

WAYNE STATE
UNIVERSITY

SCHOOL OF SOCIAL WORK

The Impact of Self-reflection on Therapy

Mr. Jabulani McCalister

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Introduction

The National Association of Social Workers' (NASW) Code of Ethics stipulates that a social worker should not allow his/her personal biases to affect his/her services and judgments towards the client population. Second, the Code stipulates that social workers should seek help when problems occur. Last, the Code of Ethics stipulates that social workers should try not to intermingle his/her personal and professional views in a way that would misrepresent the agency in which he/she works (NASW, 1997). My argument is that without continuous self-reflection the latter goals are difficult to meet. According to Webster's Third New International Dictionary and Seven Language Dictionary Unabridged (1971), self-reflection is defined as introspection (Benton, 1971). In other words, to self-reflect is to examine intensively one's own thoughts and feelings (Lexicon, 1990).

Frequently, those of us involved in the social sciences do not realize how important it is to be self-reflective when making decisions concerning clients. Many people convince themselves that they can separate who they are from the work they do without difficulty. This essay addresses the impact of self-reflection, or the lack thereof, on therapy, and this writer's experience in developing self-reflection.

Personal values

Some social workers do not observe the relevance of self-reflection and neither contemplate nor utilize it. I feel it is important to be in touch with one's self, for without knowing one's self, it can become very difficult to interact with others therapeutically. For example, if one does not acknowledge that working with a certain population irritates him/her, the therapeutic relationship will suffer and appropriate treatment will not take place.

Through instilled family values, scholarly research, and self-reflection, I have become quite aware of who I am. Also, I have become quite comfortable with who I am. In fact, being an African-American male directly affects the way I think and go about my everyday life. As diverse as my community is, there is a strong emphasis in the African-American community on extended family and kinships, religion, and spirituality (Hines & Boyd-Franklin, 1996). To illustrate, during the period of slavery millions of familial ties were severed by removal of many native people from the continent of Africa for subsequent enslavement elsewhere (Hines & Boyd-Franklin, 1996; Franklin, 1969). Hines and Boyd (1996) state, "Torn from their homelands and tribal lives by slavery, men,

women, and children had to abandon native languages, names, occupations, mates, religions, foods, and customs" (p.68). Even after slavery was abolished, these broken ties were totally impossible to retrace or reconnect. Due to the hardships that slavery produced, extended family and kinships bonds are important to most African-American families. These relationships are important because they create a sense of belonging and camaraderie that may ease past and current oppression inflicted upon African-Americans.

This belonging and camaraderie manifested itself in the development of my personal values. For example, close kinships and family ties have helped me formulate a high-level of self-esteem. Kinships and family ties helped me see that all communities are interwoven. Blackwell (1991) states,

In general, systems theory begins with the notion that societies can be viewed as a system in which the whole has predominance over all of its parts. . .However, societal needs dictate the organization of these structures into a system of interrelated activities that are, in turn, mutually supportive. . .Even though diversity exists within the community, its members are held together by adherence to commonly shared values and goals. Thus, the African-American community has through its own and involuntary action perpetuated the systems theory (Blackwell, 1991, p. 17-18).

In other words, people in my family and close friends who are like family encouraged me never to give up, and to share what I had with others. The latter is probably why I challenge my clients to see the significance of how their environment affects their family. Likewise, my sense of connection from my instilled personal values is why I am so committed to "giving back" to the community that has been so good to me.

Next, my personal values have been shaped according to my religious beliefs. Historically, the black church and spirituality have been very instrumental in shaping the lives of most African-Americans. I use the phrase "the black church" because most African-Americans are involved in religious organizations that are Christian in origin, but have a distinct blackness to them. The black church was the only place where slaves could find a sense of protection and find some real explanation as to why these oppressive acts were being committed against them (Wilmore, 1973). It was the place where the "theology of liberation" was taught (Blackwell, 1991). In essence, the

black church still provides a sense of security and support that is not readily offered in society. Furthermore, my personal values are shaped by my belief that God loves everyone, despite his/her background, and He expects us to do the same. I feel that I am trying to live up to the latter by helping people form relationships that create more fulfilled lives. These healing relationships will not eliminate society's ailments, but they will be better managed.

Unfortunately, there are two personal values that I have developed that can be potentially problematic when it comes to client interaction. Traditional African-American community parenting styles consist of power-assertive discipline (Hoffman, Paris, Hall, & Schell, 1988). Specifically, children are to be seen and not heard and punishments consist of threats, commands, spankings, and withdrawal of privileges (Hoffman et al., 1988). Of these punishments, my experience tells me that threats, spankings, and commands are predominantly used. This authoritarian style dictates that the child accepts the command without question or suffers the negative consequences (Hoffman et al., 1988). I have identified through my own self-reflection that I am very authoritarian when it comes to interacting with people. I always expect things to be a certain way—my way. When things are different than my way, problems occur for me.

Second, I feel that spanking works in a lot of cases, but only as an immediate deterrent. Again, I think this method of behavior control has been perpetuated by many African-Americans as a result of the mistreatment they suffered in slavery. For example, disobedience of any kind was followed by beatings. However, spanking ultimately results in rebellion and potential hatred of the parent or the source of the punishment. Franklin (1969) states,

The brutality which apparently was inherent in a system of human exploitation existed in every community where slavery was established. . .Slaves were for economic gain, and if beating them would increase their efficiency—and this was generally believed—then, the rod and lash should not be spared. . .[Eventually, the slave] had to make the most of the unfavorable situation by loafing on the job, and engaging in an elaborate program of sabotage. (Franklin, 1969, pp. 206-207).

At this point the reader is probably wondering why this writer continuously refers back to the impact of slavery on his personal values. I feel that my personal values are shaped by what my people have been through. Without proper knowledge of self and what one's people have been

through, it is impossible to assess how changes and improvements can be made in the self and for clients.

Professional values and practice decisions

My professional values and practice decisions are directly affected by the above personal values. Before most people become professionals their personal values are formed. The road to choosing my profession began a few years ago when I was enrolled at the University of Michigan. I was undecided about what career path to take. At first it was clear to me that I wanted to be a doctor. In fact, ever since I was eight years old I have wanted to be a doctor. As far as I was concerned, there was absolutely no other way of completing the type of work I wanted to do. It was very important for me to give something back to the community that has always looked out for me. As stated earlier, because of assistance from a supportive community, most African-Americans develop a sense of responsibility as they realize that they were assisted in the success they have attained (Hines & Boyd-Franklin, 1996). Being a neurosurgeon would have allowed me to earn enough money to supplement my work with philanthropy.

Big dreams are important, but one must remain open-minded so that he/she may be aware that there may be other avenues to complete the same goals and dreams. In my case obstinacy almost made me miss another opportunity to complete my goals. To illustrate, my focus was strictly upon being a doctor—nothing else. However, there were two obstacles that I faced. First, I was on academic probation because I was failing my math and science courses in college. My A's in other courses were not helping me. Thus, there were decisions to be made. I had to realize that it was not the time to pursue a medical career. Second, there was no official concentration in pre-med. With these discoveries, I sought academic consultation as to what direction I should go. I decided that I would concentrate in psychology. I did not, however, find psychology to be a fulfilling substitute. Psychology seemed as if I would be working in a laboratory and completing tests all day—boring! Once again, I sought counsel.

I explained to my academic counselor that I liked to work directly with people in order to assist and help them with the problems they face. Being in a laboratory or sitting behind a desk was not for me! My academic counselor suggested to me that perhaps social work would be the most fulfilling for me, according to the "hands-on goals" I reported. As we discussed this, I realized that he was absolutely correct. Since that time I have looked at social work in a completely different light. For instance, the opportunities in social work increase as one becomes older and gathers more credentials. Hence, I will always have a chance to work directly with all types of

people and communities. Whether on the micro or macro level, I will be able to accomplish the goal of helping that is so dear to me.

With the above in mind I set out on another search for my niche. What would I do now that I had decided to pursue a career in social work? To me, social work was strictly counseling; I thought all counselors do the same thing, give advice. I figured that since I gave good advice, this profession would be a piece of cake. Nevertheless, I quickly discovered that social work was a very broad field. So broad, in fact, that once again I found myself searching for an area within which to concentrate.

After I completed undergraduate school, I decided to work for a year in a social work setting. I began my experience as a treatment specialist at a group home for adolescent males. I learned many things from that experience. First, the experience caused me to begin to adapt my way of thinking to make it relevant to the clients' needs. According to Peterson (1991), "People high in self-monitoring attend closely to situations and guide their behavior according to the feedback they receive" (p.483). In working with adolescents, flexibility is definitely a quality which a social worker needs. As stated, my personal values were very authoritarian. I had to begin to realize that there are some instances where threats and commands don't work. The following case example is an illustration of where I realized that flexibility is important.

Johnny was a young male who had been physically and emotionally abused. In addition, he had various disorders requiring him to ingest psychotropic medication. Johnny had been labeled by other staff members as very problematic and would become enraged and belligerent without warning. One evening, Johnny was not following the rules of the agency. Other staff members and residents were yelling at him because he was disrupting others who were attempting to sleep. The yelling only inflamed Johnny's temper. I decided to use a technique that I had learned the previous week. I calmly walked over to Johnny, respecting his personal space. He began to yell and use profanity towards me. Instead of reciprocating the acting-out behavior, I continuously spoke very quietly and humbly requested that he followed the rules. I was very clear in my instruction to him. Eventually, Johnny calmed down and followed through with his responsibility.

In this case, I realized that being authoritative was more effective in getting the goal achieved. Although I learned a lot from working with adolescents, from that and other similar experiences I knew that that particular setting was not for me!

Next, I worked at a family-centered social work agency. At that agency, I worked with an entirely different client group and method. The group was early childhood and the method was prevention. Prevention is best applied in early childhood at ages three to five, since most children are then still impressionable. Accordingly, the first impression should be a positive one. Most of the young children in this agency did not have appropriate male role models to look up to. Furthermore, there was definitely an absence of appropriate black male role models in many of the children's lives. In other words, prevention was where I felt my impact was made.

Earlier, I stated that I agreed with spanking as a punishment in some situations. The agency where I worked did not consider spanking as an option. Consequently, I had to learn to be flexible once again. At first, I resisted by not mentioning punishment at all. However, the more I interacted with parents and clients and researched the topic, I began to understand that spanking was a punishment but not the punishment. I learned that families can be shown how to correct certain patterns now in order to prevent worse problems later. To illustrate, some parents or guardians may have limited parenting skills. Limited parenting skills may appear in the form of neglect or even denial of the behavior. In other words, these parents do not know how to relate to their children, so they don't even try. If the child does not conform to orders without conflict, they sometimes give up on him/her. Denial of the behavior surfaces when some parent's say, "He/she will grow out of it." Some parents don't understand that the personality is being formed in early childhood. From reflecting on these experiences, I learned the difference between discipline and punishment. I no longer saw them as the same. Through learning this difference I became open to other forms of discipline. I was able to regulate my view to the clients needs. Case example 2 illustrates my point.

I was working with an African-American family who had a socially withdrawn child. He rarely interacted with his peers or teacher, and occasionally displayed negative behavior in school. According to his parents his behavior was very problematic at home when he became frustrated. The parents had run-out of ideas of how to combat the behavior, but they knew spanking seemed to be ineffective. Therefore, I suggested that they use punishments as learning tools rather than as control

methods. In other words, I told them to make certain that the punishment matched the inappropriate behavior. I explained to them that they were already in control; there was no reason to prove it through threats. Further, I supplied examples such as when the child writes on the wall, don't spank him; rather tell him to clean it off. Therefore, the punishment becomes a teaching tool. Initially, they did not believe me, but consistency proved that the method worked.

Implications for social work

Until social workers can admit to themselves that they have issues that need to be dealt with from prejudice to internal conflicts, the therapeutic relationship will continue to diminish. If we begin to become more self-reflective when reacting to our clients, problems such as transference and countertransference can be recognized (Color, 1964). Indeed, we will learn how not to take our client's transference personally and keep the issues they bring to the therapy session externalized.

We need to learn that it is okay for us to have flaws. These issues must be addressed and dealt with before interactions with clients take place. If it's not possible to alter these issues before client interaction, then one has to acknowledge his/her difficulties and deal with them as the NASW Code of Ethics (1997) stipulates. When issues are continuously dealt with through self-reflection, countertransference will be less likely to occur.

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