CHAPTER 6

ENGAGEMENT AND RELATIONSHIP

Cross-cultural studies confirm that women everywhere are considered more empathic than men, so much so that the claim has been made that the female (but not the male) brain is hardwired for empathy. I doubt that the difference is that absolute, but it's true that at birth girl babies look longer at faces than boy babies, who look longer at suspended mechanical mobiles. Growing up, girls are more prosocial than boys, better readers of emotional expressions, more attuned to voices, more remorseful after having hurt someone, and better at taking another's perspective. When Carolyn Zahn-Waxler measured reactions to distressed family members, she found girls looking more at the other's face, providing more physical comfort and more often expressing concern, such as asking, "Are you okay?" Boys are less attentive to the feelings of others, more action- and object oriented, rougher in their play, and less inclined to social fantasy games. They prefer collective action, such as building something together.

—Franz DeWaal (2009, p. 114)

The need for emotional connectedness and intimacy is basic to human beings. Even before we are born, we are dependent on others for our survival. Though this need changes and takes on a different shape as we mature and develop, as adults we do not need our mothers and fathers as we did when we were infants and children. Though parents continue to play an important

role in our emotional life, so do many other relationships with significant others, such as siblings, friends, lovers, spouses, bosses, etc. Social workers have recognized the centrality of relationships in people's lives and have promoted relationship as a basic principle of social intervention.

Mary Richmond, who almost a century ago wrote the first methods text on social casework, defined social work as "the intensive study and use of social relationships" (Richmond, 1922). For Richmond (1922), the focus of casework was the caseworker's

> skill in discovering the social relationships by which a given personality has been shaped; an ability to get at the central core of the difficulty in relationships; and power to utilize the direct action of mind upon mind in their adjustment. (p. 101)

Several decades later, Gordon Hamilton, an influential teacher and writer in the evolution of casework practice theory, wrote, "Our most fundamental considerations lie in the concept of human relationships—their importance, their dynamics, their use in treatment. Casework, group work, and community organization are alike grounded in the art and science of relationships" (Hamilton, 1951, p. 27). Decades later, Florence Hollis would define psychosocial casework as the study and uses of social relationships and argue that "all social work processes require the establishment of a social relationship in order to be effective" (Hollis, 1964, p. 149).

In this chapter, we present our own conceptualization of this central practice principle in social work. We borrow dimensions from many of these earlier texts. Whole books have been devoted to this concept (Biestek, 1957; Keefe & Maypole, 1983; Perlman, 1979; Rubenstein & Bloch, 1982). In this chapter, we shall present the most salient and basic dimensions of this concept to help interpersonal practitioners guide their practice.

Relationship is a difficult concept to define operationally. Historically, there have been numerous metaphorical descriptions offered to explain what this concept means in practice. For example, relationship has been described as the "soul" of practice, the "bridge or channel," the "flesh and blood" of practice (Biestek, 1957). Other descriptions rely on such terms as "mutuality" (Leonard, 1972), "acceptance, expectation, support, conscious purposiveness" (Perlman, 1957), and "working alliance" (Strean, 1985). Some authors say it is the sine qua non and most essential element of practice (Perlman, 1979), whereas others are more circumscribed in what this concept means to interpersonal practice. This latter perspective is more in line with our position. Relationship is one of many important dimensions of interpersonal practice with individuals, families, and groups. Yet just having a good relationship with clients does not assure that clients will achieve significant changes in their lives.

● DEFINITION OF THE
SOCIAL WORK RELATIONSHIP

Though it is possible for individuals to establish a relationship through the mail or through a computer conference or computer network, significant social relationships can only be developed in face-to-face encounters. These encounters teach individuals what to expect when interacting with others. Though there may be a genetic imperative that drives individuals to seek encounters with other individuals, this imperative does not determine the quality of human relationships nor the expectations that individuals may have when they encounter others. In a simple dyadic encounter, there may be two individuals interacting face-to-face, but the quality of their social relationship will be determined by a number of factors. When social workers work in multiperson encounters with groups or families, the number of factors that need to be taken into account is even more complex.

Each person has a set of expectations that raises many questions about the other in the encounter. For example, will this person be friendly, talk to me, and listen to what I say? Or will this person try to harm me, threaten me, or simply ignore me? The potential number of expectations and concerns that individuals may have about another person in encounters are staggering and the result of past socialization experience with others. For example, if an individual has been exploited or cheated by individuals like the one in the present encounter, the prior experience may set up negative expectations and may make the individual who has these negative expectations behave cautiously and be extremely guarded in the encounter.

When these prior experiences are with parents and significant others in our early childhood and these early experiences shape our encounters with individuals in the present, psychodynamic theory refers to these factors as *transference elements*. When clients bring such expectations to an encounter with the interpersonal practitioner, these expectations and relationship patterns are called *transference*. When the interpersonal practitioner brings such expectations to the encounter with the client, they are called *counter-transference*. From a psychodynamic perspective, all present relationships are composites of transferred elements from earlier, significant relationships, and this is congruent with a symbolic interactionist perspective that also considers past relationships to be important socialization experiences.

Symbolic interactionism, however, does not hold those earlier, primary relationships to be as sacred as psychodynamic theory. Experiences in the present and future can also have a marked influence on a person's relationship capacities and expectations. In fact, individual's expectations in relationships can be powerfully shaped and influenced by the relationship and reference groups that one associates with in the present. This position can be readily observed during

adolescence when the primary influences of parents moderate, while the influence of peer groups increases dramatically.

Not only do expectations determine how individuals behave in encounters with other individuals but so do the *conceptions* that individuals have of what they are expected to do in the encounter. These conceptions are similar to expectations, except they represent an individual's "guesstimate" of what the other individual in the encounter will be expecting of them as well as what they expect of themselves. We are always being socialized to what others think is appropriate behavior in encounters, and there are many books on etiquette designed to teach us what is expected in various kinds of social encounters—weddings, funerals, a date, or even how to run a meeting (Post, 1992). The problem with etiquette books is that they cannot begin to cover all of the "ritual order encounters" (Goffman, 1967, p. 42) that individuals experience in their lifetimes nor all of the variations that exist in these ritual orders.

There are many ritual orders we take for granted in public encounters with others. For example, when we get into a crowded elevator, we turn toward the door and cast our eyes upward to the numbers at the top of the door because this is the "usual" ritual order for such encounters. Now to test the power of this convention and how important expectations are even in fleeting public encounters, try the experiment in Exercise 6.1.

Exercise 6.1

Importance of Expectations and Conceptions

The next time you are last to enter a crowded elevator, stand with your back to the door and face the back of the elevator. Casually scan all of the occupants of the elevator and look into their eyes. Notice how uncomfortable and possibly anxious you will feel as you stare into the eyes of the other occupants. Some of the other occupants may also feel uncomfortable about your stance and will deliberately avoid your gaze. You may even be asked to turn around or asked to leave the elevator at the next stop. If you do not comply with this request, you may find that you have the elevator to yourself. The importance of this little experiment is how expectations of others and conceptions of our own behavior in encounters is critical to how individuals will feel and respond to the encounter—even in casual public encounters.

Because there are so many variations in ritual orders, misunderstandings may easily arise in social encounters when individuals come with *different* life experiences and have different conceptions about what is appropriate behavior in a given ritual order. An example from one author's practice experience will make these notions more salient and underline the problems that individuals may have in forming social relationships when they come from different ethnic experiences. The

ritual order in question involves the expected behaviors of individuals when an outsider comes to the doorway of a family's house and attempts to gain access to the family for a legitimate purpose:

In my growing up years, whenever an outsider came to my (Brett A. Seabury, or BAS) family home with a legitimate request to come inside (to try to sell or repair something), my mother would inquire about the purpose of the visit, and if she was agreeable, she would then invite the outsider inside. She would always politely offer that individual a cup of coffee. The outsider, however, was not expected to accept the offer for coffee but instead was expected to politely refuse and go directly to the business at hand. In my family's conception of an appropriate encounter, the outsider was not there to be fed but to get on with "business." I can even remember my mother's face (i.e., displeasure) when an outsider accepted the offer of coffee and the irritation she felt (but never expressed) in fixing a total stranger a cup of coffee. I do not remember specific situations, but I can imagine that those strangers trying to sell something were unsuccessful in their efforts after accepting the cup of coffee my mother offered.

On one of my first home visits as a second-year student in social work, I was assigned an ethnic family with very different conceptions about this ritual order. I had called the day before and set up the home visit, and my knock on the door was greeted by the mother/wife of the family, who proceeded to say she was expecting me and asked if I would like something to eat. Immediately (without thinking), I politely refused the offer and stated that I had just eaten lunch before making the visit. And almost immediately, she stopped opening the screen door and responded that maybe I would like a nice cup of coffee instead. Unfortunately, I wasn't yet thinking, so I politely turned down this offer, too. This was then countered by another offer, and her husband appeared at the door and suggested several other food items that I might eat. This round of exchanges (their offering and my politely refusing) went through several iterations before I suddenly realized that they were not going to let me into their house to conduct my business unless I agreed to eat something with them first. In fact, on every home visit I made to this family, we would start in the kitchen and eat some food that had been carefully prepared before we would move into the living room where I could carry out the purpose of my home visit with them.

This example is presented to point out how important our conception of ourselves and our expectations of others is to the social relationship that may or may not be allowed to develop. In a diverse, multiethnic, and multiracial society, it is likely we will be encountering many individuals, families, and groups that have diverse conceptions and expectations about others in the encounter. Unless social workers are careful to account for these differences in expectation and conception, there may be many lost chances to form relationships with our clients. It is also important to point out that even though I (BAS) was raised in the dominant and privileged ethnic group (WASP) of American

society, there is nothing inherently better or superior to the ritual orders of my ethnic group when compared with others. Throughout this chapter, we refer to expectations and conceptions as essential concepts in understanding social relationships.

The literature on relationship in social work makes a distinction between *personal* relationships and *professional* relationships. One way of understanding this distinction is to consider the professional relationship as a subcategory or subtype of the large category of interpersonal relationships. Unfortunately, there is considerable overlap between aspects of personal relationships and aspects of a professional relationship, yet there are important differences that need to be identified. For example, in a personal relationship, we expect both parties to gain something or have personal needs met, yet in the professional relationship, the needs of the client take priority and precedence over the needs of the worker. Furthermore, a personal relationship may be indefinite and last a lifetime, whereas a professional relationship is more circumscribed, usually time limited, and ends once its purpose has been fulfilled. The professional relationship also prohibits various kinds of behavior (such as sexual relationships) that may be legitimate in personal relationships but are taboo in professional relationships.

The professional relationship is bound by a code of conduct that clearly limits the kinds of activities (no sex, no violence, no exploitations) that worker and client may pursue together. This code, much like etiquette books, spells out the expectations and conceptions that guide the behavior of professional social workers and was spelled out in greater detail in the values chapter (Chapter 3).

POWER DIMENSIONS IN ●
PROFESSIONAL RELATIONSHIPS

To practice effectively and competently, social workers must be able to recognize the power dimensions that exist in professional relationships with clients as well as collaborative relationships with other helping professionals. A professional relationship between social worker and client is not a relationship between equals as often characterizes friendship relationship. The social worker, by virtue of his or her position in an organization or by the education and credentials required to gain a license to practice social work in a given state, starts from a one-up position of greater power in the relationship with the client. Even though in feminist literature this kind of power or status difference is viewed as undesirable and often problematic (e.g., Cohen & Mullender, 2003; Garvin & Reed, 1994); also review the discussion of power in the diversity chapter (Chapter 4). The power differential cannot be ignored in the professional relationship (Toren, 1973).

A worker enters a relationship with a client with four of six power bases that have been identified in the social psychology literature (Feld & Radin, 1982). By

virtue of the worker's position in an agency and registration/license in a given state, the worker is granted the *authority* and is legitimated by social institutions to practice social work. By virtue of workers' connection to the resources of social agencies, workers have the power to *reward* clients with various desirable resources, such as shelter, food, clothing, or transportation. By virtue of these same connections, workers can *coerce* and punish clients by denying resources or even taking actions that may be undesirable to clients, such as taking children into protective custody, initiating action to terminate parental rights, or revoking parole. Based on a worker's education and past experiences with other clients in similar circumstance, a worker may be perceived as having some special *expertise* that will help the client.

The only power base that a client brings to the relationship is *informational*. The client has control over much of the information that makes up his or her situation, yet this base may be weakened when a worker enters the situation after consulting with significant others who already know the client. The most important power base that both client and worker must develop is the *referent* base. This base refers to the attraction that develops between individuals in a close relationship and based on this attraction and identification with the other, the possibility of influence in the relationship. This referent power base is easiest to see operating when friends go out of their way for each other when asked, with no expectation that they will get something immediately in return.

What's important to recognize about power in the professional relationship is that different kinds of interpersonal power bases are experienced differently when used in a relationship. Some of these power bases produce negative feelings in the individual who is being subjected to the power base. For example, coercive power is experienced negatively, and reward power may also be viewed in the same way when the higher power person withholds a desired reward. The use of these two power bases to influence clients will be perceived negatively by clients, as it is by children when parents force children to behave or attempt to bribe children to do something they don't want to do.

Expertise, authority, and referent power bases are less likely to be perceived negatively by clients when workers use these power bases to influence clients. For example, a client may solicit and follow through on advice that a worker offers (expertise), or a client may tolerate the worker's unpleasant questions about a client's painful experiences because the client likes and trusts the worker (authority and referent power). Unfortunately, in practice, a worker cannot always avoid the use of coercive power. For example, a worker is required by law to report a client's abusive behavior toward other family members. Clients who are reported to protective services will usually view this responsibility of their workers as coercive and undesirable. Likewise, a very suicidal adolescent may not like it when a worker breaks confidence and

informs the adolescent's parents about the suicidal risk. Even though the worker is acting responsibly in each of these situations, the clients will probably find the worker's behavior coercive.

We want to point out that clients are not always as powerless as we have indicated. Sometimes clients do not pay for services rendered, or they refuse to attend sessions in voluntary situations. Clients may become openly hostile and angry with their workers, yet workers do not have the same privilege to retaliate when they are upset with client behaviors. In agency practice, clients may start grievances or complain to a worker's supervisor about matters they find disagreeable. Clients may also sanction workers for unethical and unprofessional behavior by taking their complaints to the National Association of Social Workers (NASW), state licensure boards, or court.

STAGES OF THE ● PROFESSIONAL RELATIONSHIP

It is instructive to think about how relationships begin by looking at the very first moments of an encounter between two dogs. Many dog owners have experienced what happens when they are walking their dog and they meet another dog owner with a dog. The two dogs approach each other with tails wagging but in a high state of alertness as they begin to "check out" the other dog. Usually they will sniff each other's mouth—presumably to determine what the other dog may have recently eaten. They will then move around to the rear end of the other dog to sniff the private parts of the other dog, presumably to determine the sex of the other dog. With this preliminary information about the other dog, the two dogs then have three choices. They can (1) flee, (2) fight, or (3) fornicate. At this point in the encounter, the dog owners will usually intervene in this beginning relationship and pull the dogs apart. Now in human encounters between strangers we, too, will spend time checking each other out, but obviously we have many more options than dogs.

We do not view professional relationships as a static dimension of practice but one that is constantly developing and changing throughout the service episode. The relationship that emerges in the beginning phases of service is different from relationship in the middle and termination phases of service.

Relationships grow and develop over time, and there are distinct differences in the phases of a professional relationship. In the beginning phases of a professional relationship, there can be a lot of checking out and sizing up that can lead to guardedness, reserve, yet hope and expectation (Garland, Jones, & Kolodny, 1965; Lennard & Bernstein, 1970). We cannot wag our tails or raise our ruffs like the two dogs, but we experience similar feelings. In the beginning, parties may not be open until they have had a chance to warm up to each other. There is often noticeable

anxiety in this new encounter with the "stranger" (Lenrow, 1982, pp. 41–57). This kind of anxiety is very obvious in the first sessions of groups when members are beginning to get to know each other. Usually this beginning anxiety and guardedness gives way to more serious attempts to test or find out more about each other. In some encounters, because of the special circumstances of service (when applicants are forced to accept service or the worker is very different from the applicant), this testing might be severely provocative and often critical to the further development of the working relationship. If the worker fails the test, then it is unlikely that a mature, working relationship can develop, and in fact, if the applicant has a choice about attending, the risk of discontinuance (dropping out) is high. Research on continuance has demonstrated that if the worker is not perceived by the client as caring (wanting to help) and competent (able to help) then it is likely that clients will discontinue or drop out (Kounin, 1956; Maluccio, 1979a).

So, in the beginning of the professional relationship, it is critical that the interpersonal practitioner takes responsibility for initiating the relationship with the applicant. This kind of reaching out to the applicant can take many forms, depending on whether the worker is establishing a relationship with an individual, a family, or starting up a treatment group. "Starting where the client is" (Marziali, 1988) as a practice principle reflects one important strategy that not only embodies social work's value of client self-determination but also prescribes the importance of discovering why the applicant is seeking help at this time.

The interpersonal practitioner should discover what the applicant wants and needs and also what the applicant expects from the worker and the agency. The interpersonal practitioner should be facilitative in the beginning encounter so the applicant can tell his or her story and can express his or her druthers first, before launching into a discussion of the various possibilities that the worker and agency may offer the client. It may well be that what the applicant is seeking in the way of service is not appropriate to the agency, and the applicant will have to be referred elsewhere; but the applicant's view is expressed first. This is not only the beginning of the relationship but also the beginning of the service agreement. These issues are elaborated more fully in the clienthood chapter (Chapter 7).

Another important strategy for the interpersonal practitioner is advanced preparation (Cowan et al., 1969; Pincus & Minahan, 1973, pp. 184–193). Because it is likely that the worker and client will differ from each other in significant ways (such as gender expression, age, race, social class, ethnicity, etc.), it is important that the interpersonal practitioner enter the service process with as much background information about the applicant as possible, so that few surprises will erupt in the first encounter. Advanced preparation is accomplished in many ways. Simply reading the record or face sheet or talking with others who have worked with the client within your own agency can be helpful. Many treatment groups do not allow members to even reach the first session without first going through a

prescreening interview in which the group leader meets the prospective member and also helps the prospective member prepare for what is expected in the group (Budman & Gurman, 1988, pp. 253–259; Corey & Corey, 2006). More about this issue is discussed in the group assessment (Chapter 14) and change in groups (Chapter 15) chapters.

Another kind of advanced preparation at a more general level is the worker's training and experience in working with particular clients. Courses, in-service training, and workshops designed to raise a workers' "critical consciousness" (Keefe, 1980) about particular clients are other important forms of advanced preparation. We encourage practitioners to participate in training experiences designed to increase the worker's ethnic, racial, gender, and sexual sensitivities (Cohen & Mullender, 2003).

Critical consciousness, as we discussed in the diversity chapter (Chapter 4), is much more than empathic understanding that focuses mostly on the immediate feelings and content of the client's story. Though empathic understanding and responding are important skills for building relationships, critical consciousness is important because it embodies the intersectionality of class, sexuality, gender expression, and ethnic consciousness. It is so important for interpersonal practitioners who may be middle class yet working with poor and oppressed groups whose history and life experiences are so dramatically different from the workers' life experiences. As we also discussed in the diversity chapter, it is important for interpersonal practitioners to understand how privilege impacts on their understanding of and ability to work with oppressed clients.

Most practitioners at some point in their practice will experience a demoralized client's sigh and comment, "You just don't understand!" Though the worker may clearly understand what the client is feeling at that moment and has listened carefully to what the client has said, the misunderstanding and expressed exasperation of the client reflects the gap in the worker's critical consciousness— the worker's ability to understand and appreciate the highly personal, cultural, and class perspectives of the client's life experience. A significant way of working on critical consciousness is for workers to join consciousness-raising (CR) groups (Kravetz, 1987, pp. 55–66) or to facilitate CR groups for themselves (Sherman & Wenocur, 1983) and their clients (Longres & McLeod, 1980).

Sometimes this beginning relationship develops into a honeymoon phase in which the interpersonal practitioner is perceived by the client as the greatest worker who ever existed and one who will finally save or help the client solve all his or her problems (Mann, 1973). Though it may be flattering to the worker to be perceived as so powerful and helpful, it is important that the worker recognize the honeymoon as a passing phase filled with transference impressions and not based in any mature, realistic appraisal of the worker's abilities. The interpersonal practitioner may use this phase of high client motivation to get a number of preliminary goals established.

Unfortunately, this phase of high expectation often gives way to a stormy transitional phase in which the client begins to have many ambivalent feelings about the worker's abilities and the direction service is going. Often, the client will challenge the worker's authority, and many power and control issues may emerge. For example, the client may not like some of the terms of service the worker or agency has prescribed, or the client may want to make major changes in the service plan. This phase in groups is sometimes referred to as "revision" and is a precursor to a mature working relationship for worker and members.

The worker's role during this phase is to help clients express their disillusionment, to mediate interpersonal conflict, and to move onto revising those elements of the therapeutic contract that can be reasonably revised. It is important to realize that not all revisions are possible and some service arrangements fall apart at this point. For example, a worker in an institution cannot help an incarcerated patient escape, or some groups dissolve when they cannot agree on norms that deal with the level of interpersonal conflict expressed.

Much of the literature on relationship focuses on the mature, collaborative, working relationship that takes some time to develop. This kind of relationship emerges when all parties to the relationship are clear about their expectations of others, their conceptions about themselves in the relationship, and when a high degree of mutual agreement has been achieved about the purpose of their work together. This mature, collaborative, working relationship is the bond of cohesiveness that is experienced among members in a successful group (Forsyth, 1990, pp. 471–483) or is reflected in a family's trust and acceptance that allows the worker to temporarily enter the intimate, personal, and interpersonal space of the family (Kantor & Lehr, 1975, pp. 23–35).

This kind of understanding, trust, and mutual agreement—whether in a family or group—emerges more by what the interpersonal practitioner does through modeling than through what the worker says. Trust does not develop by asking someone to trust you but by observing how trustworthy the actions of a person are. For example, if the interpersonal practitioner has agreed with a group that one ground rule will be that no member will be forced to participate in group discussion or activities, and the worker later coerces or pushes a member into participating in a discussion or group activity, the worker will lose whatever trust may already have developed. With families and groups especially, interpersonal practitioners must be consistent with different members and follow through on any verbal agreement they have made with their clients.

Modeling is an important aspect of the helping relationship. Through modeling, the client may not only learn about actual problem solving by watching the worker or other member of a therapeutic group but also how one behaves in a positive, interpersonal relationship. It is common for people to try to imitate people (models) they admire, respect, and trust.

When service is coming to an end, both the worker and clients may have all kinds of misgivings and negative feelings about the ending of their relationship. In spite of the success of services, clients may feel abandoned by the worker or truly sad that the relationship is coming to an end. Clients may feel anxious, angry, or hurt by the termination. The worker may also have all kinds of feelings stirred up by the ending, yet the worker must take responsibility to point out to clients that these feelings are the consequences of the termination and may not reflect what was or was not accomplished in service. For example, sometimes the least committed, most marginal member of a group may weep profusely during termination and beg that the group not be ended. This termination reaction is in stark contrast to their reluctance to participate fully during the life of the group.

One way that workers can soften the intensity of termination feelings is to stagger sessions as termination is approached (biweekly or monthly meetings instead of weekly sessions) or to plan a ritual or ceremony that acts as a transition marker (Laird & Hartman, 1987) to the end of the relationship (e.g., a graduation ceremony). Another strategy is to plan a follow-up session at some later point in time (e.g., group reunion after 6 months to see how members are doing) or to request permission from the client to "haunt" them at some later time in a follow-up phone call. More of these strategies are discussed in the chapter on endings (Chapter 18).

The purpose of this developmental description is to point out that relationship is an emergent phenomenon and cannot be described or characterized simply at one point in the service process. The appearance of negative feelings or sentiments does not mean that the relationship is in trouble. On the contrary, it should be expected by workers that a variety of expectation and sentiments, both positive and negative, will emerge as the relationship unfolds. The honeymoon is not the only phase to a successful marriage, and if that is all that is expected, as in so many Hollywood marriages, then the marriage is doomed to failure.

TRANSACTIONAL NATURE OF ●
THE PROFESSIONAL RELATIONSHIP

Not only are relationships constantly changing but they are also "transactional" phenomenon in which all parties participate in either the successful or failed attempts to form a working relationship. The experiences, perceptions, and sentiments of the worker, as well as client experiences, perceptions, and sentiments, mutually shape and influence each party in the development of the professional relationship. Relationship is not something workers do to passive clients, but there

is a mutual interchange and interplay in how the relationship develops and matures. All parties are active as well as reactive. It may be common to blame the client for failed relationships in practice (e.g., it's *always* easy to blame the victim), yet both parties usually have been actively involved in the success or failure of the relationship (Gitterman, 1983).

Positive feelings between client and worker will not flow easily if the worker does not like the client—or in transactional terms, if either party does not like the other. Studies have shown that clients who remained in treatment were those who felt liked and respected by their therapists (Garfield, 1994). This kind of respect is extremely important to oppressed minority clients seeking help from a white privileged worker (Mizio, 1972; Sue, 1981).

The importance of a transactional perspective of relationship is that when things are not going well in the professional relationship, we must look at both the client and the worker for sources of the difficulty. We must also look at the transactional factors (such as the commonalities and incongruities) that emerge when any two or more individuals are put together and expected to form a relationship. It is possible that the interpersonal practitioner and client have noble intentions and desire to build an effective relationship, yet their differences and incompatibilities are so great that such a match would be very, very difficult.

In order to explore these issues in greater depth, we offer the following exercise (Exercise 6.2), which explores how diversity issues can become major obstacles to a social work relationship. This exercise is best performed in small, heterogeneous groups of five or six students in your practice course. Students need to be warned that this is a CR exercise that requires honesty and will result in some anxiety that is generated in the discussion of these case vignettes. We want to be clear that there are no "right or wrong" answers to these discussions but what students learn about themselves and other students in the class.

Exercise 6.2

Critical Consciousness About Relationship Issues With Clients

We hope that you and your instructor will develop many other case vignettes than the five we offer here. There are so many ways that intersectionality and differences between interpersonal practitioners and their clients can be explored that students should develop their own cases to explore these issues.

Again, this is a CR exercise that is best accomplished in small, heterogeneous groups of five or six students. The exercise involves the student's feelings and perspective of working in a case situation, and also feedback about how the student might be perceived by the applicant in the case situation. The instructor may want to use the "Cloverdale process" (Plionis & Lewis, 1995) of staying out of each of the small groups and moving the process along by letting students work for a time in the small groups on a case and then moving back to a discussion of the class as a whole. That way what is learned and experienced in each of the small groups can be shared with the whole class in feedback to the whole class. We recommend the Cloverdale process because it is designed to help the class deal with sensitive issues and avoid some of the negative outcomes that often follow discussions about diversity issues (e.g., all of the majority students are "racist" or all of the white males in the class are "privileged, sexist chauvinistic pigs" or all of the people of color in the class are "enraged, disempowered victims").

Once the class is arranged in small, heterogeneous groups, the students will read each of the case vignettes and focus on each one at a time. The following questions are offered as a starting point for the discussion of each case:

1. *What are the identity differences and similarities between you and the applicant in the case?*
2. *How would you feel about working with the applicant(s) in the case?*
3. *How familiar are you with the major issues that you see that would arise in the case?*
4. *How do you think the applicant would perceive you as their practitioner?*

After each of the students in the small group has self-shared what they believe to be their responses to the applicant in the case situation, the small group process will shift to group members giving each other feedback to other members. In turn, the small group will focus on each member who will be in the "hot seat." Group members will share how they think the applicant will react to the student in the hot seat. This feedback will all be speculative because group members are only making suppositions about how an applicant will feel about the student in the hot seat. This will help to reduce some of the tension and anxiety that will be generated in this part of the exercise. The final part of this small group process will be to discuss what the students can do to help to manage the issues that have been raised in the feedback process. In the Cloverdale process, one of the early steps is for each group to work out their own ground rules for how they will behave in their small group discussions. This early step, which we recommend, will help each group decide what kinds of information they will want to share with the whole class.

Case Example #1. You are an interpersonal practitioner who is employed in a family service agency. A 25-year-old white mother of two daughters ages 5 and 7 has come to your agency extremely distressed about her abusive ex-husband, who is now threatening to go back to the court and ask for custody of their children. Since the divorce 2 years ago, she has been living in a lesbian relationship with an older woman. Her ex-husband recently found out about this relationship and now believes he has a chance to gain custody of their children. He has also threatened to go to her father, a pastor in a Fundamentalist church, and share the information about her lesbian relationship.

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(Continued)

Case Example #2. You are an interpersonal practitioner who is a member of a nonprofit collective made up of social workers, psychologists, and a psychiatrist. This organization contracts with the state department of mental health and the VA to provide counseling services to their patients. You have been assigned to lead a support group for returning veterans of the Iraq and Afghanistan wars. Group members will be struggling with PTSD, readjustment to civilian life, and several to adjustment to civilian life with missing limbs. The group is composed of men who have all been discharged from active duty, between the ages of 22 and 28, some with three tours of duty in a war zone.

Case Example #3. You are the school social worker employed in a large, urban high school in which 65% of the student body is African American, 25% is Latino, and 10% are Caucasian. In the school's administration, 100% are Caucasian, and 90% of the teachers and service staff are African American. The assistant principal has referred a 17-year-old African American male who has been cutting classes, leaving school early, and "mouthing off" to the principal and assistant principal when they have threatened this youth with disciplinary action. In the 9th and 10th grades, he was a straight A student and was assigned to the college preparatory track.

Case Example #4. You are an interpersonal practitioner at Catholic Social Services who has been covering intake for the agency. You receive a call from a frantic mother who demands to be seen today. She explains that she has called your agency after talking with her parish priest. She explains that her family is in turmoil because her 16-year-old daughter has disclosed that she is 3 months' pregnant and wants to get an abortion so she can finish her high school classes. The family is already under many stressors because her husband has been unemployed for 6 months and cannot find another job. She has not told her husband about their daughter's "condition," but she knows that he would be adamantly opposed to an abortion because he is from a large Italian American family.

Case Example #5. You are an interpersonal practitioner at Lutheran Social Services. A 52-year-old pastor of a small, fundamentalist Lutheran church has come to your agency because he is depressed, has been having trouble sleeping, and is upset with his wife for her plans now that their four children are grown and have departed the family home. For 25 years, his wife has been a good homemaker and performed the duties of a "pastor's wife," but now she wants to return to college studies and complete her bachelor's degree. He is concerned that this choice will reverberate negatively with his small congregation.

When forming a group, a worker may spend a great deal of time and effort exploring commonalities of potential members before inviting them to join (Reid, 1997). It is unlikely that members of a group could develop a good working relationship if extreme differences existed between them. For example, we would not put members of the Klan together with members of the Black Panther Party nor expect such a group to develop cohesiveness. It is important that prospective

members of a group have some kind of commonality (usually around such descriptive attributes as race, gender expression, age, class, and type of problems) so that some kind of positive feeling and working relationship can develop (Bertcher & Maple, 1996). These issues are discussed in more detail in the group assessment chapter (Chapter 14).

Compositional issues must be accounted for in casework and family encounters, too. The interpersonal practitioner must be aware of the critical differences between herself or himself and the individual client or family. What's important is not that these differences may exist but the implication of these differences in the development of a professional relationship. Any one of a number of significant differences can be problematic in the formation of a professional relationship. For example, major barriers may emerge in gender expression, sexual orientation, race, ethnicity, social class, age, or disability. A worker and client may find they do not share many demographic attributes and that these differences are a major source of strain and misunderstanding of the expectations and conceptions they may have of each other in the professional relationship.

In some situations, these differences may be so problematic for worker and client that only by providing a more careful "match" will worker and client have a chance to form a professional relationship (Palmer, 1973). In some service situations, it may be critical that workers and clients are of the same gender. For example, it may not be appropriate for a male social worker to be working in a domestic violence safe house with women who have recently left a violent marriage. Trotman and Gallagher (1987) made a good case that some groups should be highly homogenous before some issues will arise and be discussed. For example, they suggest that some women's groups should be composed exclusively of African American women in order for significant issues to arise that are the exclusive concern of African American women. The presence of African American men or white women has a dampening effect on the discussion and cohesiveness of the group. Even though these attributes may be critical in some situations, there is research to suggest that clients value competence over commonality when it comes to working with a social worker (Kadushin, 1983).

Social work students are often concerned that their race, age, and gender may limit the variety of clients they can work with effectively. Caucasian students may worry that they may not be credible to minority clients because they are members of the dominant group and have not experienced daily oppression. Students of color may fear that they will be dismissed by Caucasian clients as being inferior because of the color of their skin. Still others worry that they may be too old or too young to be accepted by their clients. We do not want to ignore the very real problems of racism, sexism, and ageism that exist in American society, and we do recognize that some clients will capitalize on these fears that students may have. However, it is important to keep in mind that the beginning of a relationship is plagued by some degree of anxiety both on the part of the

worker and of the client. It may be that the clients' challenge of gender, race, or age may be more a manifestation of their own fear of whether they can be helped or not. Though the manifest question may be "Are you capable of helping me?" or "Can you understand me?" the underlying question the client may be asking is "Is there any hope for me? I feel hopeless." If the worker feels vulnerable and self-conscious about his or her personal attributes, she or he may not hear what the client's latent concerns are and may even become defensive. The client then will feel misunderstood and even more helpless and hopeless, and it is more likely that the client will not return to the agency.

When forming relationships with families, the worker is faced with special considerations that do not present themselves in casework or group work. When working with a family in a family session, the worker will have to be able to form a working relationship with parents, children, and sometimes grandparents or other significant family members. The relationship skills necessary to reach one generation may be very different from another generation. The relationship skills involved in reaching a disgruntled adolescent are different from those needed to reach the adolescent's controlling parents. Sometimes social workers will meet individually with family members to establish some kind of beginning relationship with each significant member of the family; however, these tentative, beginning relationships will be severely tested when the family is seen as a whole and all sides are trying to co-opt the worker. The family as a small group breaks most rules of group composition by throwing together in one place different genders, generations, and ages. It is no surprise to practitioners that conflict is much more prevalent and intense in families than in groups.

Because of the nature of long-term relationships in families, families are able to tolerate much more interpersonal conflict than formed groups in which the relationships are much more transient. For formed groups to survive, they must be composed of members who have strong commonalities (such as similar ages and problems) so that cohesion can develop quickly. Too much interpersonal conflict will tear formed groups apart, yet families can survive even in the face of fairly intense and frequent interpersonal conflict.

Besides the difficulty of maintaining relationships with different generations, the social worker must also walk a careful tightrope of not forming too strong a relationship with any one family member. The relationships between family members always take precedence over the relationship that the worker might have with any family member (Budman & Gurman, 1988). The worker must not allow his or her relationship to become stronger or more significant with a family member than already exists within the family structure. The worker needs to behave like a transient though trustworthy guest whose stay is temporary in the family and will not replace existing family relationships but instead will work to improve whatever relationship problems may already exist. In families with needy individuals, this is a trying balance for the worker to establish in the working relationship with the whole family.

WHY IS RELATIONSHIP SO IMPORTANT? ●

Initially, social workers discovered the salience of relationship through the observation of the social environment and of their own work with clients. Some research has shown just how critical relationship is to service outcomes. Studies comparing different types of therapies have shown that while therapy produced positive effects for clients, there were essentially no differences in effectiveness between selected therapies. This was the case even though these therapies varied widely in theoretical background and treatment approach (Smith, Glass, & Miller, 1980). These results suggest that professional helpers, whatever their training and theoretical orientation when they interact with clients, are accomplishing similar things (Lambert & Bergen, 1994).

There have been many studies conducted on the efficacy of therapy in order to understand what factors account for treatment success (Lambert, 2004; Nathan & Gorman, 2002; Orlinsky, Grawe, & Parks, 1994). Studies have compared the amount of training, the types of training, and theoretical orientation of the helpers and the kind of techniques employed in therapy. These factors, however, do not seem to account for the efficacy of the treatment process, and in some studies, these factors seem to make no difference—or very little difference—to outcomes. Outcomes seem more determined by the relationship developed in treatment. These relationship factors have been called "therapeutic bond" and may be found in many types of helping relationships. In some studies, they have been more influential on the treatment outcomes than the type of interventions employed (Orlinsky et al., 1994). This evidence suggests that effective helping cannot take place without the existence of a significant interpersonal relationship between the help seeker and the helper.

The significance of relationships to outcome is clearly evident in group leadership functions. Successful group leaders must pay attention to *task* as well as *maintenance issues* (Forsyth, 1990, pp. 211–229). A group leader employs leadership moves to help the group accomplish its agreed upon goals, while trying to respond to the individuals' needs, wants, and the feelings of members in the group. These socioemotional leadership activities are designed to facilitate positive working relationships between all members of the group. A group in which individuals cannot form and maintain working relationships is a group destined to suffer severe loss in members and ultimate dissolution. Of course, such a group will not achieve its goals.

CONSCIOUS USE OF SELF ●

The professional relationship is one of the primary tools for social intervention. Carpenters, surgeons, and cosmetologists have instruments such as hammers,

scalpels, and combs that they use in their daily work; the social worker's tool of the trade is herself or himself. Other occupations and professions may sharpen, fine-tune, and clean their instruments; social workers must regulate, adjust, and fine-tune themselves to the specific needs and situation of the client. This is often referred to in the profession as "conscious use of self." According to Hollis, the worker must keep a conscious balance between the head and the heart, distance, and closeness (Hollis & Woods, 1981, pp. 311–313). This balance enables the worker to be objective enough to assess realistically the client's situation without becoming personally and emotionally involved and at the same time having the empathy that will help the client feel understood and less alone in his or her predicament.

In the past, social workers were trained to maintain a fairly formal and detached relationship stance with their clients. It was taboo to share personal information. Studies of self-disclosure have demonstrated that both client and worker need to engage in this process as the relationship is developing (Jourard, 1971). Genuineness is also an important factor in the development of an effective relationship (Truax & Carkhuff, 1976). There has been a shift toward a more relaxed, freer, open client–worker relationship. This change has resulted from the understanding that a client's need for distance and involvement on the part of the worker may vary according to the client's identified problem, needs, age, race, ethnicity, and gender (Hollis & Woods, 1981, p. 299).

For example, the need for interpersonal distance in relationships varies according to ethnicity. Some ethnic groups that are highly individualistic and independence-promoting may require greater space than other ethnic groups who are traditionally more interdependent because of their communal worldview. Therefore, a worker's formal and distant demeanor may feel comfortable to some clients but may be perceived as cold, indifferent, and suspect by other clients who expect more personalismo and platica in relationships (Sue, 1981, pp. 38–39).

Warmth, caring, and concern by the worker have been identified as nonspecific factors that contribute to effectiveness in treatment. Recent writings have also shown that women are more likely to pay attention to relationship factors than men (DeWaal, 2009; Garvin & Reed, 1995). With these imperatives in mind, workers should modulate their interpersonal demeanor and professional persona according to the specific needs of the client. This kind of chameleon-like adjustment is an ongoing and difficult task for interpersonal practitioners.

IMPORTANCE OF HOPE ●

The offering or instilling of hope has been recognized in the practice literature as a significant global strategy for building relationships and enhancing the effectiveness of helping interventions (Forsyth, 1990, pp. 471–483; Golan, 1978). Effective therapeutic support and self-help groups actively instill hope in their members. Workers who encounter clients in various types of crisis (suicidal, domestic violence, etc.) are encouraged to approach their clients with a firm sense that no matter how bad things are now that they can be better in the future. This sense of hope and optimism are essential to establishing relationships with the client in active crisis.

Medical and psychological studies of the "placebo effect" have demonstrated that when people are told that treatment has begun and they believe in the interventions, about 30% will immediately respond positively and begin to heal even when the intervention is a placebo (Jones, 1977; Rossi, 1986). When clients or patients have a strong sense of hope, confidence, and optimism that the intervention will be effective, the outcomes of the intervention will be more positive. These perceptions can be influenced by workers in the beginning of relationship building by offering hope and sharing the belief that the client can transcend his or her situation. When workers instill a sense that change is possible, client motivation to participate in service will also be enhanced (Miller & Rollnick, 2002).

The caveat to offering hope is that interpersonal practitioners do not make promises to clients in the beginning that everything will be OK. Workers are usually not psychic, nor do they have the power to guarantee outcomes. Offering hope that a more positive future is possible is very different from a guarantee that it will come to pass. Hope can go a long way toward the amelioration of the despair and disempowerment that many clients experience. Hope can turn around low motivation and apathy. Hope should spring eternal in the social work relationship.

This section of this chapter has presented the complexity of relationship as an important concept in social work practice. It has also described some studies and arguments emphasizing the importance of the professional relationship to social work practice and how complex and difficult professional relationships can be in a multicultural world. To underline the importance that relationships have in human experience, we remind readers of something they already know. In the history of

cruelty and punishment, the most devastating and dehumanizing tactics are those that deny one individual's access to other human beings. Remember a time in your own life when you either committed or received the silent treatment from others for some social transgression. Remember how dehumanizing and cruel such a process can be. Think how cruel and depersonalizing solitary confinement is to prisoners and the impact exile has on the individual who must leave an important reference group. For many organized groups, exile was a punishment worse than death. The deliberate withdrawal, disruption, and elimination of social relationships are some of the cruelest punishments devised. On the other hand, the conscious and deliberate efforts of one human being to engage and relate to others can be a most healing and affirming experience. In the next section of this chapter, we discuss strategies that interpersonal practitioners employ to engage their clients in the helping process.

● THE INITIATION OF RELATIONSHIPS

Although the relationships between workers and clients contain many subtle elements created out of the unique nature of each person, there are five common elements that are sought in social work helping relationships. These elements have been extensively researched and consist of the following elements:

1. Social workers seek to attain *accurate communication* of thoughts and feelings between themselves and their clients.

2. Social workers seek to achieve *full communication* of pertinent information between themselves and their clients.

3. Social workers seek to communicate *feelings of warmth and caring* to their clients.

4. Social workers seek to create worker and client *complementary roles* so that each facilitates the other's contribution to the purposes of the interaction.

5. Social workers seek to create a *trust* that they and their clients will honor commitments made to each other.

Accurate Communication

We take for granted that human communication is a fairly simple exchange of information from the speaker to the listener, when in fact this process is fraught with many potential problems. In order for two individuals to share information,

| Figure 6.1 | Human Communication—Transfer of Meaning |
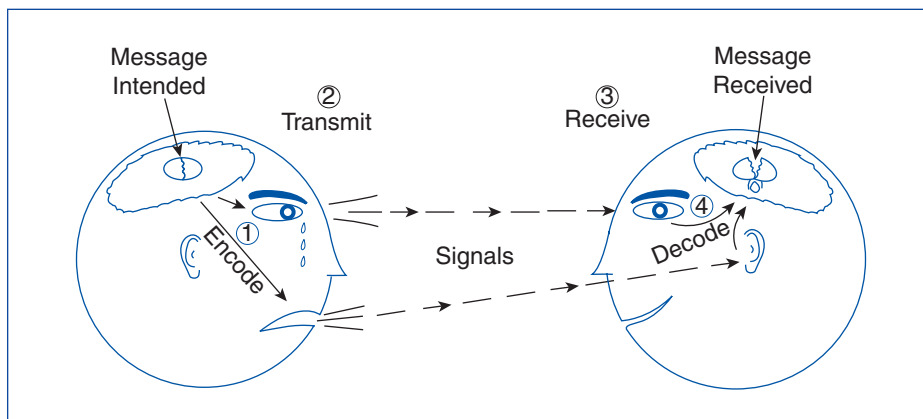
the communication process is a complex series of steps in which many problems may emerge (Seabury, 1980).

In a simple dyadic exchange, one person (the sender) transmits a thought or idea to another person (receiver). The idea is encoded into a set of signals, such as words, facial expressions, and hand gestures. These signals are sent out and received by the other person through sense receptors, such as eyes and ears, and then are decoded and understood by the brain. In human communication, it is unlikely that the idea sent will completely resemble the idea finally received. The process of (1) encoding, (2) transmitting, (3) receiving, and (4) decoding will inevitably change the information sent. In order to reduce these errors, human communication often involves continuous feedback between the two persons in the dyad, which helps to reduce these inevitable distortions. See Figure 6.1, which portrays human communication in a dyadic exchange.

Most people assume that words have meaning, when in fact meaning is in the users of words and in the context of the encounter (Scheflen, 1974). Some researchers of human communication suggest that words convey about 7% of the meaning in an encounter, vocalization conveys about 40% of the meaning, and posture and gestures convey over 50% of the meaning (Mehrabian, 1972). One of the essential skills that social workers must learn is "active listening," which not only involves paying careful attention to what clients say (i.e., words) but also listening to how the words are spoken (i.e., vocalization, tone, and volume) and also observing the nonverbal behavior (i.e., posture, gestures, and facial expressions) that accompany the words. Active listening is an intensive process and is a tiring process. In order to demonstrate how difficult this skill actually can be, we offer Exercise 6.3.

Exercise 6.3

Active Listening

This exercise can be performed in small as well as large classes. Students are organized into triads (i.e., groups of three). Each student will have the opportunity to play three different roles in the triad— speaker, listener, and observer/evaluator. The speaker role involves sharing with the listener what the speaker did over the past weekend. The speaker is given 3 minutes to share what they want to share. The listener may not take notes but can ask the speaker for clarification or elaboration if needed. The observer may take notes on what the speaker says. When the 3 minutes is up, then the listener states back to the speaker what they remember about the speaker's weekend. The observer can take notes at this point in the process, too. When the listener has finished, the observer then gives feedback to the listener about two errors that often enter this simple exchange. Errors of omission involve information that was missed in the listener's response, and errors of commission involve informa- tion that was added in the listener's response and was not in the speaker's original communica- tion. Sometimes students, because of years of oppression in the student role, like to give each other "grades" about the listener's accuracy, but this is not necessary to the success of this exercise. The students in the triad then exchange roles so that the process continues with a new speaker, new listener, and new observers. Students will realize that in a short 3-minute exchange with a fellow student, many errors may be introduced. In an hour interview with a new client, many more errors may appear.

For purposes of analysis, we divide accurate communication into transmission and reception of *thoughts* and *feelings*. By accurate, we mean that what the speaker intends to communicate has been "mostly" understood by the listener. We believe that accuracy in human communication is much more enhanced when the people in the encounter have known each other for a long time and have a lot of life expe- rience in common. When people are meeting for their first encounter, and they are from different life experiences, the chance of misunderstanding is much greater. As in Exercise 6.3, accuracy can be enhanced when the listener shares what they have understood of the speaker's communication. In most cases, however, social work- ers do not engage in such repetition because such responses can be experienced as mimicry, which has unpleasant connotations. Hearing our own words repeated back to us may also indicate that the listener has memorized our comments and is "parroting" them back rather than understanding them.

A concept relevant to what we have just been discussing is *empathy*, which is a central, biological feature of our humanity as social beings (DeWaal, 2009). For the interpersonal practitioner, empathy is the act of experiencing another person's responses as if one were that other person. The phrase "as if" is important because

the concept of empathy relates to the act of experiencing something in a manner similar to another person while still retaining a sense of who one is and what one's separate responses may be. After a worker experiences another person in an empathic way, the worker may provide an empathic response in which he or she communicates what was understood.

The literature on empathic responding does not consistently make a clear distinction between responses to another's thoughts and feelings. Because these are two different types of reactions, we refer to a communication regarding another's feelings as an *empathic response* and another's thoughts as a *reflective response*.

Particularly in the beginning of a social work relationship, it is important for the interpersonal practitioner to provide empathic and reflective responses. The interpersonal practitioner is not yet sufficiently familiar with the client to be sure that his or her understanding of the communications of the client are correct. In addition, the client may not yet be sure that the worker is listening or that the worker correctly understands the client's communications. The worker must also facilitate the client's exploration of his or her situation and beginning of problem solving efforts. Empathic and reflective responses are softer, subtler, and less directive ways of reinforcing these client efforts than are direct questions.

Much research has been done on the relationship of empathic responses to therapeutic outcomes (Beutler, Machado, & Neufeldt, 1994). The initial research findings supported Carl Rogers's hypothesis (Rogers, 1957) that the so-called *facilitative conditions* of empathy, genuineness, and unconditional positive regard were necessary and sufficient conditions for desired therapeutic outcomes. As more research was done, however, the findings became mixed. We agree, therefore, with the following conclusion:

> Researchers of process and outcome of psychosocial interventions have accepted the wisdom of pursuing a more complex model. The importance of the "therapeutic relationship" is not dismissed but is included as one of a number of important factors to be considered. (Parloff, Waskow, & Wolfe, 1978, p. 251)

Because empathic and reflective responses are at least one important component of many helping processes, interpersonal practitioners should understand how to apply them and to identify those situations when they are required.

A complete empathic response has several components: One is a restatement in the worker's own words of the feeling the person experiences. In fact, empathy training programs have been devised (Milnes & Bertcher, 1980), and one of the first tasks is to train the student to recognize "feeling" words and their synonyms. A second component of an empathic and reflective response is a reference to the situation that elicited the feeling. For example, if a client says, "I was pissed off when I came home for supper and my wife was out," one possible empathic and

reflective response may be "You were angry because your meal wasn't ready when you came home and because your wife wasn't there." The word *angry* is synonymous with "pissed off," and the situation was specified as the lack of a meal and the absence of the wife.

Work has also been done on rating levels of empathic and reflective responses. One such scale has five levels (Eisenberg & Delaney, 1977; Truax & Carkhuff, 1976).

The *first level*, the poorest response, is assigned to worker responses that demonstrate little awareness of the client's feelings, and the situational reference is also vague. An example of such a first level response to the previous statement ("I was pissed off when I came home for supper and my wife was out") might be "And what do you do at work?" Such a response does not reflect either the feelings or the situation. The *second level* connotes a misunderstanding of the intensity of the feeling, and the situational reference is not specific. For example, the workers response to the statement might be "You were irritated with your wife." The clients feelings of "pissed off" are more intense than irritation, and only the "wife" is specified when there is much more information in the client's statement. The *third level* is deemed the minimum facilitative one. Obvious feelings are correctly identified, and at least some aspects of the situation are specified. The response of "You were angry because your meal wasn't ready when you came home and because your wife wasn't there" reflects a third level response because it captures the intensity of the feeling and the situation that has caused the anger.

Fourth and fifth levels are reserved for worker responses that refer partially or fully to client feelings that are "deep" or not clearly expressed. This occurs when the situation in which the feelings are embedded is a highly personal or painful one. These levels assume that there are underlying feelings and issues that are not expressed in the manifest message. For example, in the previous example, the husband may have been extremely upset and anxious to find that his wife was not home when he arrived back from work. There may have been a "big fight" when he left for work in the morning and his wife threatened that she did not have to put up with him. A fourth level response might reflect his anger about her absence but also push the client to disclose more about the situation. For example, "I understand that you were angry that your wife was not there when you returned home from work, but I was also wondering if there wasn't something else going on in this situation?" There is a certain amount of "hypothesizing" that goes on with fourth and fifth level responses, and the interpersonal practitioner should be careful not to try to "mind read" what may be going on in the client's mind.

Many empathy training programs for volunteer and other "lay" helpers direct the trainees to restrict themselves to third level responses because of the risk of causing pain or confusion to the client through using the higher levels incorrectly or inappropriately. Fourth and fifth levels require advanced training in therapeutic communication. In the beginning stages of the social work process, it is wise to

utilize third level responses so as not to prematurely direct the client into dealing with painful feelings. As Eisenberg and Delaney (1977) stated,

> Additive responses offered too early in the process can have a disruptive influence on the counseling relationship. Such responses may go beyond where the client is at the present time and thus threaten or intimidate the client. At the least, the client will become very self-conscious and monitor what he or she says. At worst, the client might become so threatened as to terminate. (p. 95)

Empathic and reflective responses at the third level primarily have the effect of letting the client know that his or her thoughts are understood as well as helping the worker to check out whether this understanding is correct. The effect on clients is to induce them to reflect further on the situation or to reconsider their points of view. The worker should be clear that this is what is desired, as too frequent use of empathic and reflective responses can be unpleasant to clients. After a trusting relationship has been established, workers can directly ask clients to elaborate on a discussion, examine a feeling, or reconsider a point of view. Reflective and empathic types of responses at the third level can then be reserved for times when support is required or when the worker is unclear about his or her understanding of the client's ideas and feelings.

Full Communication

When a honeybee returns to the hive after discovering a source of pollen, the bee engages in a dance. The other bees observe this dance and—depending on the direction of their dancing comrade—the hive learns in what direction and how far the source of pollen exists outside the hive (Wilson, 1973). It never occurs to the returning bee to "deliberately" make false moves in the dance and send his fellow bees on a "wild bee chase."

For humans, however, we often deliberately engage in deception when communicating with other folks. Paul Ekman (2001) has conducted research on human deception, and there is even a TV series based on this research called *Lie to Me*. There are many kinds of deception in human communication, such as hyperbole, omission, and falsifying; in some forms, the sender is not even aware that they are sending false information, such as confabulation.

There are also times when deception serves a positive social good (Kursh, 1971), such as telling a friend that her new hairdo looks attractive when in fact we think it looks atrocious. The relationship is more important than the ugly hairdo. The importance of this discussion is that full communication is more often an ideal

than a reality in human communication, but it is still an ideal that the interpersonal practitioner should try to achieve in the relationships with the client.

By full communication, we refer to an interaction in which the worker and the client communicate *all* the thoughts and feelings they are aware of that will help them to attain their mutual purposes. Full communication incorporates two dimensions: *genuineness* and *self-disclosure*. Since our emphasis here is on worker responses that serve to build the helping relationship, we shall focus primarily on the worker's genuineness and self-disclosure.

By genuineness, we mean the interpersonal practitioner should be honest with clients and not deceive the applicant or client in any way about the service process. The interpersonal practitioner should not try to project a phony image of themselves or their professional role. We believe it is important that the student intern should state that they are an intern and are in training. They may also add that they are supervised by a person with a masters in social work (MSW). Clients may not want to hear this, but it is required by the ethical principle of informed consent, which was discussed in the values chapter (Chapter 3).

When asked a direct question by a client, there is a reluctance to sometimes admit that you don't know the answer. This may anger the client and seem to reduce the expertise of the practitioner, but we believe it is the correct response. When pressed by applicants who want a guarantee that service will produce a positive outcome, we strongly believe that interpersonal practitioner should never promise an outcome. We do believe that instilling hope in the service process is an important part of all helping relationships, but "hope" and "promise" are not the same thing. These issues will be discussed in greater detail in the contracting and group assessment chapters (Chapters 8 and 14).

There are many situations that arise in practice when the client does not engage in full communication, and we want to mention one that is common in human communication. Whenever people are asked to convey feelings or experiences, it is likely that the person will express themselves in "metaphors" (Barker, 1985). For example, a person may describe an intense, personal experience as "drowning" or "sinking into quicksand" or may even refer to a childhood story: "I felt like Goldilocks being discovered by the three bears!" These metaphors and allusions are not to be taken literally but to convey the threat the person experienced.

Because feelings and the subjective experiences of clients is an important aspect of interpersonal practice, interpersonal practitioners must carefully explore the meanings embedded in the metaphors and allusions that clients use (Barker, 1996; McAdams, 1993). For example, in some American Indian tribes, metaphors are frequently employed by adults to express themselves (Lum, 2005). In these

tribes, a child's communication is direct and to the point, whereas adult communication is expected to rely heavily on metaphors to convey experience. When a white, Euro-American practitioner asks these adult clients for information about their experience, it will seem odd when the client replies with a story about the animal kingdom. The Euro-American practitioner should not view the response as tangential and possibly reflective of a thought disorder but instead should carefully listen to the themes and moral of the story. The psychiatric conclusions of the diagnostic worldview may miss the point of the client's communication, and the interpersonal practitioner may have to ask the client for help understanding the symbols and thematic meanings of the story.

In my (BAS) undergraduate education, I took Chinese language courses in order to be able to read and write Mandarin. In 1962, there were no textbooks for Mandarin printed in the United States, so our texts came from Communist China. Whenever the stories in the text referred to the United States, the two characters for the United States ("beautiful country") were always preceded by two modifier characters that translated to "capitalist pigs." At the time this seemed amusing, until our Chinese became good enough to translate newspaper articles written in Chinese. We learned that modern Mandarin was full of metaphors from classical Chinese that would appear routinely in the articles we were reading. For example, the concept of dilemma requires four characters that literally translated would be "difficulty getting off the back of a tiger," and the concept for confusion also required four characters, which literally translated would be "John's hat on Lee's head."

The point of this discussion is that different ethnic traditions have metaphors, allusions, and idioms that may seem strange to someone who does not share the linguistic and cultural experience. Full communication across an ethnic divide requires the interpersonal practitioner to work diligently to understand client's metaphors and the meanings these metaphors are conveying about the client's experiences.

Because of the controversy surrounding the issue of self-disclosure, this response has been the subject of a number of research efforts. Weiner (1978), who has reviewed this research as well as the therapeutic literature, has concluded that self-disclosure can be a useful worker response if careful judgment is exercised as to the nature of the therapeutic situation and the needs of the client. He discusses the use of self-disclosure, for example, in reference to a number of therapeutic strategies. When the strategy involves training the client, the worker's own experience with the training plan may help the client to follow the plan (Weiner, 1978).

Weiner (1978, p. 87) summarized the major occasions for self-disclosure as follows:

1. Enhance reality testing by defining the therapist as a real person and by defining the real patient–therapist relationship.

2. Heighten self-esteem by conveying respect, thus facilitating identification with a respected person (the therapist).

3. Provide feedback about the impact of the client on others.

4. Promote identification with positive aspects of the worker—for example, his or her calmness, reasonableness, and interpersonal skills.

5. Sufficiently gratify the client's transference and object needs to establish and maintain a therapeutic alliance.

6. Resolve certain transference resistances.

Weiner has developed a similar list of occasions when self-disclosure is very undesirable. Occasions include those when the therapist seeks to seduce a patient into a situation, including therapy, to which the patient is seriously opposed; those who primarily meet therapist needs; those who reinforce the patient's pathological patterns; and those who perpetuate the patient's dependence (Weiner, 1978, p. 102).

In conclusion, we believe that there are some occasions for the interpersonal practitioner to reveal personal experiences, attitudes, or feelings. Within some of the constraints described, there are times in most social work interactions for the interpersonal practitioner to engage in such self-disclosure.

Feelings of Warmth and Caring

The next dimension of the social work relationship we shall discuss is the communication of positive feelings from worker to client. This dimension is a subject of controversy as some social workers view it as overinvolvement. They argue that workers who care too much for clients are unable to remain objective and may seek to use clients to meet their own needs. We do not believe that caring for clients leads to these negative dimensions. Worker feelings that are harmful to clients do, of course, occur, but we believe that these do not stem from positive feelings toward the client but rather from feelings that workers have toward themselves and their own problems. In fact, caring for the client in the way we conceive is the opposite of using the client to meet one's own needs.

Evidence from a number of studies exists to support communication of the worker's caring feelings. Ripple, Alexander, and Polemis (1964), in a study of people who had good outcomes from casework service, found "the most important single variable was service and concern, not the skill in specific activities, but rather the amount of encouragement given the client during and immediately after the initial interview" (p. 199). Discouragement did not mean negative attitudes on the part of the worker but rather a "bland, seemingly uninvolved eliciting and appraisal of the client's situation, in which the worker appeared neutral in affect, left the client's discomfort untouched, and offered no basis for hope that the situation could be improved" (Ripple et al., 1964, pp. 201–203).

The dimension of caring is also closely related to the third of Rogers's (1957) facilitative conditions, which has been called "unconditional positive regard" or "nonpossessive warmth." These terms connote the idea that the worker maintains a spirit of warm goodwill toward the client regardless of what the client says, values the client as a human being, treats the client as a person with dignity, and "expresses continuing willingness to help no matter what the behavior of the client and no matter whether he approves or disapproves the client's behavior" (Shulman, 1978, p. 231). Finally, the worker takes interest in the client's concerns and pleasure in the client's achievements (Shulman, 1978).

Complementary Roles

This dimension of the social work relationship reflects the idea that in a functional interaction, each person facilitates the goal attainment of the other person. The role of the worker in this respect is to support the problem solving of the client individually or as a member of a family or other group. The role of the client is to engage in the work of solving problems and to provide the kind of information to the worker that will permit the worker to be helpful. These roles facilitate rather than hinder each other. At times in the social work process, however, roles emerge that require a more specific reciprocal response from the other person so that a constructive relationship can continue, and we shall discuss some of these.

At all times in a multiperson system, as we pointed out earlier in this chapter, the system has task requirements and social–emotional requirements. The task requirements relate to the phases of the problem solving effort. The social–emotional requirements relate to the management of tensions that threaten the system. When one person attends to the task requirements, others can complement this by attending to the social–emotional requirements. Frequently, in the social work process, the client engages in the task activity of problem

solving. When this occurs, the interpersonal practitioner often attends to social–emotional requirements by responding to client feelings so as to reduce tensions. The reverse can also occur. A client and a practitioner may be intensively engaged in a problem solving activity as tensions mount. The client may then play a social–emotional role, for example, by using humor to reduce this tension. In these examples, the client and interpersonal practitioner are fulfilling complementary roles.

Another type of complementarity occurs through raising and answering questions. If both the interpersonal practitioner and the client see each other as only raising questions rather than seeking answers, conflict rather than complementarity may occur. There is no general rule for such issues; rather, the worker and the client should recognize when they are functioning in a conflictual manner, and the interpersonal practitioner should search for ways to resolve the conflict. In the chapter on clienthood, we discuss ways that the interpersonal practitioner and the applicant can reduce role conflicts in the beginning of the service process.

Another common example of complementarity involves one person in the role of speaker and the other in the role of listener. When interpersonal practitioner and client are from different ethnic and community backgrounds, there is likelihood that clients and practitioner may vie with each other to speak or even to remain silent. In some ethnic groups, there is a "chain rule" that expects the listener to be quiet and observant of the speaker and to wait for the chance to respond (Byers & Byers, 1972). To interrupt or speak while the other is speaking is viewed as rude and disrespectful, while in some ethnic groups the speaker and the listener are expected to be engaged in conversation simultaneously. It is expected that the speaking and listening functions are carried on simultaneously. In fact, when there is a lull in the conversation, each party will wait for someone to break the silence so they can go on communicating. These communication patterns can be demonstrated by the following classroom demonstration:

Find out who in the class has grown up in families "where everyone speaks simultaneously at family gatherings" and who has grown up in families "where only one person speaks at a time" and all others in the family gathering are listening. Pair up two class members from these different experiences, and have them try to have a conversation about what they did last weekend. Instruct each of the members of this dyad to stick to their comfortable pattern of conversing. The likely outcome of trying to "match" these two styles of communication will involve awkward starting and stopping of the dialogue. For example, when the "only one" starts to speak and then the "everyone speaks" starts to join the conversation, this joining will be viewed as interrupting and the "only one" person will stop speaking. When the "only one" stops speaking, the "everyone

speaks" person will stop speaking because there is no one to speak with. What usually happens is the interchange will be difficult to maintain, and the two members of the dyad will find the experience unsatisfying.

Trust

The last component in our discussion of relationship is trust that interpersonal practitioners develop with their clients. In a relationship based on trust, both parties represent themselves honestly, and each honors commitments made to the other. Trust, therefore, is closely related to the full communication dimension we have described, but it also touches on additional issues.

One of these issues is the competence of the worker. The worker has represented himself or herself as being able to undertake the kind of helping activities the client requires. It would be naive to assume that workers are ready for all exigencies. Workers will at times confront client problems for which they lack competence. The broader issue regarding worker competence is that workers should know the limits of their abilities and should seek consultation, bring in other workers, or even refer a client to others when they have reached such limits. This is required by our professional code of ethics.

The client should be able to trust the worker's commitment to this principle. When asked, workers should answer questions honestly regarding their abilities. Some clients will use this issue to express hostility to workers (i.e., to question their competence), but this type of client reaction should be discussed and explored.

Another component of trust is confidentiality. The commitment that an interpersonal practitioner makes to all clients is that nothing will be revealed about the client without the client's knowledge. This implies that the type of records the worker and the agency keep will be confidential and available to the client. Recent legal decisions have often required workers to make the client's case records available to the client. This poses problems for some workers who use technical jargon to describe clients or who record conjectures regarding the meaning of client behavior. In some cases, the client's knowledge of this will not harm the client as much as some workers fear. In other cases, it is clear that workers will have to refrain from placing such material in records. We feel that this change will not have the dire effects some practitioners predict. In fact, benefits may accrue in terms of a reduction in the number of unsubstantiated inferences and labels attached to clients.

An issue that is more crucial than the client's *knowledge* of dissemination of information about them is their *consent* to this. The ethical rule is that nothing is revealed about the client without the client's consent. We accept the idea,

however, that there can be exceptions to this rule—exceptions that are explained to the client in advance. Social workers do not promise to keep information confidential when this will endanger the lives of clients or others. In general, social workers do not commit themselves to keep their knowledge of illegal acts confidential but will report this to the appropriate authorities. The usual approach, however, is to help clients to take this responsibility themselves. This situation usually occurs when the offense is serious: Social workers are not in the business of reporting minor traffic violations but will take seriously the offense of a client who was a "hit and run" driver by urging the client to report the event or ultimately by reporting it themselves.

Some clients, such as young children, acutely psychotic, and the severely developmentally disabled, may not be capable of making decisions regarding confidentiality. The worker in such situations will secure releases from family members or others responsible for such clients or from people who represent the interests of the client.

The issue of confidentiality, in addition to the worker's provision of information to others, includes securing information. The client is always regarded as the primary source of information about himself or herself, and the worker should ask the client's permission to obtain information from others. The client has the right to have that information shared with him or her, and the informant is told when the client wishes to exercise this right.

● RELATIONSHIPS IN GROUP SITUATIONS

In group work, workers seek to develop among the members as well as with themselves the relationship dimensions we have previously described.

1. *Accurate Communication*. Workers will describe the processes of empathy and of reflective responses to members and will seek to model these. Workers can train members to make empathic responses through role plays, tapes, and reinforcement of these responses when they occur naturally. Workers will, at times, use such exercises as asking members to repeat the statement of the member who had previously spoken before making additional remarks. This has the effect of both providing feedback to the previous speaker and ensuring that members listen carefully to one another. When this is done in groups, it is after the group has identified inaccurate communication as a problem and has agreed to handle it in this way.

2. *Full Communication.* The issue of disclosure is a very important one in groups, as many persons express anxiety about sharing personal information in group situations. This issue, therefore, is often discussed with the group at the

first meeting. Sometimes, exercises focused on this problem are used. For example, members are asked to think of an issue they are reluctant to discuss in the group. They then are asked to imagine sharing this information as well as the reactions of other group members to this. The kinds of anticipated reactions (not the actual sensitive topic) are then discussed in the group. This usually has the effect of encouraging the members to take greater risks in sharing information about themselves.

With regard to full communication, we previously also discussed the importance of correspondence between verbal and nonverbal communications. Members are usually not confronted in early meetings about a lack of correspondence between these aspects of communication as this will often be too threatening. After early meetings, however, this represents an important kind of feedback in groups devoted to helping members resolve problems in interpersonal communication.

3. *Feelings of Caring.* Members will work on their problems in group situations when they ascertain that the other members care for them; otherwise, they will be reluctant to give or take help from them. The worker, therefore, will reinforce expressions of caring among the members and will seek to resolve interactions that prevent this type of caring from emerging. In the chapter on group assessment, we will talk more about the importance of "altruism" as an important therapeutic variable in groups.

At times in groups, the members will express such caring for a member who, because of self-concept problems, will be unable to recognize or accept it. The member may even declare that the others are not honest in that expression. Helping the member to recognize this type of perceptual distortion can be invaluable in enhancing that member's relationships. Ultimately, expressions of caring among members in the group will be one of the most treasured aspects of the experience because it cannot be discounted, as it may be from the worker, on the basis of "that's her job!"

4. *Complementary Roles.* The role structure in groups is more complex than in one-to-one situations because of the number of individuals involved. Members will initially have to be helped to understand what the role of member is—namely, each individual has a responsibility for the welfare of the group and the other members in it. The role of the worker must also be understood as one who facilitates the way in which *members* take responsibility for the group. Beyond this, in ways that we discuss later in this book, the worker helps members to complement each other in the way they share leadership roles, task roles, and other group facilitation roles, such as mediator, negotiator, spokesperson regarding norms, and provider of emotional support. A good distribution of roles helps each person to

feel that he or she is important to the group. An exercise used by workers to enhance this is for the group to list the roles needed and compare this with the roles that each member has fulfilled.

5. *Trust.* Of equal importance with these dimensions is trust. This aspect of relationships among members includes expectations that all will attend regularly, come on time, and maintain confidentiality. Trust presumes a desire to help rather than to harm one another and a commitment to be truthful in giving feedback.

Each of these dimensions of one-to-one relationships as well as group relationships takes time to develop. The worker, however, must understand the nature of relationships, help the clients to understand them, and, from the very beginning, find ways of facilitating the development of each dimension. The relationship dimension is important because, in addition to the fact that it provides support for problem solving, clients invariably seek help with problems in relationships. The learning that comes from working on relationships with the worker, and in groups, with other members, is a prototype for skills to be employed in life beyond the social work situation.

● RELATIONSHIPS IN FAMILY SITUATIONS

The relationship that the worker seeks with family members, when the worker is interacting with an entire family (or with several but not all family members), differs from the one that the worker seeks in group and one-to-one helping situations. This difference is due to the fact that the family members have had long-standing relationships with each other well before the worker has entered the scene. In addition, the worker's target is usually the family, as a system, rather than the behavior of each family member singly. These relationship differences relate to the following propositions:

1. The family "problem" often lies in the kinds of relationships that exist among some or all family members. Thus, some members may be rejected or scapegoated by others or, in contrast, may be the ones most frequently approached for solutions to problems or for nurturance. Families frequently act to draw the worker into these patterns, particularly when the pattern is dysfunctional for the family. The worker, therefore, must be very aware of the kinds of relationship patterns the family seeks to establish with him or her.

2. Another kind of pattern families may seek to establish with the worker is for the worker to have closer relationships with some family members than with others. Again, this pattern may not be a desirable one for the family, and the worker must then avoid this. The worker, particularly in the beginning, seeks to establish relationships with *all* family members. These can be initiated by referring to each family member by name and interacting, however briefly, with each person. The worker must make extra efforts to initiate interactions with the members of the family who are most passive in the family session. The worker may also first seek to establish a relationship with family members (e.g., the mother, father, or grandparent) who can influence the family's decision to return for subsequent sessions.

3. The list of relationship dimensions with which we began this section of the chapter can be used to assess relationship patterns within the family that are either related to the presenting problems of the family or the family's strengths for problem solving. The worker will use this knowledge to seek to change some family relationship patterns or to reinforce others. We do not deal with this topic extensively here as it will be a major one when we consider family assessment later in this book. A few illustrations, however, will help to clarify this point.

In reference to *accurate communication*, family members as well as those in any group often distort their communications to each other to maintain dysfunctional roles or power positions. In *one* family, the husband failed to express any empathy with his wife's anger about his neglect of family responsibilities because he did not wish to increase these responsibilities. In another family, a father did not reflect any understanding of his son's school difficulties, even though the son discussed these, because the father did not believe he had the skills to intervene on behalf of his son.

In regard to *full communication*, a wife did not tell her husband about some of the difficulties that were occurring in her life for fear that he would be angry with her for her presumed incompetence. The husband, in turn, did not describe some relationships he had with nonfamily members for fear his wife would be jealous of these. The *feelings of caring* dimension is a crucial one, also, with respect to family relationships, as the family is one of the main institutions in society for receiving and offering caring. The worker noticed in one family that when a child approached the father, the father responded in a bland, mechanical, and uncaring manner. The worker subsequently learned that the father did not believe he was the biological father of this child, and his unresponsiveness was an important dimension of his relationship with both the mother and the child.

● SUMMARY

We want to remind the reader that whole texts have been devoted to relationship issues, whereas we presented a chapter that highlights the many ways that relationship has been conceptualized in social work practice. This chapter is loaded with terms and issues that arise when interpersonal practitioners relate to their clients. Many of the processes we point out are taken for granted by all of us when we form relationships. For example, we know intuitively that if you do not listen to someone else, are not particularly friendly and attentive, and do not try to get to know the other person, it is unlikely that a relationship will develop.

We also know that it is difficult to relate to people who have vastly different life experiences from ourselves. In the professional relationship, though, it cannot be left up to chance that the relationship will develop, and the interpersonal practitioner must take responsibility for creating the relationship with the client. For this reason, an interpersonal practitioner must know what steps and procedures are most likely to produce an effective working relationship.

In summarizing this chapter, we present an exercise that reviews main points we have presented. Exercise 6.4 can be completed alone; however, it will be even more meaningful if you compare your experiences with a classmate. You do not have to disclose the actual relationships being reviewed, only the various principles operating in each scenario.

Exercise 6.4

Dimensions of Positive and Negative Relationships

Recall a significant relationship in your life that was close and positive, and also recall a significant relationship in your life that was problematic and full of conflicts. These relationships may involve family members, close friends, or relationships that you formed at school or work. Using these two relationships as comparative reference points, assess each relationship on the following dimensions. These dimensions have been discussed in this chapter and represent basic principles of relationship formation.

1. *How similar were you to the other person in the relationship? What were major differences— gender, race, ethnicity, age, religion, social class, sexual orientation, etc.—between you and the other person?*

2. *How did these relationships develop over time? Did they seem to bloom or dissolve as you and the other person got to know each other better?*

3. *How much warmth, genuineness, and empathy developed in these relationships? Were you and the other person able to understand each other, to share important information about yourselves, and to communicate openly any affection that you might have felt for each other?*

4. *Did you and this other person care about your relationship? How much did these relationships matter to you? How much kindness, consideration, and respect was shown in these relationships?*

5. *Did you and this other person develop trust? Were you able to communicate fully with this other person and share intimate details about your life yet realize that what you shared would be held in confidence?*

When comparing these two relationship experiences on these five suggested dimensions, you may find dramatic differences in these relationships. Check to see what your classmates' experiences have been with positive and negative relationships.