

SUBJECT: SOCIAL WORK PRACTICE WITH INDIVIDUALS

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UNIT-3

Characteristics of professional Relationship

Casework relationship goes much beyond merely a friendly relationship between the caseworker and the client. Clients bring into the casework relationship their feelings, attitudes and behaviour which they have experienced with others. The client therefore tends to react to the casework situation in a manner derived from his/her personal experiences. Casework focuses on understanding the client, his/her psychosocial needs and making a 'contact' to build the relationship. If this contact is to be of any value at all, the client must have confidence in the worker's good faith and the worker must have respect for the client as an individual. It is the responsibility of the caseworker to establish this relationship. This professional relationship is formed with the purpose of developing in the client a personally satisfying and socially useful life. It is the individualized purpose which is unique to every relationship and is set to be achieved in each case. The conscious purposive and deliberate efforts to develop a helping relationship comprises of the following attributes:

Warmth: Warmth connotes some positive, lively, outgoing interest in another person (or object or activity), a spontaneous reaching out to take in another with pleasure or compassion (Perlman:1979). By exhibiting an open, 'warm' attitude, caseworker is able to convey to the client his/her openness and concern to understand the client's problem, client's attitudes and sharing of experiences. Warmth is demonstrated by the worker when he/she attends to the client with attention, listens patiently, gives confidence and conveys an understanding of the client's problem.

Empathy: Empathy means feeling *with* and *into* another person, being able to get into the other person's shoes ((Perlman: 1979). It may occur spontaneously or may be a carefully learnt 'listening with the third year' and responding in tune to the other person. Empathy involves looking at a situation/ case from another person's perspective. Through empathy, the caseworker is able to convey to the client his/her understanding of client's problem with accuracy and 'oneness'. Empathy is different from sympathy which gives a bond of feeling of being helped by another person. The caseworker conveys sympathy by saying statements such as 'I understand how you feel', "I can feel that you are feeling sad and upset'. Empathy is leading oneself to another to feel into and take in the moment's essence of the other. By feeling caseworker's empathy, the client feels understood and important. It may be noted here that empathy does mean the loss of objectivity. Caseworker in a professional relationship with the client, remains objective by being aware of his/her own emotional and reactive responses to persons and situations.

GENUINENESS: To be genuine and congruent, the caseworker relies on his/her own moment to moment felt experiences in the relationship with the client. To be genuine is to free of pretension. It is to have a sense of wholeness of being put together, of knowing who and what one is, what one's guiding values are, and as a result of being on fairly good terms with oneself.

Genuineness is the product of life experiences that make it possible to be self observant, self aware and self accepting of strengths and limitations (Perlman: 1979).

A genuine and congruent relationship consists of a consistent and honest openness and behaviour matching with the verbalized intentions and values of social work. For example, a school social worker is asked about contacts of an adoption agency regarding which she/ he may not be aware of. It would be honest and genuine on the part of the worker to be frank and admit to the client about his/her lack of Information. If possible, the worker may however, assure the client of making an effort to seek information about the agency and getting back to the client within a stipulated time. The worker must also then get back to the client or give a source of contact that may provide the requisite information.

SELF-DISCLOSURE: Self-disclosure to clients raises numerous boundary issues involving potential or actual conflicts of interest in social workers' relationships with clients. Not all forms of self-disclosure are problematic and unethical, but some are. For example, clinical social workers agree that they should not disclose detailed personal information to clients about their intimate marital or relationship histories and struggles. Such disclosures clearly would be unethical and potentially exploitative and clinically harmful. However, social workers may disagree about how much personal information clinicians should disclose to clients about their debilitating illness, substance abuse history, religious practices, sexual orientation, marital status, or plans to leave the agency.

It is critically important for social workers to understand the nature of self-disclosure issues and manage them in ways that protect clients. Social workers should be familiar with prevailing ethical standards and risk-management advice to prevent harm to clients and prevent ethics complaints and ethics-related lawsuits filed by clients (and, perhaps, other parties) who believe social workers' self-disclosure violated the profession's ethical standards and caused harm.

OBSTACLES IN CLIENT WORKER RELATIONSHIP

Transference and Counter Transference:

The most frequently encountered necessity to 'work' a relationship occurs with the phenomenon called transference or transference reactions. To any emotionally charged relationship, each of us bring conscious and unconscious feelings and attitudes that originally arose in or still belong to the earlier important relationships (Perlman: 1957). For example, in casework with an adolescent girl to help her regarding her career options, the worker listens to the girl's aspirations and dilemmas. The worker helps her to draw a choice of careers helping her to keep in mind her aptitude as well as preferences and also arranges for her visit to a nearby vocational training centre. In such a case, what may happen is that the girl may begin to feel toward the worker as she felt towards her mother/grandmother when she was young.

The degree of emotional satisfaction which the client gets from such a relationship is far beyond the realistic limits of the caseworker-client relationship. It may be remembered that the client who approaches the agency often feels helpless and inadequate for not being able to tackle his/her own problem. Due to this, the clients are prone to transfer irrational elements into the relationship and want to regress,

desiring to have parental nurture and parental domination. These however, are damaging to the client since it can tempt the client to stay in an unrealistic, infantile dependence instead of

moving towards self reliance in the relationship. These transferred elements could be affection, attraction or repulsion, yearning or defensiveness, liking or dislike and may occur at any point in the helping relationship.

Transference is said to have taken place, when the client reacts inappropriately, with excessive or distorted feelings towards the caseworker. As seen in many casework relationships, clients often remark to the worker, *You are like a father/mother/sister to me* or may say, *let us be friends*. Transference may also manifest itself in the way the client reacts towards the worker by being very obedient, helpless and approval seeking. The worker has to recognize these non verbal cues. The effort in the casework relationship is to maintain reality and to keep the client and the worker aware of their joint objective, their separate and realistic identities and their focus upon working some better adaptation between the client and his/her current problem.

Transference manifestations need to be recognized, identified and dealt with as they occur. Every effort has to be made to manage the casework relationship and to give minimum encouragement to transference (Perlman: 1957). The caseworker may also be expected to unconsciously transfer into the professional relationship, certain positive or negative reactions that are realistically uncalled for, for example, distrust and hostility or strong feelings of attachment. This phenomenon is called

Counter Transference that is, transference on the part of the helping person. Any subjective involvement on the part of the caseworker with the client or client's problem may be part of a real counter transference or it may represent only a single instance of loss of professional Objectivity. To illustrate, let us take up the case of a medical social worker who worked at the emergency ward of the hospital and was handling a man who had brought his wife to the hospital in a critical condition from a road accident. The man was in a heightened state of emotional trauma while narrating about the love for his wife and how the accident had taken place. The worker got so moved with the details of the case that she began to identify with the man and somewhere related his life with her own. Finally, when his wife died, both the client as well as the worker sobbed. In this case, the worker got involved with her own personal feelings and lost the objectivity. She was unable to provide professional help that she ought to. The caseworker must remain objective throughout the helping relationship and be aware of his/her own feelings. If at all, they do crop up, they must be handled and controlled.

RESISTANCE

- It means power of opposing force, power of withstanding force i.e. passive resistance.
- The name resistance has been used to describe "Problems that arise when clients, for one reasons or another, are not able to meet the worker's expectations.
- Resistance often used to describe an active force within clients that prevents the clients from learning the true, but threatening cause of their problems or from accepting the "Truth" being voiced by the worker (GOLDSTEIN)

To the social worker, the client who greets him in glum silence, with angry tirades, or glib, deceiving acquiescence represents a puzzling and frustrating experience. These are manifestations of resistance, universally encountered in psychological therapy, and as varied in form as was Joseph's coat in color. Resistance needs no definition, particularly for those who meet it often. As a term it covers any and all of a client's defenses against treatment. It always represents a bad therapeutic situation. Rather than definition, resistance requires understanding.

Resistance is not yet a social work concept. That it is capable of development as such seems indicated by the following qualities. It is an integral part of every person's mental and behavior processes. It can be shown to have recognizable qualities; to perform a definite, indispensable function; to vary in strength; and to be modifiable. Its capacity for modification gives particular meaning to its development today in conceptual form as an aid in treatment. Present-day handling of resistance is an art which experience alone permits. It cannot be taught or learned directly because resistance itself still begs to be adequately described. The Children's Protective Society experience would agree with Dr. Taft that a final limitation to giving case work service does exist with a resistant client. However, the agency experience proves that the failure of a client to articulate his need, or his refusal to acknowledge it in the face of what he erroneously fears would be the consequences, are not the marks of final limitation. If case work skill can overcome resistance in any degree, it becomes possible to extend help to a great number of those uncooperative individuals whose present refusal of help constitutes a social problem.