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The Value of Hope

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Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has. --Margaret Mead

As I began to examine my beliefs and values for this paper, I began to realize what a monumental task it would be to harness into words principles on which I based my social work practice, and for that matter, my life. I felt confident that I knew what I believed and had a strong ethical base on which I relied, but as I tried to label and discuss a few of these values, I realized that much more was attached. It was like choosing a thread of a sweater and exclaiming, "This is it!" and then pulling the thread to find that it was attached to another thread and another and another and soon the sweater is entirely unraveled. So interweaved are my values and beliefs to how I think and act and choose in every situation, personal and professional, that the question became not what do I believe, but who am I? In my mind, I have always been who I am and yet my values are not innate and had to originate at some time. Thus, I had come full circle back to where I had started--trying to separate my beliefs from myself.

Few other professions are so closely identified by their ethical base as well as their knowledge base, as social work (Abramson, 1985). I knew that I believed in the basic values of the social work profession as stated in the NASW Code of Ethics (1987): self-determination, individual worth and uniqueness, right to self-actualization, and the obligation of the social worker to provide the "maximum application of professional skill and competence". The literature largely espoused these values, but a theme which I kept feeling, more than reading, was that I believed in hope. Watson (1979) called it social work magic, the abstract relationship that generates acceptance for each individual's uniqueness and potential. It transcends every level of social work: working with clients, interacting with society, and energizing oneself.

Hope Defined:

There are four features of hope which I believe require explanation. First, hope must be firmly rooted in reality. It is not wishing or fantasizing or a cheerleading approach to intervention. Reality for some people is that they have a disease and are going to die, that they will be faced with discrimination and poverty, or that their parents are addicts and that will probably not change. Hope is that a dying person can create a positive memory for loved ones, that families can support each other in poverty, and that a child can choose not to abuse substances or take responsibility for his/her parents abuse. These are not such grandiose hopes, but there is a belief that one can change and things can be better.

Secondly, and perhaps more importantly, hope must grow from a person's inner strengths. It is important that a social worker carefully and realistically assesses a client's strengths and builds on those strengths, not define the deficits (Saleebey, 1992). Sometimes strengths are shrouded in substance use, mental illness, or defenses, but social workers must have faith that every person would like to function well and has the ability to change. Clients often do not know their own strengths, and if they are not aware of their strengths then they are not aware of their power to make changes and choices in their life. Finding and building clients' strengths is closely related to self-determination and empowerment.

Stephen Wolin (1992) discusses the characteristics of children who overcome the adverse conditions of a dysfunctional family to become successful adults. In his book, Resilient Self, he focuses on the protective factors of children in chaotic homes instead of the risk factors. His conclusions, supported by studies, are that children with greater resiliency, defined as having strong social skills, problem-solving skills, autonomy, and a sense of future and purpose (hope), are more likely to become productive and successful adults. Social workers need to be aware of the vital influence of having hope has on families and individuals. It needs to be a component in every social work intervention.

As a family counselor, I believe that individuals and families should choose their own goals. Glick (1977) believes that self-actualization has been taken to an extreme and reinforces narcissism at the expense of family values. I disagree. If one truly believes in the basic goodness of people and their ability to make good decisions, then one must believe that people will make decisions in the context of what is good for their family if given the tools and options to make that decision.

CASE EXAMPLE:

The H. family consists of Mrs. H., her live-in boyfriend, and her five children ranging in age from 8 to 18 years old. Joe, 10 years old, just returned home from an institutional placement for one year. The children's natural father was extremely abusive to all of the family and the mother had been afraid to take any action against the father to save her children until the boyfriend helped protect her. Mrs. H. and her boyfriend continued to use threats of severe physical punishment to keep control of the children and sent them to their room all evening for days for fairly minor rule infractions.

From a pathological viewpoint, the family had many deficits. They lived in a poor neighborhood and had few outside resources. They had limited insight and functioning. They presented poorly and had a history of not protecting their children and probably using abusive discipline. They had not followed up well when Joe was in the institution. Our job as contractual family therapists was primarily to document that the hospital had provided a service after discharge and to support its view of family pathology. No real treatment goals were expected to be achieved.

My team partner and I approached the family from a very nonjudgmental stance. The presenting problem was defined with the family as preventing Joe from being re-hospitalized. What we found is that the family had a sense of humor and enjoyed doing things together. We built on their genuine love for one another and emphasized their survival strengths. As the family began to trust us, they talked about discipline and acknowledged that their techniques were all that they knew. They were afraid that the children would get involved with crime or drugs if they did not use strong discipline. Another strength of the family was that they were willing to try new techniques. We suggested that they try positive reinforcement for good behavior, short time outs for a few targeted behaviors, and allowance (which they could afford) for chores. During six months of therapy we also addressed the anger, fear, and guilt from years of physical abuse by the father. In a ceremony designed to instill all aspects of hope, the family burned letters to their father and mixed the ashes with soil and planted seeds. With nurturing and love, from the ashes would grow flowers to decorate their home. The parents made a commitment to the children never to use physical punishment again since they were successful with nonviolent techniques.

This family had been told by Protective Services, the counselors at the hospital, and the teachers at the school what they did wrong, but never what they did right. Social workers need to help families reach their potential and not create dependence (Moroney & Dobecki, 1984). We must define families by their caretaking abilities and not by their dysfunction. Improving all families' well-being needs to be a valid end in its own right.

This case example ties into the last two features of hope: hope is nurtured by a caring relationship and hope is future-oriented. The H. family was not willing to try new disciplinary techniques or reexamine their belief system until a trusting relationship was established. Facilitating that relationship required that we be non judgmental and genuinely respectful and caring. Alexander and Cohen (1982) state that there is a danger of labeling individuals or families as deviant when they may be adapting to social change or, conversely, the social worker has not accepted social change in regard to families and individuals. A strengths perspective requires that we give "credence to the way clients experience and construct social realities" (Saleeby, 1992). The H. family was doing the best that they could with the tools that they had.

Finally, hope looks toward the future. It is about what people can become if they use their unique abilities and strengths. In some situations, it is the only thing we can offer clients, but it is something that we can offer *every* client. Hope is positive and optimistic and when rooted in reality, grown from inner-strength, and nurtured by relationships, it is empowering for the future.

Formulation of my Value System:

I wrote earlier that hope transcends every facet of social work: client, society, and self. I have talked about how the social worker uses hope with clients. For me, personally, hope is a way of looking at situations and living more happily. Listening to the evening news and working with people with problems every day can be very depressing if one does not believe in unsung heroes and brighter tomorrows. There is also a very rational reason for optimism: It does not accomplish anything to look for the negative or dwell on the past. Looking forward and believing in better times is invigorating and motivating. This may sound very "Pollyannaish" and I have been accused of being naive, but it is a naivete I have consciously chosen because I can not imagine waking every morning wondering what is going to go wrong. It helps me do my job. It helps me like the people with whom I work. Yesterday I was talking with a psychologist in her forties who had been in the mental health field for fifteen years. She spoke of recently hired employees, under 29 years old, and of how a colleague in his fifties had called them "hot shots". She said to him, "They're still young, they are still supposed to believe that people can change. They haven't been around as long as we have to know better". Believing in clients' abilities is not related to one's age or experience, it is an inner conviction. As I mature and gain experience, my belief in people's strengths and abilities is solidified, not weakened. There is no room for cynics in social work when it comes to client abilities.

My values grew out of my religious upbringing. As I wrote this essay on hope and all of its ramifications, it reminded me of the passage in I Corinthians 13:13: "And now faith, hope, and love abide, these three; and the greatest of these is love". I believe a social worker must have faith in each person's inner strengths, hope that empowers people to make changes, and love in terms of genuine caring about each client. Belief in each person's potential attracted me to and keeps me in social work. I hope with every client contact that I can be an effective change agent. At a recent Student Assistance Program training the following story was told which I felt captured the essence of social work and hope:

An unexpected rise and fall of the tide on a sandy ocean beach left thousands of starfish strewn along the shore. The beach convulsed with starfish needing the ocean waves to breath and live. An old sea captain lived along the shore and saw the starfish and knew they would soon die. He ran down to the beach and threw the starfish back into the ocean one at a time, another and then another. A young man walking along the beach said, "Old man, there are probably ten thousand starfish stranded on this beach and they will all be dean in twenty minutes or so. You can't possibly throw them all back into the sea. What does it matter?" The old sea man picked another starfish out of the sand and hurled it as far as he could into the water, "It mattered to that one," he replied.

Social Workers do not have to be in the field long to see the tens of thousands of starfish and learn that their contribution sometimes seem so insignificant. But for every starfish thrown back into the ocean, there is a ripple in the water from the moment it makes contact that spreads far and wide. We may never know all the repercussions of our interactions. That is when hope and faith sustain us.

Cautions about Hope:

First, hope is not a substitute for knowledge and skills. Hope is a venue in which to work and apply techniques to cultivate and reach client strengths. If one has hope that people can change then one is obligated to be optimally prepared to facilitate that change.

Secondly, although it is valuable to look to the future and set goals and plan, we must also appreciate and enjoy the present. Finally, hope is also not an excuse for failing to take reasonable action and to accept consequences for one's decision. For example, if a parent has chosen to continue to abuse his/her child, a social worker is morally and legally obligated to report the abuse. Hope is the part of the intervention which believes that change is possible for everyone. When someone chooses not to make changes, especially in matters of safety, there must be an appropriate action to protect the client or others. With the right of self-determination comes responsibility and consequences. Hope can then empower an abused spouse, for example, to find the strength within him or her to make changes in their life.

Practice Decisions:

My practice decisions are very much anchored in my value systems. I chose to work with families because I believe that families are the hope for children and the community. The theory I use in working with families is future-oriented, defines the

symptom-bearer benevolently, includes the client in setting treatment goals, and avoids negative labels and pathology (Madanas, 1985).

After I had worked with 15-year-old Jim for four months he shared with me a concern which I suspect had troubled him for some time: "The last counselor I had said that I was Borderline Personality. Do you think that's what I am?" Jim was about to be expelled from school, was awaiting a hearing for malicious destruction of property, and had returned home six months ago from spending almost a year in a residential hospital. We had developed a positive relationship, although Jim would be the last one to admit it. His tough, crusty exterior protected him from deeply buried, painful feelings. "I don't know about stuff like that", I answered him honestly, "I only know that you can be whatever you want to be. I think that you care very much about other people and your family and that sometimes that can be scary. I think that you are smart and charismatic. You are artistic and when you set a goal for yourself you do a great job of reaching that goal. I think that with qualities like that, it doesn't matter what other people thought you were. It only matters what you think you are". Jim looked relieved to know that he was not condemned to be "borderline personality" and still had hope. With the help of caring parents, Jim stayed out of jail and in school. He completed required community service and more of the sensitive side of Jim was exposed. He bought the family pizza from his newspaper route money and bought his Mom flowers for her birthday. It was and will be a long, rocky road, but for the first time, Jim and his family had hope that he would be okay and that they could use their family strengths to support him.

Most of the families referred to the in-home family treatment program where I worked had been through a myriad of social services and were deemed hopeless or nearly hopeless by most of those service agencies. Usually, the families had also internalized that message and did not feel that they had the capacity to function better. I never felt that a family could not succeed and my team partner and I tried strategy after strategy to perpetuate change and build strengths and hope. We were not always successful, but we

never blamed the client. We accepted responsibility for not having the skills to be able to motivate the family or tap their inner-resources. We also accepted responsibility for any referrals we made because we were concerned about the safety of a family member. We always hoped that even with our most unsuccessful cases, perhaps we had planted a seed that might make them more responsive to future interventions. My hope was that we had made a positive impression in their life and this hope allowed me to try again with the next family.

Summary:

I did not know Elizabeth Brehler but I admire her belief in a strong value system for social workers and her commitment to the profession and the clients. I also imagine that she was a woman with much hope. Faced with a terminal tumor, her hope was rooted in reality for she knew she would not live to see the fruits of her endeavor, she drew from her own inner strength and beliefs, she was nurtured by her personal relationships, and she looked to the future and how to effect change. Through this scholarship program, she will impact social work students and the work they do for years to come. I am grateful to be among them and to have the opportunity to explore my belief system and examine the social worker I am ...and hope to be.

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