to take up a job as soon as he could. The social worker's tone was matter of fact and serious but without anger. The client did not argue further and stated his anxieties, which were later thrashed out through discussion. Within the next couple of days he managed to get a few quotations.

Sachin (11 years) was living in a slum and he was referred to the community centre by his teacher for irregular attendance at school. The social worker found out that on some days Sachin was managing his father's grocery shop, and that, on those days he could not attend school. The social worker met the father, who after some argument, agreed to

send the boy to school regularly. But the problem of the boy's attendance at the shop and *absence* at the school continued. So the social worker again met the father who began a tirade against the school and the community centre. He alleged that the school was not teaching his son anything.

' 'Sachin does not know how to keep the simple accounts of my shop", he shouted.

The social worker confronted him with his *own* behaviour that prevented the boy from learning arithmetic.

He asked the father, "How can you expect Sachin to learn anything, when he is at the shop most of the time and not in the school ?''

The father remained silent and the social worker continued, "When Sachin makes mistakes in Ms accounts you beat him and that does not solve the problem. So, the best thing to do is to encourage the boy to go to school every day to acquire skills in the three R's (reading, writing and arithmetic). Later, with these skills he will be able to help you in the shop".

After this direct confrontation, there was calmer discussion, at the end of which the father seemed to have understood the importance of encouraging his children to go to school regularly.

For the use of confrontation, timing is important. It will be effective, as in the use of limit setting, if there is already a positive relationship between the social worker and the client. Confrontation cannot be attempted in the earlier interviews because, time is required for a positive worker -client relationship to take shape and for the client to come to the stage of decision making. When he fails to act according to his decision, thus obstructing the forward *movement* towards his better social functioning, confrontation becomes necessary.

Reaching Out

In the preceding discussion, emotional support, *role* playing, motivation, reflective discussion, clarification and correcting perception have been used as multiple techniques. A few more techniques may be covered by this term. 'Reaching out', for instance, refers to clients who really need help, but who for some reason or other do not ask for it or may even reject it in the initial stages when help is offered. When the social worker notices such persons in the precincts of his/her work, s(he) may have to reach out, or stretch out his/her hand in a friendly gesture to convey to them the message that (s)he would be of service.

Balakrishna* (45) was once a prosperous business man. His business collapsed, so did his health. He was now sick and on a bed in the ward of a hospital, depressed and without any hope for the future. His sons, Arvind (13 years) and Aran (11 years) were, by turns sitting near his bed, day after day. One day the social worker of the hospital made enquiries why the boys were not going to school. Why was it that their mother or any adult relative was not relieving them to make it convenient for them to attend school ? The reply came from the patient himself. Arvind and Arun were studying in a public school previously. With the failure of Balakrishna's business, the school dues fell into arrears and consequently, the boys were denied re-admission to the school for the new academic year. Further, the transfer certificates were kept pending as long as the arrears remained unpaid. Without the transfer certificates, the boys could not be admitted to any other school, not even to a school where education was free. The social worker swung into quick action immediately. She got in touch with the school

* This case is not from the SOCR. The author came to know of it through *oral communication with a medical social worker.*

authorities, explained the plight of the two boys, and requested them to consider these cases sympathetically. As a result of her advocacy, the school waived the dues eventually, and issued transfer certificates. The boys were admitted to a government school subsequently. The social worker's reaching out was timely and effective in relation to a problem which the clients found beyond their coping capacity and which they lived with, while trying to handle some of the other problems.

In some of the SOCR cases, another type of reaching out was necessary with reference to institutionalised children. It was pointed out in the chapter on problems that these children needed befriending to get over their loneliness, homesickness and their other uncomfortable feelings caused *by stresses* and strains to which they were exposed in their own homes. Some of them with histories of ill treatment by parents or significant others, may be suspicious of all adults and may not easily respond to the social worker's overtures of friendship. Hence, the relevance of reaching out to them.

Renewing Family Links

Re-unite ties

Efforts at renewing family links may be made. simultaneously along with reaching out to the children through persistent befriending. Institutionalisation, in some cases, means a disruption of family connections and/or the family's failure to keep in touch with the children. It *is* thus another emotional injury that can be prevented, by taking steps to renew the family ties. Reaching out becomes meaningful when it sets in motion a three-way communication, between the social worker and the child, the social worker and the child's family and between the family and the child.

Lalitha's case mentioned in the chapter on problems *is an illustration, Lalitha (15 years) was in the hospital*

for tuberculosis of the spine. The father was very pessimistic about the possibility of Lalitha's rehabilitation. He rejected her and stopped visiting her in the hospital. Lalitha reacted to her feelings of being rejected through indulging in frequent temper tantrums. The social worker reached out to the girl despite her bad moods and temper tantrums. Concurrently, she made visits to the father and made efforts to revive his affection for his disabled daughter. He started visiting the girl in the hospital, with the result that, the latter's behaviour began to improve. There was gradually a greater willingness on the part of the father to cooperate with the hospital. He maintained contacts with the social worker and was receptive to plans of rehabilitation.

Improving Communication Patterns

Another multiple technique is that of improving communication patterns in the client's family. Very often family relationships are strained, because the members, instead of communicating with one another *Circuit — receiving trans- mitting* react to their own feelings aroused in the situational context. Thus, communication gets blocked without serving the purpose of sending and receiving information. It is functional communication when the circuit of the process of transmitting and receiving information gets completed. Disruption in the transmitting-receiving circuit leads to dysfunctional communication.

There are two factors which promote functional communication: (1) complementarity in verbal transaction (2) use of feedback. Complementarity refers to the direct connectedness between the utterances of two people when they are conversing with each other. It does not mean that one person is agreeing with the other. Take for illustration, the context of a conversation between a boy and his father. Gopi, 17 years old, is asking his father *Illustration* to give him Rs. 20/-. The father responds by asking

for what Gopi wants the money. There is complementarity here between Gopi's statement and his father's response, and the conversation can move to another functional phase. If the father says that he does not have money to give, it is also a complementary response. If on the other hand, the father without asking anything, says, "Gopi, you are a waster; why do you want to spend my hard-earned money on trifles?" His response is indirectly connected with the theme of Gopi's request, but directly connected with his evaluation of Gopi's behaviour in the past. A disruption is caused in the communication which is likely to diverge along emotion-laden utterances on both sides, or *it* can stop abruptly at some point.

Fill in the gaps in communi- cation

In family conversations, communication turns awry and becomes dysfunctional when the participants fail to maintain a direct connectedness. They fail to maintain connectedness when they are inclined to make evaluative statements of one another.

Feedback is necessary to straighten out ambiguities and to prevent misunderstanding that is likely to occur in conversations. If, for example, a man tells his wife that her cooking is bad, she should feel free to ask in what aspect her cooking is bad. And the husband must be able to qualify his comment concretely.

The social worker, while dealing with a family having dysfunctional communication, points out the areas where the communication process is defective and helps the members through practical suggestions how they can improve the patterns of communication. Further, as a functional communicator, the social worker demonstrates characteristics of appropriate communication. By being an effective listener, the social worker can teach the family members the importance of listening to one another.

Changing Attitudes

Changing the attitudes is a complex multiple technique involving the use of other techniques. It must be borne in mind that it is not the social worker who changes the client's attitude; the change has to be generated by the client himself, within himself, in which the social worker is the facilitator. *Facilitate change in attitude* In the case of Lalita, there was a definite change in the father's attitude of pessimism to one of hope and confidence. He believed that the family would be able to take care of her and that she would not be a useless person. As a result of this change, Lalitha was discharged from the hospital and was taken home to her village.

Illustration In another case, the mother of a crippled child resisted the social worker's attempts at getting the child treated in a hospital. The social worker had to first commence work with the mother in helping her to shed her fatalism and ignorance before she became ready to accept the social worker's suggestions for helping the child. Eventually, her attitude changed and she agreed to surgical and other medical treatment for the child. When she found her own crippled child walk after the treatment, she became an active advocate on behalf of the disabled and sick children. She also began to assist the social worker in motivating mothers of crippled children to seek treatment for their children as early as possible. Role-playing that was introduced as a technique earlier, with reference to preparing clients for future events, is also of use in bringing about changes in the thinking patterns of clients. For example, when a client shows inability to understand his wife's problem, role-playing may *Technique of role-playing is useful for changing attitudes* help him to view the world from his wife's perspective. The ability to empathise is a quality that strengthens relationships and reduces occasions for conflict. Role-playing can be used to develop empathy in clients.

An understanding of the counselling techniques will indicate that changes in the internal processes of

the client can produce change in the individual's outward behaviour, like speaking and doing. Counselling, therefore, is a tool of helping the client to change his feeling, thinking, knowing, speaking and overall behaviour. There are contexts when clients can be given assignments to change deliberately some specific aspects of their speaking or doing (action) behaviour even before their feeling and thinking are changed. Such observable changes will have a benign effect on their human environment, and consequently, on their feeling and thinking behaviours as well. In some cases of a child guidance clinic with which the author was associated, clients used to be given assignments of this type. A father who was habituated to using physical punishment and harsh words towards his children was given the assignment of refraining from harsh words and physical punishment for two weeks. The client who followed the assignment out of a sense of commitment found to his surprise, that it had a good effect not only on the children, but in the general atmosphere of the home. The good result gradually changed his attitude (that is, his feeling and thinking) concerning his children.

A very important device that can be used to reinforce other techniques is the use of the client's cultural resources, like stories from religious literature, folklore and proverbs. Stories from the *puranas* are well-known among the Hindus. Every religion in India has its own wealth of literature. There is hardly any human situation that cannot draw a parallel story *from* religious literature or folklore. Suitable stories can be used to illustrate courage, hope or any other attitude that is desirable in the particular client's context. The social worker should be familiar with the stories known to different religious groups. His/her skill lies in choosing a story that forms a part of the client's cultural heritage, besides aptly fitting the context. Similarly, proverbs drawn from the

common parlance of the client's language group can also be used.

To summarise, Chapters 6 and 7 have been devoted to a discussion of casework techniques. Casework help was seen falling into two types — material and non-material. The techniques of such helping were seen falling into three categories :

1. Supportive techniques
2. Techniques of improving or enhancing the client's resources
    (a) material resources: money, things, physical environment, etc.
    (b) non-material resources: information and knowledge
3. Techniques for changing the internal processes (feeling, thinking, attitude, perception, etc.) . They are counselling techniques.

Such a classification is not meant for any rigid application, rather it is meant for elucidation and clarification. One can identify common features running through all the three categories. Each has a significant component or components of non-material help that is not tangible, but is experiential. Therefore, it is not advisable to demarcate the techniques into water-tight compartments. Just like an artist who mixes colours, creates varying shades, and uses them for a desired effect, the social worker should blend and merge techniques in different combinations and patterns to produce a planned outcome. It may be difficult sometimes to separate the techniques conceptually, but it is necessary for professional purposes.

The list of casework techniques presented in this book is not exhaustive. It is quite likely that there are other techniques which social workers have been using, but have not found mention. That is expected with reference to a helping method which ought to

change and grow in tune with changing contexts and time.

One possible question needs to be conjectured here before this chapter is concluded. Social work students could legitimately raise the question: ''Are not these so-called techniques, at least some of them, just the means or wherewithal used by any person, not necessarily a trained social worker, to help another person? Why should they be called techniques, just because social workers are using them ?'' The answer is that they are techniques, because they have to be used consciously and deliberately in appropriate contexts with specific goals. It is likely that some of these techniques come naturally to some people; but that is irrelevant, as social workers have to cultivate them as an integral part of their professional kit. When and where a technique should be used is to be determined by an understanding of the specifics of the situation and the persons involved. Thinking and planning should precede the use of techniques, and evaluation and appraisal should follow, to ascertain why and how the techniques have been effective or ineffective.

8. The Casework Process

C asework process is the ongoing movement of the continuing development of the case involving several activities —some carried out by the social worker alone, some by the client alone and some by the worker and the client together. The process entails different steps and operations:

Social Study

Social, study is a systematic study of the client and his/her circumstances in relation to his/her problem. Information is collected and organised with regard to the following:

Problems (the initially stated problem and associated problems if any)

Age, sex, marital status, etc.

Educational qualifications

Nature of employment, income

Health conditions

Personality features

Home and neighbourhood

Family constellation

Family history (significant events, attitudes, relationships, etc.)

Studying various factors in and around the client

Not all these areas are important in every case. Nor is it possible to get all the data in one or two interviews. Material on items like personality features, attitudes, relationships, etc. can be garnered only in course of time, as the social worker becomes more familiar with the client and his/her family. With reference to cases of children, their school

history, covering their attitude to school, academic performance, behaviour and relationships in school are to be included. When the family is a joint family, information about the members of the joint family may be required.

Social Assessment

Social assessment is aimed at finding answers to three major questions: What is the problem? How has it arisen? What can be done to solve it? The operation underlying social assessment is that of making a conceptual picture of the problem, leading to a plan of action. It means linking up the contributory factors meaningfully with the help of theoretical knowledge. The theoretical concepts presented in Chapter 2 and Chapter 3 concerning problems and contributory factors will be helpful for formulating social assessments. While studying personality features, attention may be given to the functioning of the systems of the id, ego and superego of individuals under consideration. Also, *deficiencies* and defects in child-rearing patterns may be noted. It is likely that the theoretical formulations presented in this book may not be sufficient to formulate a social assessment in some cases. When that occurs, new knowledge has to be sought that it may throw light on the intriguing factors obtained in the case situation. It is equally important to note the positive features in every case situation, which may come in handy as potential resources in the helping process.

The problem What? Why? How?

Casework Help

This component of the casework process covers the helping activities undertaken by the social worker for rendering and making available various forms of help to the client. From a theoretical perspective, this component has to blend with the plan of action following social assessment. But it may not be always possible to have a perfect blending for the main reason that, assessment of social factors is an on-going

Make available help in various forms

activity and that casework help has to be started long before the assessment is complete, considering the possibility that there are gaps in the conceptual picture created by the available data. Help is made available based on a tentative *assessment,* and *as* changes occur in the assessment, alterations are brought about in the helping activities as well. Since human beings are dynamic and are likely to be in a state of flux now and then, allowance has to be made for slight variations from the accepted theoretical framework.

Clients are helped through one *or* more of the following ways:

1. Provision of general assistance in terms of emotional and concrete support

2. Provision of material things like money, articles, medicines, etc.

3. Provision of non-material resources like information and knowledge

4. Changes in the human and physical environment

5. Provision of counselling help to facilitate change in the feeling, thinking, knowing, speaking and doing (action) behaviours *of* clients and *members of* the family.

Within the activities of help the techniques are operative and *it is* important that the social *worker* uses techniques in a planned manner. (S)He should be clear in his/her mind why a technique is used in a particular situation.

Every case is a time-bound affair and has to be terminated sometime or other. The closing of a case is also a planned activity within the casework process. A *case can* be *closed for* various reasons: (1) The *Case has to* client has been helped in the way planned and does *be closed* not require further help. Many of the cases improve, *sometime* and a point is reached when the client is able to manage his/her affairs independently. (2) The client may entertain higher expectations of the agency than

what the latter can fulfil, within its legitimate limits of functioning. (3) In some cases, a positive relationship between the social worker and the client may not materialise, with the probable consequence that, the client fails *to* have any commitment for making efforts to solve his/her problem.

Requirements of professional integrity demand that no case is closed without substantial reasons. If a client is uncooperative, some efforts have to be expended by the social worker to reach out to the client, before a decision is made to terminate the case. The social worker must be able, at least, to uncover the reasons for the client's attitude of non-cooperation, even though he may not have the wherewithal to eliminate or circumvent the reasons.

Evaluation

Evaluation is the activity of ascertaining whether casework service has achieved the desired result in a case. It is the social worker's reviewing of all the other components of the casework *process* to make an appraisal of the result. Evaluation seeks to find answers to some questions: Has the client's problem been solved ? Has the client been helped in accordance with the philosophical assumptions and principles of casework ? What tools and techniques were used and why? If the client's problem *is* still unsolved, has there been any forward movement in the case situation ? If casework help has not produced any result, what are the reasons?

Appraising results against a number of factors

Evaluation is also an ongoing activity, although as a component of the casework process, it finds full scope and expression only after a period of activity. As the social worker continues to offer the service *or* services, evaluative discernment occurs to him/her at specific points of time regarding the strength, weakness or gaps in his/her social assessment and regarding the success or failure of his/her ways of helpfulness.

Visualise immediate future   A look into the near future should follow evaluation. Looking into the future serves to formulate some further plans of social work help in the casework process. As an illustration, the case of Abhay is presented in the following paragraphs.

CASEWORK PROCESS IN ABHAY'S CASE (DURATION SIX MONTHS)

Social Study

Abhay was a fifteen-year-old boy studying in the X standard in an English medium school. He was referred to the social service department of the school for problems of lying, stealing and cheating in examinations.

Family History Abhay's father, Mr. Moreshwar was a clerk in a government office. Abhay had an older brother, Subhash (17 years); a younger brother, Sunil (13 years); and a younger sister, Neela (12 years). They lived in a one-room tenement.

When Abhay was four years old, his mother underwent an operation for sterilisation, after which she suffered a mental breakdown. During her episode of illness, the children were uncared for and the household was in a state of disorganisation. Mrs. Moreshwar continued to have her spells of mental illness, the attacks occurring once in three or four months. She was also suffering from frequent attacks of asthma. All things considered, the mother's capacity for taking care of the children and managing the house was in a diminished level. Mr. Moreshwar agreed that his wife's illness had affected Abhay most. Beyond providing for the material needs, Mr. Moreshwar could do little to fulfil the children's emotional needs. Nor could he perceive himself in such a role.

Relationships Mr. Moreshwar was a strict disciplinarian, especially towards Abhay who obeyed the father's orders when he was around and ignored

them in his absence. The father did not show any warmth towards Abhay. He noted the boy's failures and faults but neglected to appreciate his efforts, and frequently compared him unfavourably with his older son, Subhash. Abhay was very scared of his father but fond of Subhash, who was more tolerant and understanding towards him.

School History Abhay's performance at studies was on the borderline in every subject. When his stealing, lying and cheating in examination came to be known, he was warned that he would be allowed to finish the tenth standard only on condition that he did not get into any further trouble. Both the principal and the class teacher were rather pessimistic about Abhay's chances for improvement. The general opinion was that he was a 'good-for-nothing' boy.

Peer Group Relationships The worker found Abhay very dependant on his classmates without whose help he would not even know the day's schedule. In group activities, like setting up a game, or settling a dispute, he was a passive onlooker, disinclined to participate actively. On the other hand, in a simple game like a ball game, he was overly aggressive; while chasing a ball he would push his fellow players. Occasionally he was seen throwing stones at others.

Among Abhay's classmates, there were some whose parents were rich and in comparison to them he felt uncomfortable about his father's lower middle class status. On the whole, he had a poor opinion of himself and he lacked self-confidence.

Social Assessment

It is obvious that the case is one of behaviour problem. The major factor that indirectly affected Abhay's personality development was his mother's illness when he was four years old. The illness affected adversely the mother's performance of her roles as mother, housewife and wife. The material and emotional deprivation that Abhay went through at

that time is a significant matter. He had suffered
from feelings of rejection to which can be attributed
his poor self-image. His current environment (father
at home, teachers in school, the low economic status
of the family, etc.) was not very helpful either,
in meeting his emotional needs. His teacher's
disparaging comments, his father's critical attitude
and lack of encouragement, his discomfort about the
family's low economic status were all factors that
reinforced his low self-esteem.

Though the mother's illness was a distressful event,
it did not seem to have caused any kind of deep
damage on Abhay's personality. His behaviour problem
was of a short duration. Subhash's positive attitude
towards Abhay had been a cushioning feature, one
which worked to definite advantage.

Plan of Action Abhay's emotional needs had
remained unmet for a long time, and to remedy
this, he needed a warm and close relationship with
an adult who was genuinely interested in him, and
for whom, Abhay could develop a liking. So the
social worker's first step would be to establish a
rapport with Abhay and to use it as a medium through
which Abhay could experience being loved, accepted
and recognised as an individual worthy of attention,
and feel supported in his life's experiences. This
relationship would also serve as a channel for improving
his self-image. The relationship between Subhash and
Abhay would be strengthened so that it would become
a supportive force for Abhay in the family.

Casework Help

The social worker, Mr. T, set about to establish
a warm relationship with Abhay; but it was not
easy. Mr. T did not know Marathi, Abhay's mother
tongue, and Abhay was not fluent in English. It
was not surprising that the client avoided the social
worker for some days. But through all these, Mr.
T persistently showed his acceptance of the boy as

a person and conveyed a message of genuine interest in his welfare. Gradually, Abhay began to relax in the social work department and began to talk more freely. Abhay was allowed certain choices, like deciding the time when he and Mr. T should meet. Abhay suggested that he would come early before the school session, so that he might have a "lot of time to talk". Mr. T agreed to this and in all his contacts, he indicated that he had confidence in Abhay's ability to change for the better.

Mr. T made home visits with the purpose of obtaining information regarding Abhay's development and to discover the family members' attitude towards Abhay and his problem (reference has been made to these observations in the social study). Another purpose of his home visits was to mobilise support of the family members for Abhay. Abhay's teachers were also approached so that, they might change their pessimistic attitude towards Abhay.

Mr. T could not talk with Mrs. Moreshwar because he could not speak to her in Marathi, which was the only language she could speak. Mr. Moreshwer was also contacted a few times but he showed very little ability to change. He was so full of self-pity regarding his problems that he needed professional counselling himself. Subhash, on the other hand, seemed to be a much better prospect for help from within the family. He showed a broader understanding of the connection between the family situation and Abhay's difficulties. He showed willingness to spend time with Abhay and playing and going to places together.

Abhay met Mr. T regularly twice a week. The social worker supported Abhay's efforts to become more independent, and encouraged him to think about his future and set realistic goals. When small changes were observed in his behaviour, these were appreciated and discussed with him in order to help him gain

insight and also to establish confidence about his ability to change. This too helped, of course, to build a more positive *self-image*. Abhay assured Mr. T that "he was not doing those bad things any more". After the first incident of cheating, there were no further incidents. Abhay seemed confident that if he decided to do something he could do it. He stated that he decided to learn T.V. repair and refrigeration mechanics through courses during the summer holidays. He expressed that studying a number of such courses would be very useful in getting a job in one of the Gulf countries in the Middle East where he could make good money (and also get away from his family). This seemed a far cry from the insecure Abhay who could not see beyond the menace *of* school examination. Abhay continued to see the social worker till the examination after which the case was closed.

Evaluation

There was a definite improvement; changes were visible; and there were no further complaints from the school. Abhay appeared for the SSC examination at the end of the year.

There was no remarkable change in the environment; Mr. Moreshwar's attitude towards Abhay did not register much change. Nor did the teachers change. But there was sufficient change in Abhay in his outlook on life and in his self-esteem, and this would sustain his efforts for adequate role performance. His brother, Subhash's involvement was very beneficial to the case situation and it was expected that it would continue. Counselling techniques, as evidenced in this case, proved useful. The case ends.

In the discussion of the casework process an important matter was rather taken for granted, namely, the necessity of writing down all that goes into casework — a task that is imperative as far as the social worker is concerned. The presentation

of the casework process in Abhay's case was possible because Abhay's case record was there and available, in which the social worker had written down everything that went into the casework process.

THE CASEWORK RECORD

Every social work agency stores printed or cyclostyled copies of a proforma that is standardised with reference to some of the aspects of the agency. It is called the 'intake sheet'. The intake sheet indicates important areas or items about which information has to be collected by the social worker. These areas generally include the client's address, demographic data, reasons for referral, family background and the like. Intake sheets of some agencies may have space allotted for entering the family constellation, that is, the names and other particulars of all the family members and each member's role relationship with the client (father, mother, sibling, etc.)

writing in 'work diary'

Besides supplying the information required under the specific heads *or* areas indicated in the intake sheet, the social *worker records* many other things as the case progresses. His/her work diary is meant for jottings on events as they happen. The jottings cover names, addresses, dates, notes on interviews, points of importance gleaned from conversations with people other than clients — collaterals and resource persons, observations, inferences and elements of the casework process. The word 'interview' is used here to indicate to the social worker's conversation with the client and members of his immediate family. Collaterals are those, who, because of their special association with the client, are in a position to furnish information to the social worker about the client or help the client in some way. The doctor who is treating the client, and the teacher of the school-going client, are some examples of collaterals. Likewise, there can be other collaterals. The collateral

connection is between the social worker and the doctor, or between the social worker and the teacher with reference to the client, because both the social worker and the doctor, or, the social worker and the teacher have interactions with the client in a professional relationship. Resource persons are those who, on account of their special position in the community, are able to help the client by means of material or non-material resources. From the data which are in a jumble in the work diary, the social worker organises systematically the content of the formal case record, which is a formal or official record maintained at the agency.

Purposes of case record main- tenance

The casework record serves some important purposes. It is humanly not possible to retain in mind all the information related to a client. Writing becomes necessary for formulating the social assessment and plans of action in each and every case. Putting down the events and related aspects in black and white helps the social worker in evaluating his/her own work. So the practice of recording regularly the features of the case along with the helping activities, facilitates the casework process. Casework records are necessary from administrative considerations as well. They provide the data necessary for reviewing periodically the work of the agency, from perspectives of quality and quantity of service. From the content of the case records the administrator is able to find out how, where, and in what, the social worker's professional time is spent; and this kind of reviewing is necessary to assess the effectiveness of the work of the agency.

Records most useful in education and research

Furthermore, case records with adequate substantive content become valuable resources for research in social work. The research aspect is very important with regard to the growth of a profession. Very little research has been done on the various aspects of casework practice in India, and a major reason

is that records are often *incomplete and of poor* quality, lacking *in* substantive content. Besides the usefulness of casework records for casework practice, administration and research, they fulfil an additional purpose in the training of social work students. It is important to remember that social work as a profession originated in the field of practice, and case records maintained by agencies, despite their inadequacies, have been a tool of teaching in social work education:

Recording is done regularly as the case moves, and based *on* this chronologically linked material, summaries may be prepared periodically, say, at the end of three or six months. Each day's record contains the narration of facts and events, together with aspects of the process involved. For a beginner, particularly, the reporting of the process is important. Many ingredients are put together to create a process record. The ingredients are as follows:

Ingredients of process record

Interview with clients, communication with collaterals and others, events as they occur and their significance, personality features, physical environment, noticeable aspects of non-verbal communication and those elements of the casework process which are not covered by the above-mentioned factors and which emerge as casework proceeds.

Regarding interviews, verbatim presentation or a summarised version in the reported form can be written. For a beginner, verbatim presentation of interviews will be useful in analysing the content of the responses (both the emotional and factual content), of the interviewee, the client, and of oneself, the interviewer.

In this context, a question concerning the criteria on which the quality of a case record may be assessed is pertinent. What are the characteristics which contribute towards making a case record a

professionally worthwhile document? What a social worker enunciated about the attributes of a case record, more than fifty years ago, is still relevant. *Qualities of* She states in her book that a good case record is *a good case* readable and visible, has clarity, accuracy and *record* objectivity and also a certain degree of uniformity *of* standardization (Bristol, 1936).

These qualities need further elaboration.

1. **A Case Record should be Readable and Visible**

Readability means that the record is written in such a manner that the reader finds it easy and comfortable to read the record. Ideas are arranged in a smooth flow of sentences and words. Visibility means that certain things can be easily singled out from the record. For improving visibility, the content can be organised under appropriate topical headings, and dates indicated against events. For example, interviews (with dates), home visits (with dates) and contacts with collaterals and others are all different topical headings. When letters and copies of letters, medical reports and such other documents are filed with the case record in appropriate places, the effect is better visibility. In a way, readability and visibility go together. Factors which add to visibility make it more easily readable. Furthermore, it is important that the intake sheet is complete and has only such gaps that are to be filled later than the point of time when the recording is done.

2. **The Case Record should have Clarity, Accuracy and Objectivity**

Clarity means avoiding ambiguity or vagueness that makes the reader confused with regard to the meaning. Accuracy refers to precision, and being precise in one's statement is a good way of preventing ambiguity. For instance, clarity will be enhanced if the social worker mentions the approximate age of the client instead of saying, "She is middle-aged". The

statement that the client has four children of school going age can be meaningfully qualified and made clearer by indicating the ages of the children. Expressions like ''waited for a long time'', ''returned after many days'', are ambiguous and should be substituted by specific time period. The numerical notation can be used wherever it is relevant, for the sake of clarity. While using words that are likely to be misinterpreted by the reader, care should be taken to point out what the writer means exactly. It goes without saying that for ensuring clarity of expression in recording, the social worker must train himself/herself in the careful use of words and language and in the procedure of obtaining precise information. Getting it with tact and discretion without causing offence to the informant is a crucial quality which a social worker should develop.

Objectivity means that the statements are not coloured by the writer's personal feelings, bias or prejudices. For maintaining a moderate or high level of objectivity in recordings, the following guidelines could be found useful :

1. Separate descriptions of events and situations from interpretations, inferences and evaluations. For example, while describing the bad behaviour or the good behaviour of a client, avoid interspersing evaluative comments. Such comments can come later.

2. Indicate the sources of information against the contexts. It is not possible to verify the truth of every piece of information. However, with the knowledge of the source of information, the social worker is able to do the needful in those situations where additional information is required or where the reliability of some information needs to be tested.

3. Inferences and evaluations must be substantiated by facts. For example, the social worker writes, "The client is in the habit of telling lies". Such

a statement is expected to emerge as an inference from the context of the preceding communication or description of events. If the premises for substantiation do not appear earlier, they should come later for the purpose of establishing the truth of the statement that the client is in the habit of telling lies.

Learn to use words like "seem", "appear", ''perhaps" or such expressions of probability in one's references, when one cannot vouchsafe for absolute certainty in the matter.

4. Do not allow one's feelings to affect one's judgment.

With reference to the discussion of casework principles and techniques, the concept of self-awareness was mentioned as well as the need for the social worker to develop a degree of detachment. Self-awareness and detachment will enable the social worker to develop the capacity for clear perception and attitude of objectivity.

3. A Certain Level of Uniformity of Standardisation is Desirable in Case Records As between Agencies.

Standardisation and uniformity refers to the recognition by all agencies that offer casework as one of their services, that certain items of information and details of casework are important and that they should be included in the case records. Agencies operate for different objectives and as a result, variations are to be expected in the pattern of case records. Making provision for variations does not rule out the possibility of maintaining a format of uniformity relating to some points of reference. The intake sheets of social work agencies have blanks for entries relating to the client's problem, family profile, and social assessment. The intake sheet is generally filled in the initial phase of casework. As the case progresses, the social worker writes on blank sheets all that

happens, chronologically. This narrative *is* often a hotchpotch of elements of social assessment, observations, interviews, evaluation and home visits. It is worthwhile to prepare periodical summaries with the different aspects of the casework process separated, and presented methodically. Such an exercise, besides being an aid to systematic and competent performance, contributes towards the social worker's learning as well. It is advisable to have as annexures to the intake sheet, casework summary sheets with the different aspects *of* the *process* spelt out separately. Uniformity in format contributes towards better and easier communication between agencies which offer casework service. Where such uniformity in standardisation is available, the contents of case records lend themselves as valuable secondary data for research — the type of research which depends *on* more than one agency for data.

There is certainly a close connection between the quality of a case record and the quality of the social worker's performance. Material that goes to fill a case record has to flow from the doing part of casework. Undoubtedly, a worthwhile record can evolve only out of competent professional practice. Nevertheless, there are social workers who *are* good performers but bad writers, in the sense, that owing to a lack of facility of expression in the language of their writing or for other reasons, they are unable to produce meaningful case records despite their good performance. This phenomenon is frequently found among social workers in India who converse with their clients in one or the other of the many Indian languages and write their case records in English.

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9. Some Theoretical Systems Used in Casework

The place of theory in casework is not something which can be indifferently passed over as an insignificant matter and neither can it be over-emphasized. Theories form the supportive structure, providing a sense of intellectual and emotional security to the professional practitioners besides giving them direction and ability to predict outcomes. The essence embodied in theories is not just knowledge for the sake of knowledge, but knowledge that enriches and empowers practice. Furthermore, it is important to remember that theories are to be applied to different situations, thus lending themselves as matter to be tested, or improved upon by other theoreticians or practitioners. In the third chapter of this book, two theoretical systems that have influenced casework in India were briefly discussed. There have been other theoretical approaches, some of which will be presented in this chapter.

Casework draws from many theoretical systems

EXISTENTIAL CASEWORK

Existentialism as an intellectual movement originated in France and started influencing art, literature, philosophy and theology. Social workers in the West who were drawn to existentialism began applying the philosophy to casework. One of the outcomes was the emergence of useful literature related to theory and practice. The major ideas of existential casework are the following:

1. A human being is not just an existing entity;

Major ideas of existential casework

he is also capable of being aware of his existence, and of imputing meaning to his existence.

2. External forces can be vicious and menacing; but the assumption that human beings inevitably become helpless victims to these inimical forces is not acceptable. There is within every person, potentialities for transcending external circumstances. From this point of view, men and women are creators of their personalities, though they are partly creatures of their circumstances as well.

3. Every person is a being, in the process of becoming, indicating that there are static and dynamic aspects to his/her existence. Understanding a person implies that the one who is in the process of understanding, experiences through his/her observation, imagination and thinking, the static and dynamic aspects of the other person, in his here-and-now living. Understanding is both an intellectual and emotional process, whereas explanation is an intellectual process, without any emotional under-pinning.

4. Freedom is not license to do everything that one wants to do, but it is a right that has to be used consciously and responsibly. For many people, the idea of responsibility is missing from their conception of freedom as a right, with the result that, they create problems of social functioning.

Additional ideas, of May

Rollo May developed some useful ideas with reference to existentialism. A few of the ideas evolved on the basis of May's psychological theories are introduced here for their relevance to existential casework. (May, 1977).

1. To exist means three things: (a) to be aware of being alive in the world; (b) to allow oneself to be consciously influenced constructively by the environment (c) to shape oneself and influence one's environment through one's creative forces.

2. Instinctual forces are constantly striving to govern a person's behaviour. Likewise, the social

system to which (s)he belongs demands that (s)he comply with its values and norms. (S)He is torn between the two pressures. It is his/her will which enables him/her to use freedom in order that (s)he may not be overpowered by his/her instincts or the social system.

3. The concept of the will is very important. It is through the exercise of the will that a person is able to take responsibility for his/her choices, actions, limitations and misdeeds.

Goals of existential casework

Casework help in existential casework is geared to the following goals (Krill, 1969) :

1. Helping the Process of Disillusionment

A person who has distorted *perceptions of* himself/herself has to go through a process of disillusionment about the self in relation to the problem and others. Wrong assumptions about the self and others have to be dislodged and in their place, correct ideas established. Even when the objective fact is established that the client's problem is mainly because of his/her doings, the client is most likely to deny this and may blame others or the *environment.* (S)He can see himself /herself only as a person to whom the problem has happened and not one who is responsible for the creation of the problem. Disillusionment here means knowing how the problem has been caused through one's deeds of commission and omission. Knowing the self is an uncomfortable process and, therefore, the social worker's involvement through application of emotional support and other counselling techniques is necessary.

2. Confronting the Client with the Freedom to Act Appropriately and Responsibly

The client is encouraged to use his/her will to rise above his/her instinctual forces in situations where (s)he has been a slave to the instinctual demands. This could have been a process of repetitive submission

that has adversely affected his/her social functioning. The alcoholic, for example, is using his freedom inappropriately, causing harm to himself and others. In the casework process of helping, the alcoholic has to he initiated into a new way of using freedom, that is, using freedom to refuse alcohol. It would mean accepting anxiety and tension as facts of existence, and deciding to handle such facts *of* life through thinking and acting responsibly instead of seeking a temporary escape through alcohol.

3. **Helping the Client to make a Commitment to the Task of Changing Old Habits**

With some knowledge of the self as it actually is, unfettered by distorted images, the next step for the client is to use his/her will to make a *decision* to change the unhelpful behaviour. Changing one's behaviour, like any other achievement, needs step by step onward movement in the form of new thinking and doing. As a distant goal, not achievable in a day or two, it requires patient plodding day by day, for which a commitment — both mental and emotional — is necessary. The social worker provides help by suggesting assignments for the *client* and motivating him/her to carry out the assignments.

In existential social work, the word 'dialogue' is used to refer to the social worker-client interviews, indicating a relationship of equals. The social worker has to be fully involved in the relationship with an open readiness to share his/her own experiences with the client. The helper's commitment is to help the client to release his/her potential for effective social functioning.

The preceding pages have outlined the fact that existential philosophy lays emphasis on the client's creative *self,* his/her latent potential for growth, for transcending adverse circumstances and for curbing the natural tendencies in situations where unregulated

satisfaction of these tendencies is harmful. That the client is responsible for his/her life is stressed. **Application of** existentialism is suitable to clients prone to **defective** thinking, those with behaviour disorders and those whose personality features need modification.

REALITY THERAPY

The term 'reality therapy' was coined by William Glasser (1965) around the useful ideas he developed in helping people with problems of social functioning. The ideas presented in the following paragraphs are drawn from Glasser's book with the same title.

> There are three core ideas, labelled as the three R's of reality therapy — reality, responsibility and right and wrong. An action is realistic or unrealistic depending upon its consequences, both immediate and remote (Mowrer, O.H. 1965). The immediate result of an action may be pleasant. If the pleasure or satisfaction coming out of it is surpassed by the harm or pain that follows as the ultimate outcome, then it is unrealistic. The reality of an action, therefore, is determined through a comparison of results, immediate and remote. For example, take the case of a man indulging in an extra-marital affair. He finds the experience enjoyable. But the affair is bound to disturb his family relationships and hurt his wife and children. From this perspective an extra-marital affair is unrealistic.

Three R's help in evaluating one's own behaviour

Responsibility is the ability to fulfil one's needs in such a way that others are not deprived of the means of fulfilling their needs. All anti-social acts are thus irresponsible doings. The concept of right and wrong refers to values that are more or less accepted by the society as ethical and moral tenets. The ideas embodied in the three R's constitute a relevant conceptual framework, based on which an

individual can evaluate his behaviour. Referring again to the situation of extra-marital affair mentioned illustratively earlier, the man's behaviour is unrealistic, irresponsible and morally wrong. But the social worker does not pass any incrirninatory judgement on the man if he is a client, but helps him towards self-evaluation. The helping process obviously has educative elements through which the client imbibes values, a sense of responsibility and the capacity to judge actions, to ascertain whether they are realistic. The teaching occurs unobtrusively through the operation of counselling techniques.

The social worker's relationship is geared to helping the client to fulfil his/her needs in a responsible way and to give up his/her unrealistic behaviour. Clients who indulge in anti-social activities are challenged gently to acknowledge their own values and are helped to live up to them. If in their outlook on life, values are absent, they are helped to build values. During interviews, the social worker does not hesitate to discuss his/her own values and their relevance. Techniques of confrontation, use of guilt feelings and limit setting are used specially in dealing with people with behaviour problems, delinquents and the like. Limits are set as a requirement for discipline. Discipline is interpreted to mean training for self-control, character, orderliness and efficiency. Discipline demands that for going beyond the set limits of behaviour, there *is* a price to pay. The paying of the price becomes punishment when the person in authority extracts the price with a display of his/her authority or power, and feelings of satisfaction for having hurt the transgressor. A social worker may wield discipline but not punishment. Necessarily, therefore, a clear message has to be conveyed to the client that it is discipline that is aimed at and not punishment. Clients who perceive discipline in this light will be more amenable to the idea of paying a price as a matter of discipline,

Building cheat's values positively

Enforcing and enabling discipline is not Punishing

for disregarding the limits of behaviour than to the idea of undergoing a punishment for breaking rules set by persons in authority.

Reluctant clients have to be forced to meet the social worker

Unfavourable features of the client's past are underplayed. Stress is laid on the present, on the client's potential and responsibility for behaving appropriately in the current situations. Clients who are reluctant to accept casework help may have to be compelled in the initial stage to continue meeting the social worker. In the course of the development of a positive relationship, the client will perceive the social worker's initial gestures of friendship as a manifestation of his/her interest and concern. Initial compulsion is necessary for some mentally ill patients and residents of correctional and non-correctional institutions. Forceful direction may be necessary, in the case of depressed persons to enable them to hold their lives intact, who would otherwise drift into apathy, inactivity and a world of their own far removed from the world of reality.

In reality therapy social worker sets example

To be effective in the application of reality therapy in casework, the social worker must be a person who practices the three R's of reality therapy in his/her own personal life. Besides being able to fulfil his/her own needs responsibly, (s)he must be willing to discuss some of his/her needs and values with the client. Furthermore, (s)he must be prepared to discuss any aspect of the client's life and to talk about the possibilities beyond his/her present difficulties and thus, broaden his/her outlook on life. The social worker's involvement in the client must be substantial in terms of his/her concern for, and interest in the client, and his/her commitment to the helping activities. At no point of time should the social worker give in to the client's unacceptable behaviour or manipulation; nor should (s)he give up any client as being beyond help.

Reality therapy provides additional ideas to the social worker for the practice of casework. Techniques like

confrontation, are sharpened and the concept of relationship and involvement are enriched by the added dimensions. The clientele likely to be benefited by reality therapy includes people with behaviour problems, delinquents and trouble-making residents of correctional and non-correctional institutions.

Both, existential philosophy and reality therapy consider certain themes important — responsibility, rights and duties associated with personal freedom, the importance of values, etc. Using psycho-analytical terms, one may say that helping involves awakening the super ego if it is weak. In the Indian context, it is possible to relate the philosophy of *dharma* to the theories of existentialism and reality therapy. *Dharma* pertains to one's duty or responsibility. As a composite theory embodying within itself self-control, resoluteness of character, endurance in the face of difficulties and frustrations, the philosophy makes one's role tasks more amenable and less burdensome. There will be situations when the social worker can appeal to the client's sense of *dharma* to give up ineffective and troublesome ways of living for more adaptive ways.

THE COGNITIVE THERAPY

Cognitive therapy is a school of thought with its major theme centred around the concept of thinking. An individual's thinking is shaped by his/her society and the immediate environment and thinking determines behaviour. Through thinking, (s)he sets short term, and long term goals in life; life is visualised as a movement towards the goals. Emotions are said to proceed from his/her thinking. If his/her social functioning is defective, it will mean that his/her thinking is faulty and, therefore, to change behaviour, the mode of thinking has to change. Like existentialism and reality therapy, cognitive therapy lays stress on the idea that human beings have latent creative resources which are available for use in effecting

What is congnitive therapy

changes in goals and behaviour. Cognitive therapy rejects some of the psycho-analytical ideas like the concept of the unconscious and of the life energies, postulated to be inherent in aggression and the sex instinct.

Albert Ellis, a psychotherapist, has developed an easily comprehensible system of cognitive therapy under the label 'rational emotive therapy'. According to Ellis, some ideas are irrational which are held as rational by people who are thus affected unfavourably by these ideas. Some of these irrational ideas are:

Irrational ideas

1. It is necessary for an individual to be loved and approved by all in all situations.

2. It is "horrible" or "terrible" when things do not go according to one's plan.

3. Feelings are caused by external forces and one has no control over them.

4. One should be thoroughly intelligent, competent and achieving.

5. What affects one's life adversely once, is going to do so *for* the rest *of* one's life.

6. One should have perfect control over one's life situations.

7. The world should provide good conditions of living for human beings.

8. As far as possible, one must get immediate pleasure in day-to-day living.

9. It is a great tragedy if one cannot achieve one's goals.

Corresponding rational ideas

As against these nine irrational ideas there are corresponding rational ideas. They are:

1. It is not humanly possible to be loved and approved by all *in* every situation.

2. Nothing is ''horrible'' or ''terrible''; things may be rather inconvenient or bothersome. When things

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* Ellis's ideas presented here are based on a course of lectures he delivered in Bombay in July 1980. His therapy is mainly aimed at changing the thinking patterns of the clients. (See bibliography for his books).

do not happen according to plan, one can still put up with things as they are.

3. Feelings are caused by one's thinking and hence, controllable.

4. One cannot be thoroughly competent, intelligent or achieving. One should accept oneself with the strengths and limitations, and use one's potential to develop competence in the tasks of life.

5. The impact of an event cannot be everlasting. The impact of bad events can be transformed by using the situation as a learning experience.

6. One cannot have perfect control of all situations, but one can control one's reactions to situations.

7. The world does not owe anything to anybody. One has to take the responsibility for creating one's happiness.

8. One has to work *long for* many things in life before one can hope for positive results.

9. It hurts if one does not achieve one's goals, but it is not a tragedy. The feeling of hurt can be changed through thinking.

In the helping process, the therapist (or the social worker following the modality of rational therapy) uses modelling to convey to the client, continuously, *Emphasising* the message of rationality *in* thinking and speaking. *benefits of* (S)He helps the client to be as rational as possible *adopting* *rational* in his/her behaviour and to accept the irrationalities *behaviour* that (s)he sees around and is unable to change. The client is encouraged to develop a philosophy of living centred around the concepts of rationality, and to include in the philosophy, the value of working for the good of others while making efforts to achieve comfort and happiness for oneself. Clients are trained to use words judiciously so that, unfavourable events may not provoke intense feelings. The theoretical postulate behind the judicious use of language is that, by describing events with the use *of* words that symbolise a moderate degree or level of feelings, instead of words that indicate vehemence, one can

avoid the damaging effect of strong feelings. Though the expression of feelings is facilitated in the interviews, clients are trained not to lean heavily on feelings. Feelings are to be perceived as derivatives of thinking. Thus, by viewing unpleasant events and situations in a balanced way without mentally exaggerating their significance, one is able to control one's feelings instead of being controlled by them.

BEHAVIOURAL MODIFICATION THEORY*

The basic theme in this approach is that behavioural problems are mainly the result of previous learning and that some problems are caused by contemporary events and some by physiological factors. Dealing with the physiological factors does not lie within the professional purview of social workers. The first two sets of factors — previous learning, and contemporary events are relevant. The types of learning leading to problematic behaviour are:

Classical Conditioning

Conditional and unconditional stimulus —response

Certain conditions elicit specific responses from living organisms. The dog-and-the-food situation is often used for illustration. When food is placed in front of a dog, the dog salivates. If the food appears every time with the accompaniment of the ring of a bell, after a considerable number of experiences of the food and the ring occurring together, the dog will salivate at the ring of the bell even in the absence of food. The ring of the bell is the conditional stimulus here, associated with the unconditional stimulus, food. Similarly, certain types of reactions occur *in* people as the result of conditional stimuli that are associated originally in some way or other, with unconditional stimuli. For example, there are people who are afraid of some harmless *things* because *in* their *minds these things are* connected with factors that evoke fear in reality.

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* This sub-section is based on concepts discussed in Hardiker, Jehu, et al., *Behavioural Modification in Social Work,* Wiley Intersciences, 1972

Instrumental Conditioning

The central idea here is that, what a person does in a particular situation brings consequences, which subsequently, set a pattern for his/her behaviour. The consequence is perceived by the person as a reward for which (s)he repeats the behaviour. As an illustration, take the case of a child who throws a temper tantrum initially out of frustration when the mother refuses to give him/her what (s)he wants. The tantrums irritate the mother who tries to stop it by giving in to the child's whims. If the situation is repeated a few times in the same manner—the child wants something, and the mother refuses to give it; the child throws a temper tantrum and then the mother gives what the child wants — the temper tantrum becomes habitual in the child. What the mother adopts as a short-cut device to stop the scene of temper tantrum is perceived by the child as being a consequence of his/her tantrum, which (s)he uses again and again to get what (s)he wants. There is a process of reward-learning on the part of the child as a result of inadvertent reward-training on the part of the mother.

Whereby unintended pattern of behaviour gets reinforced

Again, take the illustration of a man who tries alcohol for the first time. Alcohol gives him pleasurable sensations — a little relaxation and elation. Subsequently, the man takes alcohol just for the associated pleasure and it is likely that he may get habituated to drinking and later become an alcohelie. as more and more alcohol will be required to produce the desirable sensations as days pass.

Observational Learning

Children copy behaviour of adults

In this type of learning, the learner is the observer for whom there is a model to copy from — a model who has status, power or wealth. Some aspects of the model's behaviour are likely to be imitated by the observer who wishes to be like the model. Children often learn verbal and physical aggression through

their observation of key adults who figure in their lives.

Contemporary Events

Contemporary events, most of which relate to environmental facts, can cause problematic behaviour. For example, stressful situations can give rise to anxiety, anger, panic or similar feelings, and driven by these feelings some persons behave in unacceptable ways.

How to bring about behaviour modification

The direct ways of helping clients would involve weakening the process of learning problematic behaviour and strengthening the process of learning desirable behaviour. It is important to identify the stimuli that produce or reinforce undesirable behaviour and then to remove these stimuli. Factors that act as stimuli for reinforcing desirable behaviour should be strengthened. Incentives may be used to motivate clients to develop acceptable forms of behaviour. In order to facilitate observational learning, the social worker or therapist must serve as good models in his/her dealings with the client. With reference to contemporary events, the action needed is in modification of environmental factors in order that their damaging effect on clients may be eliminated or removed. There are social workers who apply behavioural modification techniques in simpler forms in some of their case situations. The techniques have been found effective with reference to clients suffering from abnormal fears like fear of school, and some cases of behavioural problems in children.

THE ECLECTIC APPROACH

No one theory to explain all behaviour

There are various theoretical systems that present postulates and techniques applicable to social casework. Some of these systems have been briefly discussed in the preceding pages to point out that useful knowledge is at hand for those social workers who are desirous of expanding the horizons of their

knowledge. There is no theoretical system that explains fully and conclusively human behaviour in its manifold variations. Nor is there any system that provides a method for handling every problem of social functioning. Therefore, it is necessary to develop an eclectic approach, an approach that is characterised by a solid knowledge of many systems of theories-and a skill for selecting useful concepts and techniques with reference to clients.

Purposeful application of relevant systems of thought to understand and modify behaviour

Eclecticism does not mean that the social worker chooses casually a methodology of explanation, or is helping himself/herself to a large basket of theoretical systems, like the way one chooses from a cafeteria, items of food according to one's special taste and inclination. Eclecticism, on the other hand, means choosing a methodology purposefully with explainable reasons and with a certain degree of conviction about its efficacy, with reference to a particular client, or clients. Every school of thought, has its own strengths and drawbacks. The social worker's skill will be that of taking advantage of the strengths without ignoring the drawbacks *in* relation to clients (Fischer, 1976).

Cognitive theory, reality therapy and rational emotive therapy have some things in common related to thinking and they are useful to clients whose faculty of thinking can be activated. Those clients who hold some form of religious philosophy or other may be benefited by an application of the existential theory. By knowing the theories well and understanding the clients adequately, it is possible to use theories appropriately and effectively.

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10. The Social Worker

The content of the preceding chapters was meant to give an understanding of social casework as a professional discipline, the knowledge content underpinning practice and its different components. A student of social work learns from the school of social work, all this and much more — from the field of practice, from books and from his/her own experience. Professional education in a school of social work facilitates the internalisation of appropriate attitudes, knowledge and techniques. But the process of education monitored by the self continues even after the social work graduate leaves the professional school. It is a process by means of which professional growth and development takes place steadily. The growth includes periodical professional renewal, which is a renewal of professional ethos involving expansion of knowledge, sharpening of old techniques, acquiring new techniques and a revitalization of one's commitment.

Professional education is only the beginning

Certain personality characteristics are particularly suitable for the social worker* — characteristics which ensure learning and continuance of learning and growth. There has been some discussion in the previous chapter regarding what a social worker should be, as a person, for the practice of social casework. The contexts then were with reference to some theoretical formulations. For instance, while discussing the theoretical system of reality therapy, it was stated that the social worker should be one who conforms

Qualities and sensibilities have to be cultivated through effort

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* Many of these characteristics have relevance to all social workers. But here, the discussion is particularly intended for the social worker who works with individuals and applies the method of social casework.

to the three R's of reality therapy in his/her life. Contextually, it is worthwhile here in this chapter, to link together all those qualities, that are essential for the social worker. These qualities constitute the inner resources which the individual brings and invests in the tasks of professional learning. Every one may not possess all these qualities but they can be acquired by those who are driven by a desire to enhance their own personality.

The formulations on personality development which appear in the third chapter can be aptly used to delineate a conceptual sketch of the desirable qualities *Some basics* of the social worker. The social worker should be *for the* an adult whose childhood was not marked by severe *worker* deprivation of needs. A person whose physical and emotional needs were fulfilled while growing up is not likely to have unresolved mental conflicts, and therefore, (s)he is not likely to use the clients unconsciously for meeting his/her own needs. It does not, however, follow that persons who had suffered in childhood from the ill effects of poverty, loss of parents and other adversities are not fit for social work. Not all children who undergo hardship and deprivations develop warped personalities. There is a possibility that many of these children may have compensatory factors that reduce the impact of unfavourable circumstances and help them to integrate the negative features into their personalities. Such integration may engender in some, better social functioning, better than the average level in some aspects. For example, there are persons, who, having undergone unhappy experiences themselves, have developed remarkable sensitivity to people in trouble. What, therefore, emerges as an important matter *Capable* is not the circumstances *per se* but the coping *coping* behaviour of the individual A well-integrated *behaviour is* *vital* personality is desirable for the social worker, and it means that the id, ego, superego systems operate in a balanced, congruent manner. The superego is

well-developed and the id operates within socially defined limits. Considerable *ego* strength is expected in the social worker. That means, there are good levels of impulse control and frustration tolerance and ability to postpone gratification for the sake of distant goals.

Effective ego

The social worker deals with people in trouble, and hence, the ego function of tension management is often called for. The ability for constructive thinking and action are necessary for tension management. The function of object relations *also has to* be continually in operation. Though the social worker -client relationship which has been discussed earlier is very important in casework, it is not the only relationship with which the social worker is concerned. There are many other professional relationships involving the social worker, like the relationships with fellow professionals,' other professionals, non- professional employees and members of governing bodies. The ability to form and maintain working relationships at different levels and with varying degrees of involvement, is innate in some people, but others have to acquire it.

Amicably getting along with colleagues

Objectivity

Critical and objective thinking is important particularly with reference to assessment of people and situations. In situations where one is involved emotionally, one is inclined to submerge objective facts under one's feelings. Social workers are expected to be objective and an aspect of objectivity is the ability to separate feelings from facts.

The avenue of learning in some people is so constricted that they are able to learn only from their own experiences, (in order to be able to learn from the experiences of others, a vigorously active imagination is necessary, which is a requirement for social workers.) Learning through biographies of *persons can also* be rewarding.

It has been said before that the social worker is to be emotionally involved to the level that promotes understanding of the client but not to the extent that it obstructs objective thinking. There are occasions when the social worker faces hostility, anger or sarcasm from the client which are likely to provoke unpleasant feelings in the worker. A hostile or angry outburst is something which the social worker should avoid. Such automatic responses initiated by the worker's own anger or irritations are likely to damage the relationship. It does not, however, mean that social workers should not have feelings. Social workers should be full-blooded human beings capable of experiencing feelings, and under no circumstances should feelings be denied. But expression of feelings should be consciously directed into such verbal and non-verbal communication that acts as a corrective, and not as fuel to a flaming situation.

What is appropriate involvement with the client

It is awareness of feelings that serves as an inner signal on the dividing line between arousal of feelings and their expression. Awareness of feelings is one aspect of self-awareness and the ability and practice of self-awareness is desirable for social workers. Self-awareness is something that can be developed by the self by training the mind to look inward. Once initiated and consistently used, self-awareness will grow steadily, enriching the personality. Self-awareness is a component of the reality testing function of the ego. Reality testing entails knowing outer reality and inner reality, the former pertaining to the environment and the latter to aspects of the personality itself, including the strengths and weaknesses.

Self awareness is a key requirement

The mental activities indicated by the terms 'self-awareness', 'self-acceptance' and 'self-esteem' are interdependent, as they influence and are influenced by one another. All these three exercises are important in the shaping of the social worker. Self-awareness presupposes self-acceptance which

In combination with self-acceptance and self-esteem

generates self-esteem. Knowledge of one's own strengths builds up self-esteem and self-esteem is necessary for the social worker for building up confidence and hope with regard to the tasks of helping. Similarly, a feeling of inner security and confidence drawn from one's sense of being comfortable with oneself, is a requisite for the mental activity of facing the negative features of one's personality and work. Knowing one's aberrations helps the social worker to evaluate his/her work objectively and then to take steps to improve himself/herself and the work.

It will be worthwhile for social workers to maintain a written record of their own growth through self-awareness — a personal document. Some student social workers include this component in their case records and thus bring it for discussion with their supervisors. In some of the records covered by the SOCR, there were entries connected with the writer's self-awareness. An extract from a case record is reproduced here. The social worker was visiting a client's family for the first time in a slum area. The father, whom he had met previously, was not present during the visit. This is what the social worker writes:

Keep personal notes on one's own growth

Extract from a diary

When I met them, I was very much at a loss as to what to say or do. I kept silent for a minute or so, then I began to stutter and stumble over my words. I was more embarrassed when all of them stood there, staring at me. Now, pondering over the matter, I can say that there could be some reasons for the situation: (1) my inability to communicate properly (2) my being too conscious of this weakness (3) my anxiety regarding establishing a rapport (4) my eagerness to get down to business as soon as possible. In my mental confusion, I did not realise that certain tendencies which I displayed were negating each other. For

instance, by striving to be efficient and business like I was slowing down the process of rapport building.

At one stage, I was even frightened when one of the neighbours asked for my address. I gave him my address almost mechanically. Later, I learnt that he asked the address so that he might tell the head of the family to meet me. Frustrated and crestfallen, I returned to the agency by noon. But later reflection indicated that this encounter was not useless. It made me aware of some aspects of my personality and functioning that need to be improved.

To say that a particular personality is free of unconscious conflicts does not mean that the individual has had a very comfortable life. But it means that his/her life *experiences,* both positive and negative have been absorbed and synthesised within the personality, without leaving any damaging residual effects. A conflict free personality is not completely free of defence mechanisms either. Defence mechanisms may be in operation, but with less intensity and persistence, so that, they may be brought to the area of awareness by means of probing within. An extract from another case record of the SOCR is presented here to give a glimpse of the manner in which self-knowledge of her own defence mechanism unfolded in the social worker's mind:

Extract from a diary

Today Ramdas (the client) came to see me. In the course of the interview, he became nasty and started abusing me hinting that I was of no help to him. He stood up, put away the chair noisily and walked out in a huff. Before I could take hold of my feelings of hurt and anger, Narayan stepped in. He began to talk about the troubles he had at his workplace, the previous day. Instead of listening to him, I blurted out that perhaps he himself was the

cause of his trouble. He did not proceed further on that topic. He talked instead about his mentally retarded child. He said that he wanted a letter of recommendation from me, for getting the child admitted to a special school. He left immediately, saying that he would come after a week for the letter. After Narayan left, I began to wonder why I was so brusque with him. I was full of remorse. I realised that I had displaced on him my feelings of anger provoked by Ramdas's outburst. That was indeed a defence mechanism. I bungled again!!

The social worker should be an authentic person in terms of possessing warmth and goodwill towards people and a desire to be of help to people in trouble. In some persons, love for people occurs almost like an innate automatic process; nevertheless, what they need is to harness the quality for effective helping *Natural* of people along scientific lines. There are, on the *qualities of* other hand, persons who admit that they do not *love and* have an inborn warmth towards people. Nevertheless, *instant* they consider helping people as an important activity. *warmth* Persons belonging to the second group are not *harnessing* unsuitable for social work, provided they are willing to cultivate love for people and other related qualities that are essential for social work. The professional nature of social work signifies that the desirable qualities and techniques required for competent performance in social work can be acquired, and well-motivated persons acquire them by learning and doing.

The need for authenticity has another requirement : that the social worker necessarily believes in the philosophic assumptions and principles that were *Need to be* enunciated in an earlier part of the book. Further, *authentic* a certain level of congruence is expected between the private life and professional life of the worker, between what (s)he feels and what (s)he says and

between verbal and non-verbal communication. There is no implying, however, that (s)he has to communicate his/her feelings at all times. But it does imply that (s)he does not communicate sentiments contrary to his/her inner-feelings in order to flatter the client or win his/her favour. If on the other hand, (s)he realises that the feelings are inappropriate as far as the client's welfare is concerned, (s)he may communicate to the client the attitude that differs from his/her feelings. Then, there is the additional task of exercising his/her will to change his/her feelings to make them congruent with the particular attitude expressed.

A possible dilemma

Acting towards the client in such a way that is contradictory to one's immediate feelings, but beneficial to the client, is being neither hypocritical nor unauthentic. It is important to remember that acceptance, which is abstract as a principle, lends itself to practice only by an exercise of the will on the part of the social worker, on those occasions when acceptance becomes emotionally difficult. One may say with reference to existential philosophy that, the social worker is proceeding from "being" to "becoming" — "being" from the level of a natural person of automatic responses to "becoming" a professional person of consciously communicated responses. A beginner in social work starts with a conscious application of techniques, which gradually get transformed into skills through repeated, meaningful doing. Skill, therefore, refers to the mastery of a technique, or in other words, to a high level of proficiency or dexterity in the use of a technique.

Conscious cultivation of the self

To expect that only people absolutely free of emotional conflicts be enrolled for social work training is to ask for the impossible. Moreover, it is very difficult to detect hidden conflicts in persons at the time of enrolment to the school of social work. Only

during the course of one's studies will tell-tale signs of hidden conflicts emerge that hamper the individual's learning and doing of social work. It is not a hopeless situation either for the student or for the profession. Professional counselling will set the situation right, in that, it will release the individual's mental and emotional energies from the area of conflict, making them available for competent social work practice.

A deep seated denial of problems and a stubborn determination not to change will, of course, block the possibility of resolving conflicts. An important feature of social work is that, the learning and doing involved in it, does change the learner-doer. Change is built into the nature and structure of the profession, both from the perspectives of the helper and the helped. Change is demanded of all, some needing more of it and others needing less. Social workers have no right to gear their activities for facilitating change in their clients when they themselves are resistant to change in areas that call for change. Acknowledgement of this fact is an important factor in the professional moulding of the social worker. It is both humbling and exhilarating to know that one is not superior to one's clients, and that, one has to work upon oneself while working for others.

The qualities desirable in a social worker who utilises casework as a method of helping people have been discussed in the previous paragraphs of this chapter. The nature and content of the method was delineated under different topical headings in the other chapters. It is in the fitness of things that a part of this concluding chapter be devoted to the presentation of a working definition of casework that can be drawn directly from the material that has gone before.

Social casework is a social work method which social workers, working in welfare organisations and agencies use to help people to deal with their problems of social functioning. It is a personalised service,

rendered to individuals and their families through a one-to-one relationship. Problems of social functioning are caused by social, psychological or physiological factors, or by a combination of two or more of these. The process of helping involves the mobilisation of the inner and outer resources of the clients, whereby, they are aided to play an active role in meeting their difficulties. The body of knowledge that undergirds the method consists of philosophical values; principles; knowledge of human behaviour and society drawn from behavioural sciences; tools and techniques of helping; and related processes. Interviewing and relationship are important tools because, within their nature and structure, aspects of help are inherent. This is in addition to the help rendered to achieve the specific goals to which those tools are directed in relation to the problems. The two broad objectives of casework are to help the clients with their problems, and to help them in such a way that strengthens the clients as persons by making them as self-reliant and independent as per their capability.

Working definition

A drawback of this working definition that has been attempted here is that, it signifies a problem-oriented approach and does not include, notably, the preventive and promotive aspects. One reason for the exclusion is that the cases of SOCR did not contain these elements, except in sponsorship cases where, material benefits were provided through the medium of a cordial relationship. It was hoped that provision of money, materials, information and knowledge related to health care and education might prevent the type of problems which emanate from the lack of these resources. The promotive and preventive aspects are implied in an inconspicuous way in the second broad objective of casework, indicated in the working definition, namely, that of strengthening the personality of clients in terms of enhancing their coping skills. With enhanced coping

Preventive and promotive aspects?

skills, they become capable of handling difficult situations effectively, before the difficulties turn into threatening problems.

The major reason for not discussing the preventive and promotive aspects in this book is that casework as a method does not have strategies that can prevent problems that occur on a large scale, affecting many people. When in casework, the social worker comes across groups of people who are affected by a basic lack of material and cultural resources, his/her dealing of the immediate problem of one or two people on an individual basis does not help in the long run. The basic lack of resources has to be met at the *Assimilate* group, community, state or national level. There *tenets from* *is no implication,* however, that the social worker *other* *methods of* may withdraw from the scene. Strategies from the *social work* other methods of social work, group work, community organisation and social welfare administration are to be skilfully assimilated and applied. Many social workers attached to predominantly casework-oriented agencies are found to be employing other social work methods as well, while dealing with this issue. Instead of functioning as practitioners of casework, they operate as general practitioners resorting to, what is known as, the integrated methods of social work. The model of social work that J. Fischer (1978) has developed in his book, presenting various areas of intervention for casework, assigns to the social worker, roles related to bringing about changes in the interlocking social systems to which the clients belong. The topic of 'the use of integrated methods of social work' is a very broad one, too broad to be wedged between the pages of a book on casework.

Casework has its limitations. Casework, or for that matter even integrated methods of social work cannot *Limitations* help some clients whose problems defy solutions. *of casework* The reason does not always lie in the absence *of*

resources, but in the inadequacies of the technology* or the state-of-the-art of social work. Had it not been for this factor, the welfare states of the Western countries would not have had some of the problems which the social workers are currently handling in these countries.

It is obvious that casework as described in this book pertains to urban settings only and that the book is silent on the scope and relevance of casework in the rural settings. Since the urban experience has been the major source *of this* book, non-reference to rural settings is unavoidable and this shortcoming is humbly acknowledged.

Some common criticisms

There have been criticisms against social work: (1) that it has borrowed its methodology from the West (2) that it does only patchwork where structural changes alone can help (3) that it is time-consuming.

It cannot be denied that the casework methodology has been borrowed from the West, just as the core of the methodology in medicine or engineering has come from the West. Nevertheless, in the practice of casework in India, there is much of Indianness that needs to be observed, studied and relevance incorporated. The fact of the lack of indigenous *Creation of* literature in casework needs to be attended to not *indigenous literature is* by lamentations or despair, but by determined action *vital* for remedying the situation. There *is* a wealth *of* un-written and un-explored experience in the possession of social workers that needs to be tapped first conceptualised and developed into useful literature. Valuable experience that remains hidden at present, needs to be discovered, and their professional components distilled and brought to light.

Casework help may be only patchwork in some cases but not so in many other cases. A type of service, whatever name one may give it, in which

* Here technology refers to the knowledge and techniques.

the serving agent listens to people in trouble with concern, and conveys the message that, individuals are important to be helped on a one-to-one basis, is a necessary service. Individuals cannot be dissolved *or* drowned in the massiveness of the so called masses. One may ask: If every member of the mass has to be helped in the same way, will not that be humanly impossible? In such a situation casework is not the answer. But the types of problems described in this book and many which one comes across in one's own life or others, are not happenings that occur to every person. It is one's contention that people with problems could be attended to in a helpful way, to whatever extent that *is* possible. Some problems are simple enough; but the clients in their contexts lack solutions, due to whatever reason. The social worker with cultivated skills can provide simple solutions. So long as help is being reached out to persons in trouble, that is the profession's justification to exist and grow more and more responsive.

Casework is not patchwork

Casework service may be prolonged in some cases but it is not so in every case. It is possible to help many persons through short-term service. Very often casework help results in a saving of time. It has been shown that in some cases the social worker's timely intervention prevented wastage of clients' time at various organisations.

This book is all about casework, but knowledge alone without practical work does not go far in the making of a casework practitioner. It is the doing based on knowing that leads to effective casework practice. It is important, therefore, that students of social work practice casework for a reasonable period of time under the supervision *of* professionally trained social workers. For this reason, schools of social work include field work, that is practical social work, as an important component of the academic, programme.

Besides professionally trained social workers, there are many functionaries at a non-professional level who have dealings with people who receive help of different types from human service organisations. These functionaries include house parents in residential institutions, attendants in hospitals, especially attendants in mental hospitals, community level welfare workers, and village level welfare workers. For the convenience of conceptualisation, these personnel may be covered by the term ''care-givers". The "care-givers", are involved in face-to-face transactions with clients in the contexts of making services available to them in human service *organisations.* It *is* advisable that care-givers use

Casework can be used by many care-givers a casework approach towards their clients. Casework approach refers to a particular attitude, shaped by recognising the philosophical values of casework and by internalising the elementary concepts of casework relating to human behaviour and the tools and techniques of helping. Acceptance of clients with their weaknesses and problems and ability to carry out transactions not mechanically but in a personalised manner with sensitivity and understanding are likely to be the practical aspects of the casework approach. Even policemen and others who are called to scenes of accidents and other crises will be better equipped to deal with people in stress through the casework approach. In order to enable the care-givers to imbibe the casework approach, it is necessary to provide training programmes. They do not require knowledge of a deeper level about casework theories, tools and techniques. For instance they do not have to be taught counselling techniques, but a knowledge of some of the supportive techniques will stand them in good stead in their day-to-day work with people.

Casework, as a professional discipline and a form of service, has taken root in India adapting itself remarkably to the social and cultural climate of the country, without manifesting any sign of artificiality

or incongruity. Undoubtedly, it is viable. It is bound to grow further in terms of developing new knowledge and techniques and reaching out to new horizons. The result will be greater productivity and the enrichment of a human service.

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