ACTIVE APPROACH IN THE PRACTICE OF SOCIAL CASEWORK

DR. (MISS) G. R. BANERJEE

In the following article, the author discusses the potentialities of the active approach in the practice of social casework and poses a question whether the social workers should be afraid of creating dependency in the client or the latter should be made to face the reality. In the writer's opinion, it is the worker who should provide opportunities to the client to express his repressed feelings, to clarify his thinking, and to encourage him to give his opinion on the solution.

Dr. G. R. Banerjee is the Head of the Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences, Bombay.

In the course of the last thirty years a lot of changes have taken place in the practice of social casework. There have emerged several important trends in this area in the West, one of them being the recognition of the importance of helping the client to help himself. In earlier years the emphasis of the social worker was on 'doing things for the client.' If he was poor, relief was sought for him or if he was sick, he was removed to the hospital for better medical care. Much of the help that was given was generally characterised by an autocratic approach. The autocratic attitude of the helper was reflected not only in the tone of the interview but very often also in that the worker planned the solution and imposed it upon the client. In short, social workers tried to do something *for* the client which they thought was best for him. Gradually, they came to realise that very often the treatment plans which seemed good failed, because, somehow or other, they 'could not enlist the real co-operation of the person they tried to help! In course of time it dawned upon them that the client's own conception of his difficulty, his own plans for himself and his own wish for any change were important factors in treatments Instead of working for the client, it was felt necessary to *work* with the client.

This swing may be attributed partly to the growth of the democratic idea regarding the rights and integrity of the individual. Social workers felt that they had no right to decide for the client what was best for him. He had to decide about it himself. Also the steady growth of the scientific knowledge regarding human behaviour, particularly, the importance of emotional motivation further reinforced the need for self-direction. As a result, in the field of practice of social case work, there emerged a period of passivity, as against the previous phase of activity. Social workers became afraid of 'creating dependency' in the client and some of them tried to push back the client, if he showed any sign of leaning on the worker.

In the practice of social casework in India, however, the importance of active approach cannot be denied. It may be due to our cultural pattern; for centuries we have learnt to value the words of our elders, for example, the head of the family or the village headman or an elderly person in the neighbourhood. We are used to being told by our seniors what is right and what is wrong or what one should or should not do, rather than going about in the indirect way of asking, 'What do you think is the best course'? or What do you think should be done'? ''The active method can be growth producing too, provided an approach is made in the right spirit and atmosphere. When it does not imply threat or punishment but a sympathetic guidance,

the client can derive a lot of benefit out of it. If social case worker is going to be looked upon as a person who, on account of her training and experience, has something to offer, then it is expected, at least, amongst certain communities or social groups to which a majority of the clients of social case workers belong that she should be able to advise them about the best course of action. A certain section of our population is not used to democracy and it confuses them when a democratic approach is taken.

Owing to certain circumstances which are dependent on the personality of the client, an active approach is indispensable. This may be illustrated by the approach of two workers in handling the case of Mrs. Shanta B. who was suffering from tuberculosis of the bone and was afraid of hospitalisation and surgical operation. The case is given below:

Referral note: The case of Shanta was referred to the Family Welfare Agency on August 8, 1950, by a friend of the client, with a view to removing the fear of a surgical operation from Shanta's mind and to preparing her to take treatment for her diseased ankle.

Social situation, as stated by the friend, was like this:

Shanta is 19 years old. Her family consists of her parents who are mill workers, her widowed sister, and her husband who works as a peon in a private firm. About five years ago, Shanta had fractured her right ankle. She was operated upon in the K. E. M. Hospital, and later, her foot was plastered for six months. After that she was all right for one year and got married. Within a year of her marriage, she was delivered of a premature baby which died later. At the time of delivery, which took place about four months back, her right leg was swollen and, within a few days, watery discharges and mild pain started. Soon after she had severe pain, but she did not want to go to a hospital. Home medicines had been tried, but there was no improvement in the patient's condition.

It was decided that a friend should talk to Shanta's relatives about the Family Welfare Agency and also that a worker be sent to make arrangement about the treatment of the patient.

On August 10, the worker visited Shanta's residence. It was gathered that Shanta had developed a fear for hospitalisation ever since her last operation. Shanta was married much against the wishes of her husband's family. They wanted a bride from a well-to-do family. Shanta's husband was her neighbour for about six months, and he married her when her father requested him to do so. He was good to Shanta as long as she was psysically well. Later, he did not pay much attention to her, and began to return home very late in the night.

So far as Shanta's ailment was concerned, she was taking treatment from a *Hakim,* but she found no improvement. When the worker introduced the topic of going to a hospital, Shanta said that she would give *'Hakim's* treatment a fair chance. The worker left the house, stating that she would be interested in her welfare and she should let her know whenever she was prepared to take the hospital treatment.

Between August 10, and 30, 1950, the worker kept in touch with Shanta by occasionally visiting her at her residence. On August 30, Shanta developed an unbearable pain in the leg and decided to go to the hospital the following day. The worker told her that she would be in the hospital and meet her there. Shanta did not turn up.

On the following day, when the worker visited Shanta, she was told that Shanta's father had come across a homoeopath who had promised to cure her in two months' time.

She was further informed that the patient had started taking his medicine and that her pain had lessened.

During the course of her visits, she learnt that Shanta suffered from pain. Whenever the topic of sending her to the hospital for treatment was opened, it was agreed to take her there, but, under one pretext or the other, the idea was turned down.

On the advice of a *Hakim,* Shanta was sent to her native village for about two months, and later, she was sent on a pilgrimage to Nasik. The time passed and there was no improvement in Shanta's condition.

On July 8, 1951, the worker learnt that according to the arrangement made previously, Shanta had not been removed to the hospital, because the pain had slightly decreased after being treated with herbs.

On August 10, the worker visited the patient and was informed that Shanta would be taken to the hospital as there was no improvement in her condition. On August 25, Shanta's mother told the worker that the patient had been taken to the hospital and a date had been fixed for admission. She added that Shanta could not be taken to the hospital owing to the death of a neighbour.

Between August 25, and the November 1, the worker paid several visits to Shanta's residence and was informed that Shanta could not be taken to the hospital, because on the first occasion her father could not get leave from work, on the second occasion, Shanta had a mild diarrhoea, and on the third occasion, her husband had refused permission to remove her to the hospital.

On the day of the last visit, the worker informed Shanta's family that some other worker would visit them as she was leaving.

On November 15, the new worker visited the family and introduced herself saying that she had come from Family Welfare Agency and would be glad to help them in the matter of Shanta's treatment. The family talked about Shanta's costly treatment. The worker sympathised with them and said that she was sorry to hear that they had to spend so much. She suggested that Shanta be taken to the K.E.M. Hospital.

The mother said that she could not say exactly when she would be free. Moreover, a *Hakim* had promised to cure her. The worker talked about the efficiency of hospital treatment and stated that she could take Shanta to the hospital and if the parents were free they could come along, too.

After putting forward several excuses, the mother expressed her fear that her leg would be cut off in the hospital and that her (Shanta's) husband would refuse to accept her as his wife. The worker had a long talk with the mother and Shanta. She tried to point out that, with a swollen leg Shanta was an invalid and after the operation, she would be in a much better position to help her husband or earn her own living. The worker explained also how an artificial limb could be provided. It was arranged that she would come after a week on a Sunday morning, when all the members of the family could be present and they all could talk things over.

On November 22, the worker visited Shanta's family again. Everybody was there except Shanta's husband. In the course of the discussion, Shanta expressed anxiety that in the K.E.M. Hospital, students might operate upon her. The worker said that students might be present at the time of operation, but only a qualified surgeon would operate upon her. It was finally suggested by the worker that she might visit the hospital at least once and then she could make up her mind. Perhaps, it was the fear of the amputation that bothered her. Before leaving, the worker talked to Shanta at length and pointed out that it was natural

for anyone to be afraid, and it was her own fear that had prevented her from taking a bold step. The worker said, "unless we try to overcome it, we would go on putting forth excuses. Why not we both of us go to the hospital and consult the senior surgeon there? We can talk tilings over with him. There is no harm in taking his advice. Later, you will be free to decide whether this treatment will be better than those you had had before." Shanta replied, "I guess you are right. I myself did not want to go to the hospital after my first experience at the hospital. This time I will surely go if you accompany me."

On the following day, the worker met Shanta who asked whether she could go after two days as there was a festival the following day. The worker assured her that she could be back for the festival after making all the arrangements at the hospital, and that nobody would keep her there against her wishes. It was for her to see the doctor and later on decide whether she would like to take the treatment there.

The worker had already talked to the surgeon about the patient. She had also requested him to examine Shanta. When Shanta was brought to the hospital, the surgeon examined her and told her that, as the disease had advanced, no drug treatment could help her. He, however, assured her that if her leg was amputated below the knee, the disease could be arrested. He explained to the mother that it was a case of the tuberculosis of the bone. An X-Ray was taken. He wanted to admit her immediately. Shanta looked at the worker and kept quiet for a few minutes. Then she nodded her head in assent. At this stage the worker told the doctor that the patient had expressed a desire to remain at home for celebrating a festival for two days. The doctor agreed to her suggestion and checked that the next vacancy in the ward would be caused after six days and Shanta could be admitted then.

On November 27, the worker visited Shanta and found her more cheerful than before. She readily talked to her about the hospital treatment and said that it made her sick to see the patients in a bad state, and would never like to go to the hospital. The worker sympathised with her and assured her that many went there because they were sure of being cured there. Shanta remarked that many got worse, too. The worker said that she was right, but as they did not get cured elsewhere, they went there and got cured. The worker reminded her about the case they had seen in the hospital—O.P.D.—an amputee with an artificial limb. Shanta wanted to know more about artificial limbs and they talked at length about it. It was finally decided that Shanta would get herself admitted on the fixed day and worker would come to her place in the morning.

On December 1, Shanta was admitted to the hospital and her leg was amputated. The worker visited her often during the period of hospitalisation. Later on, an artificial limb was provided by the hospital on a part payment by the patient, and the worker advised her to use the limb properly. The case was followed up by the worker, till Shanta could make use of the limb properly and adjust hereslf to her home environment. Her husband began to take interest in her.

It is clear from this case that the second worker's active approach helped the client to face the problem rather than run away from it. The worker realised the innate fear of the client, stood by her throughout and tried gradually to pull her out of it. She gave the client insight into her problem. The strong and stable relationship formed by her helped the client to depend on her to tide over the difficult period.

A question might be raised here whether the active approach of the worker would not

hamper the growth of the client and make her dependent. Would it really help the client to help herself? The active approach of the second worker was really more growth producing than the passive approach of the first one. This active approach helped the client to face the problem. She was inclined to depend on the worker to go through the ordeal and the worker gave her active support. This would build up in the client ability or strength to face similar difficulties in future herself or at least to ask for timely aid of the agency to deal with similar problems. Even though she could not face the problem all by herself and had to seek the help of the Agency, this act would be a step ahead in the process of growth and enable the client to help herself.

Sometimes a fear lurks in the mind of case workers that an active approach might lead to the use of authority. It should, however, be noted that authority also plays a positive role in the development of normal personality. As authoritative or direct approach can be of help to emotionally disturbed persons under many and varying circumstances, for example, in relation to certain reactions of fear, confusion, shame, dependency or effort to evade social responsibility. When clients are not in a position to take a decision or an initiative, it is helpful to give concrete advice rather than leave them in that state to work out their own problems. When the concrete suggestions help these people to overcome their problems to some extent, they can develop some strength to cope with their affairs unaided.

Particularly in India, an active approach plays an important role and the worker should visit the client at her residence whenever possible. Specially women clients are not used to visiting 'offices' of various agencies all by themselves. There are some women who do not got out alone anywhere and so, do not visit the office of the agency worker, if they are not accompanied by the male members of their family. Besides, it is not always possible for men to forgo their wages to bring their women-folk to the offices of the workers. Some women accustomed to going out of their residence are ill at ease, when they have to face somebody at an 'office.' They are not used to an 'office' idea. They feel shy or afraid to go there. In such situations, the case worker has to take an active approach and visit the client at her residence several times to remove this fear and shyness in order to enable her to avail herself of the help. If the worker remains passive and leaves it to the client to come and meet her when she feels the need, she may never turn up and the worker may have to close the case by declaring the client as un-cooperative. A worker who has the fear of making her clients dependent may try wrongly to refrain herself from visiting the client at her house. Thereby she will be barring the growth process of the client which otherwise could have been brought about by an active approach. We have to accept the client as he or she is and base our treatment plan accordingly.

It has been the experience of the writer that in our country, clients, on the whole, welcome the visits of the worker, i.e., a helping person to their homes. Her visits make them feel that the agency and the worker are genuinely interested in them and this feeling enthuses them with a strong desire to put forth their best efforts to make the treatment plan a success.

A social case worker in India is well aware of the difficulties of conducting an interview in a congested home where not only the members of the family but also the neighbours crowd around her. She may not have the privacy for an interview. So it is essential that the client should come to the office of the agency. In some cases, before the client can take that decision, the worker has to visit the person at her residence to remove the social barrier which the client may feel and also to convey to her the feeling that the agency is interested in her.

An active approach, if planned out properly and geared to suitable situations, will lead to the growth of the client. An active approach does not amount to an autocratic approach. During interviews the worker should provide an opportunity to the client to express his partially repressed feelings, to clarify his thinking, to give his opinion on the solution suggested by the worker.

In the practice of social casework, there is a great need for flexibility of approach on the part of the worker. While workmg with a person who seeks help to deal with his problems, it is important to follow any one method, but to adapt one's approach, to the need of the client and his personality. Unless the case worker is careful about her approaches, she may develop a dangerous tendency to search for a need to fit her technique, rather than a willingness to search for a technique or develop a technique for every need she is treating. If she sticks on to her favourite approach, then it may amount to her saying that she can help only the person who makes use of a certain type of treatment method, i.e. a person who has initiative and who needs little help. This may lead to the defeat of the very purpose of casework.