The Life Model, Oppression, Vulnerability, Resilience, Mutual Aid, and the Mediating Function

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The perspective on practice presented in this book emerges from the convergence of five major sets of ideas: a life model for understanding and helping people, oppression psychology, vulnerability, resilience, a mutual aid approach to group work, and a theory of practice that views the role of the worker as mediating the individual-group-environment engagement.

Perhaps the easiest way to introduce these sets of ideas is by illustrating them with examples. In chapter 11 Schiller and Zimmer describe their work with a group of young women who are survivors of sexual abuse. Employing elements of the life model, each of the group members can be viewed as facing the normative life transitions for their age (entering young adulthood) while simultaneously having to cope with issues from earlier transitions that were not resolved because of the impact of their abuse (Germain and Gitterman 1996; Gitterman 2001a; Gitterman 1996). In chapter 9 Getzel describes group work with persons with AIDS who face both age-related transitions and the powerful, earthquake-like status change from being healthy to being ill with a terminal illness. Other status changes include the transition from being employed to unemployed and being independent to dependent. Age-related issues will interact with the status change issues since the impact of any serious illness varies depending upon the individual's stage of life.

For sexual abuse survivors and persons with AIDS, as well as for members of vulnerable population (e.g., the mentally ill, physically challenged), constructs from an oppression psychology, such as the one suggested by Fanon, can provide useful insights (Bulham 1985). Both survivors of sexual abuse and persons with AIDS can be understood as having experienced periods of oppression. Fanon describes a number of maladaptive means of coping with the "psycho-affective" injuries that result from long-term oppression. One is the process through which the oppressed person internalizes the negative self-image imposed by the "oppressor without," which results in the creation of a powerful and self-destructive

"oppressor within." The commonly expressed self-description voiced by survivors of sexual abuse as feeling like "damaged goods" is one such illustration. The use of "fight or flight" behavior, for example alcohol and drug use or violence, is another maladaptive means for coping with the ongoing pain of oppression. Depression, apathy, and immobilization can be seen in the behavior of some persons with AIDS who have internalized the social stigma our society has put on people who contract this disease.

Oppression psychology, in addition to helping us to understand our clients' maladaptive responses to oppression, offers suggestions for healing responses. For example, survivors of sexual abuse need to be more in touch with their rage, which is often covered by their surface depression. This healthy anger can then be harnessed in their own self-interest instead of being turned inward. Persons with AIDS need to be strengthened to challenge the social and health systems so that they can take some control over their lives even if their illness is currently incurable. Active, assertive, and affirming steps on their own behalf help in the process of purging the oppressor within.

In spite of oppression, risk factors, and vulnerabilities, a surprisingly large number of people mature into normal, happy adults. Somehow they remain relatively unscathed by life's traumas and adversities. Some do not simply survive but rebound and thrive in the face of life's inhumanities and tragedies. The process of regaining functioning following on the footsteps of adversity does not suggest that one is incapable of being wounded or injured. Rather, a person can bend, lose some of his or her power and capability, yet recover and return to a previous level of adaptation. Resilience represents the power of recovery and sustained adaptive functioning (Gitterman 2001b; Gittterman 2001c).

Mutual aid support groups may provide the vehicle for these transformations through such commonly observed phenomena as strength in numbers and mutual support. In Schiller and Zimmer, and in Getzel's chapters, we see clients brought together in a mutual aid group so that the energies of group members can be mobilized to help each other. The concept of mutual aid in groups, one of Schwartz's major contributions to the literature, shifts the source of helping from the group leader to the members themselves (Gitterman 2004; Schwartz 1961; Shulman 1999). For example, as members in this group discover that they are not alone in their feelings, a powerful healing force is released. With the help of the group leader, members can support each other, confront each other, and provide suggestions and ideas from their own fund of experiences, concomitantly helping and supporting themselves as they help each other. The fifth set of ideas, the mediating function of the worker, which was also proposed by Schwartz (1977), provides a role statement for the group leader. While the potential for mutual aid is present in the group, members will need the help of the worker to activate its power and overcome the many obstacles that can frustrate its effectiveness. For the worker to carry out his or her tasks in the group, a clear

and precise statement of function is necessary. Schwartz (1977) proposed a general functional statement for the social work profession as that of mediating the individual/social engagement. If one views the small group as a microcosm of our larger society, then the worker's role can be described as mediating the individual/group encounter. Thus, in our groups for survivors and persons with AIDS, we see the workers assisting each member to reach out to the group for help while simultaneously helping the group members to respond. Even if a group member presents a pattern of denial and refuses to face the impact of the illness, the worker's mediating function may involve providing support to that member, using the worker's capacity for empathy while also confronting the member's denial and reaching for the underlying fears and apprehensions. And if the other group members appear to turn away from a member's direct and emotional appeal for help (for example, changing the subject or looking uninterested), possibly because the issue raised their own level of anxiety, the mediating function would call for the worker to confront the group members on their evasion and denial.

These five sets of ideas, the Life Model, oppression, resilience, mutual aid, and the mediating function, are discussed in more detail in the balance of this chapter.

The Life Model

The Life Model is an application and specification of the ecological perspective and offers a view of human beings in constant interchanges with their environment (Germain 1973; Germain and Gitterman 1996; Gitterman 2001a). Their physical and social environments change people and they, in turn, change them through processes of continuous reciprocal adaptation. In these complex interchanges disturbances often emerge in the adaptive balance (e.g., in the "level-of-fit") between perceived individual needs and capacities and environmental qualities. People feel stress when they experience an imbalance between a perceived demand and the perceived capability to meet the demand through the use of available internal and external resources. These disturbances challenge and disrupt customary coping mechanisms and create life stress. The Life Model proposes a useful and viable approach to professionals for understanding and helping clients to deal with life stresses and their consequences. Clients' needs and "troubles" are identified as arising from three interrelated stressors in living: l. life transitions and traumatic events, 2. environmental pressures, and 3. dysfunctional interpersonal processes.

Life Transitions and Traumatic Events

There is a well-developed literature describing the process by which we all proceed through biologically induced "life cycle" changes. Though biologically induced, psychological, socioeconomic, and cultural forces shape these processes.

This shaping creates unique pathways of development for each individual—from birth to death—rather than fixed, linear, predictable stages. Each person's "life course" is somewhat different: influenced by historical, societal, and cultural contexts (Germain 1994).

In order to capture the uniqueness of each person's life course, life cycle stage models must be used only as broad and general guideposts rather than normative conceptualizations. Erikson (1959), for example, conceptualizes epigenetic stages of development. Each stage requires changes and redefinitions in relationships with significant others, negotiations with the external environment, and struggles with one's self-definitions and self-identity. Successful mastery of the tasks in one stage sets the foundation for successful mastery of the tasks associated with the next stage. Personal, familial, and environmental resources support or frustrate an individual's ability to develop a sense of mastery and competence. Unsuccessful task resolutions create troubles and confusions that often pose problems at later phases.[1]

During the early years of a child's life, according to Erikson, we learn and achieve the acquired qualities of "trust," "autonomy," and "initiative." In the first years of life, the child is totally dependent upon parental figures. For trust to be developed, they have to be trustworthy and dependable. For autonomy and initiative to be accomplished, they have to encourage and support such behaviors. Using the ideas of "cog wheeling" between generations, Erikson identifies a potential "goodness-of-fit" between, for example, child's need to be nourished and parents' own stage-specific needs for intimacy and caring.

The social and physical environment profoundly influences this potential for reciprocal fulfillment of intergenerational needs. For parents to nurture children (and meet their own needs as well), they need the support of relatives, friends, and neighbors (in other words, social networks) as well as responsive economic, educational, and health structures. When such supports are available, the opportunities for personal growth, family integration, and social benefits are increased. When, however, a child is unable to respond to parents, or parents are unable to nourish the child, or social institutions are unable to provide required supports, they become potent sources for continuous stress and interfere with successful adaptation. And, consequently, in this and subsequent phases the individual as well as the family and environmental systems have to deal with the psychological and behavioral residue of "distrust," "shame," and "guilt."

We are becoming more aware of the complex developmental tasks confronting single parents. Over the last three decades a dramatic change has taken place in family structure and living arrangements. Between the period of 1980 and 1997 the number of single mothers has increased by more than 50 percent—from 6.2 million to 9.9 million (U.S. Bureau of Census 1997). Families headed by women are characterized by poverty. Solo fathers often suffer from role ambiguity and being out of sync with cultural expectations. The solo parent

must double for other the parent and often experience additional financial, household management, and recreational stressors.

When children enter school (they do so at earlier ages than earlier generations), they confront two new developmentally linked relationship challenges: teachers and peers. A child who develops comfort in and acceptance from these new relationships and masters required learning tasks and social skills may incorporate a sense of "industriousness" into a concept of self. However, a child who is unable to trust, to separate, to initiate may become frightened and overwhelmed by the demands for new relationships with adult authorities as well as for intimacy with peers. A handicapped child (cognitive, emotional, or physical) may experience more intense challenges, as might the child of a parent who "holds on" and experiences difficulties with separation. If any of these more vulnerable children also confront an unresponsive school or peer system, their self-concepts may interject feelings of self-doubt and "inferiority." Same-sex families experience unique challenges. They often deal with many complications when children attend school, mostly emerging from discrimination and ignorance.

"Who am I?" "Who am I becoming?" are the questions adolescents ask in search of "identity."[2] The adolescent often experiences major biological changes (such as physical growth and sexual characteristics) and an emerging awareness of sexuality. These physiological and self-image changes elicit direct responses from parents, siblings, relatives, and institutional representatives. Turmoil and crises often characterize family interaction patterns as the adolescent demands greater autonomy and simultaneously struggles with dependency needs. To cope with the ambivalence of independence/dependence and a developing sexuality, in the United States the adolescent turns to the "teenage culture" for comfort and acceptance. In exchange for a sense of belonging, the teenager must meet peer expectations and pressures about dress, demeanor, behavior, and other matters. Since peer and family norms often conflict, the adolescent experiences heightened stress in the search for a clearer sense of self.

Most adolescents (and their families) somehow survive this painful life period and grow out of this stage and its perpetual crises with a more intact and integrating sense of individual and collective identity. Others, however, do not. Adolescents whose families are unable to tolerate testing behavior or to provide the essential structure may experience profound confusion. Adolescents who were abandoned, institutionalized, or abused by their families may develop a sense of helplessness, learning to believe that they are unworthy and incapable of influencing life events (Hooker 1976; Seligman and Elder Jr. 1986). Similarly, physically and cognitively challenged adolescents (such as orthopedic, learning disabled) or adolescents who deviate from peer norms (such as being obese or painfully shy) may experience peer group rejection and be denied a powerful source of support. Adolescents growing up in an unjust and hostile environment may interject negative stereotypes and prejudices into their self-identities. These

adolescents are vulnerable to "identity confusion" and "role diffusion," which may carry over to adulthood.

To the request for criteria for the mature adults, Freud has been reported to respond: "Lieben und Arbeiten" (love and work). The young adult faces these two developmental transitions: the development of an "intimate" relationship (marriage or partnership) and the accomplishment of work (employment and career). The young adult, for example, has to form an initial dyadic relationship characterized by the task of establishing interpersonal intimacy (caring and giving to another person) without losing his or her own identity. If a partner has not mastered prior developmental phases and tasks, is withdrawn or abusive, or experiences such unforeseen events as unemployment or illness, disillusionment and conflict may block the establishment of interpersonal intimacy. A child born into such situations may intensify parental stress, as new accommodations are necessary to care for the needs of the dependent infant. Still other life transitions such as children entering school or leaving for college, the loss of social support associated with a geographical move, the pain of a separation and divorce, or the struggle related to reconstituting two families may create crises and generate feelings of isolation and alienation.

As children mature and leave home or leave and return home (psychologically and/or physically), adults have to restructure their life space and change patterns of relating to the children, partner, and others. The partner dyad rediscovers each other and forges a new level of caring and giving. The single parent develops other intimate relationships. Work provides career and financial advancement and meets creativity and self-esteem needs. The adult becomes concerned about other and future generations. When these tasks are achieved, the adult experiences a period of "generativity" and excitement with life. When, however, the adult is unable to separate from children or to forge new relationships, or work provides limited opportunities to demonstrate creativity and competence, the adult may experience a period of "stagnation" or depression with life.

In later adulthood one attempts to integrate life experiences within the reality of declining physical and mental functions. Added to these biological changes, older adults face numerous other sources of stress. They may have to relinquish the status of worker (and its associated roles) and assume the status of retiree. Older adults may lose their spouses, relatives, or close friends. At some point, they may be institutionalized. These life transitions and crises are extremely stressful and may create bitterness, despair, and even depression. Children, grandchildren, relatives, close friends, and community and organizational ties, however, can buffer these insults. And with these essential supports, older adults are better able to come to terms with the meaning of their lives and achieve a sense of emotional integrity.

The reader is reminded that the developmental cycle from birth to old age is not fixed or uniform. A developmental phase takes place within the context of

historical and societal realities (Germain 1990). People born at a similar time experience common historical events. These common events affect the ways a particular generation experiences its developmental tasks. For example, the periods of war and peace, prosperity or depression, assimilation or acculturation profoundly affect the opportunities and worldviews of different generations. People's social context transacts with their historical context.

Currently, our economy is undergoing dramatic changes. The transformation from manufacturing to a service economy has contributed to a shrinking job market. The gap between the poor and the wealthy, the unskilled and the skilled is increasingly widening. Larder (1998) reported, "Since the 1970's, virtually all our income gains have gone to the highest-earning 20 percent of our households, producing inequality greater than at any time since the 1930's, and greater than in any of the world's other rich nations." In helping young adults, for example, to meet their simultaneous developmental tasks of developing career and intimate interpersonal relationships, families with financial means may provide for their young children to pursue graduate studies until the economy recovers. These young adults may postpone marriage and having children until they complete their studies and establish their careers. In contrast, our country's long history of oppression of communities of color through racial discrimination has a growing number of young adult males of color hopelessly locked into lives of unemployment. Lack of employment opportunities institutionalizes their poverty. A devastating cycle of physical, psychological, and social consequences follows. Without hope and opportunities, some of these youngsters may turn to self- and socially destructive activities such as selling drugs, fathering unwanted children, substance abuse, withdrawal, and violent behavior. Even though both the advantaged white young adults and the disadvantaged minority young adults encounter a common historical context, their experiences are dramatically different.

Within respective developmental phases people confront stressful life transitions and traumatic events. Some life transitions come too early in life or too late. A young adolescent who becomes a parent is caught between adolescent needs and adult demands. A person living with AIDS who is struggling to deal with death at a young age should be, according to "normal" life cycle tasks, wrestling with issues related to career and interpersonal intimacy. The traumatic event of a child being sexually exploited by an older person for her or his own sexual satisfaction while disregarding the child's own developmental immaturity may leave lifelong feelings of betrayal, shame, powerlessness, and rage. These types of experiences have a profound effect on the unfolding of a person's life course.

A social status in our society may be devalued and/or stigmatized. Prisoners, probationers, persons with AIDS, alcoholics, children of alcoholics, the mentally ill, and homeless persons carry with them heavy adaptive burdens. Beyond the social/environmental realities, they also have to deal with the psychological

stigma associated with the status. To escape from a stigmatized status is extremely difficult, particularly when it has been internalized resulting in emotional scars. The status, for example, of being an "ex-con" has an intense staying power. Thus social status can have a powerful adverse effect on developmental opportunities and the mastery of life course tasks.

Finally, traumatic life events represent losses of the severest kind, e.g., the death of a child, sexual assault, the diagnosis of a terminal illness or disease, or a national disaster such as an earthquake or September 11. An increasing number of inner-city children, for another example, suffer from a similar posttraumatic stress syndrome seen in the Vietnam veterans (Lee 1989). These children have been exposed to violent attacks on and murders of their parents, friends, relatives, and neighbors. They are further traumatized by domestic violence and child abuse. These experiences have long-lasting physical, psychological, and social effects.

Environmental Pressures

While the environment can support or interfere with life transitions, it can itself be a significant generator of stress. For lower-income people the environment is a harsh reality. By nature of their economic position, they are often unable to command needed goods and services. Similarly environmental opportunities for jobs, promotions, housing, neighborhood, and geographic and social mobility are extremely limited. As a consequence, lower-income families are less likely to remain intact and life expectancy is lower. For lower-income black families, the rate of physical illness is higher, life expectancy is shorter, and loss of employment greater. Thus the environment is a powerful source of trouble and distress, and often its intransigence overwhelms us. By specifying assessment and intervention methods, the Life Model attempts to broaden the profession's practice repertoire.

The social environment primarily comprises organizations and social networks. Health, education, and social service organizations are established with social sanctions and financial support to provide services. Once they are established, there develop external and internal structures, policies, and procedures that inevitably impede effective provision of the very services they are set up to provide. The organization proliferates, taking on a life of its own, and its maintenance assumes precedence over client needs. Latent goals and functions displace manifest goals and functions. An agency, for example, may create complex sets of intake procedures that screen out prospective clients whose problems are immediate and urgent and do not lend themselves to the delays and postponements congenial to agency style.

Low-income families are unable to compete for social resources; their leverage on social organizations is relatively weak. Similarly, hospitalized or institutionalized clients may be overwhelmed by their own vulnerability and relative

powerlessness. With limited power, ignorance about their rights, and little skill in negotiation, such service users often become resigned to the unresponsiveness of various organizations' services. Because of cultural expectations and perceptions, physical or emotional impairments of lack of role skills, others may be unwilling or unable to use organizational resources that are actually available and responsive.

Social networks are increasingly recognized as important elements of the social environment. People's social networks can be supportive environmental resources in that they provide a mutual aid system for the exchanges of instrumental assistance (such as money, child care, housing) and affective (emotional) supports (Auslander and Levin 1987; Thoits 1986). When an adaptive level of fit exists between an individual's concrete, social, and emotional needs and available resources, intrapsychic, interpersonal, and environmental pressures are buffered. Some networks have available resources, but the individual does not want or is unable to use them. Others, however, encourage maladaptive patterns; for example, drug-oriented networks reinforce and support deviant behavior. Some exploit and scapegoat a more vulnerable member, taking unfair advantage of vulnerability. Still other social networks are loosely knit and unavailable for support. Finally, there are individuals without any usable social networks, extremely vulnerable to social and emotional isolation. For these individuals the network (or lack of one) is a significant factor in adding to distress.

The exchanges between people and their environments take place within the built and natural world. Each of us within the physical environment carries an invisible spatial boundary as a buffer against unwanted physical and social contact and a protection of privacy. Since this boundary is invisible people must negotiate a mutually comfortable distance. People experience crowding, intrusion, and stress when the boundary is crossed. In contrast, when the distance feels too great, people experience disengagement. In groups these spatial negations are often quite subtle, and, since the amount of desired space is influenced by many individual and social factors, it carries the potential for misperception, misunderstanding, and interpersonal stress.

These spatial negations are influenced by semifixed and fixed space. Semifixed space refers to movable objects and their arrangement in space. Tables, chairs, lighting, curtains, paint, and paintings provide spatial meanings and boundaries. These environmental props affect group member interaction and spatial negotiations. For example, one of the authors worked with a group of adolescent girls. Chairs were set up in tight circle formation. This spatial arrangement required much greater immediate intimacy than the members as well as the worker desired. Fortunately, semifixed space is movable or otherwise adaptable. In this particular group members preferred setting up the room in rectangular table arrangements. Six weeks later the tables were replaced by a circular chair arrangement. In contrast, fixed space such as a high-rise apartment house

or a column in the middle of a group meeting room is not movable. The fixed structure limits or facilitates life processes. In a group setting, while the column in the middle of the room can not be removed, members can be engaged in work on what to do to limit its negative impact on group interaction.

The natural world of climate and landscape, water sources, quality of air, and animals and plants provides the resources essential to the survival of all life. Beyond supplying resources essential to survival, the natural world also endows special meaning to everyday life. Historically, social group work emphasized a sense of kinship with nature and encouraged the uses of the gifts of the natural world through trips to parks, swims in the ocean and lakes, hikes and walks and camping in the mountains, and the enjoyment of plants and animals. These resources are as essential to contemporary group practice.

Maladaptive Interpersonal Processes

In dealing with life transitional and environmental issues, families and groups are powerful mediating forces. They may, however, encounter obstacles caused by their own patterns of communication and relationships. When this occurs, dysfunctional family and group interpersonal patterns generate tensions in the system and attenuate the mutual aid processes. These maladaptive patterns are often expressed in withdrawal, factionalism, scapegoating, interlocking hostilities, monopolism, and ambiguous messages.

While these patterns are dysfunctional for most members, they often serve latent functions of maintaining a family's or group's equilibrium. When factions characterize a family or group, the subcliques provide its members greater affirmation and security than does the larger system. Similarly, the scapegoating of a member declared deviant enables the other members to contrast themselves favorably and thereby enhance their sense of self. The status of scapegoat offers such secondary gains as attention and martyrdom (Antsey 1982; Shulman 1967). After a while these relationship patterns become fixed, and potential change becomes exiguous. At the same time, however, the status quo makes all members vulnerable and thwarts the nurturing character of mutual aid.

Interpersonal obstacles are generated by various sources. Group composition is an important factor. A group of athletic preadolescents that includes a single very unathletic member has a built-in potential for a scapegoat (chapter 3 examines formation issues). Group structures can be another source for interpersonal difficulties. Some groups lack structure and boundaries. Members come and go as they please. The individual member enjoys a high degree of autonomy and privacy but sacrifices a requisite sense of group belonging and security. When the boundaries are unclear and unstable, members lack a sense of reciprocity, coordination, and integration. Group members pursue individual interests and become unavailable to and for each other. On the other hand, when group boundaries are too rigid and enmeshed, members have limited freedom. To be

sure, the individual member enjoys a strong sense of collective belonging and security, but it is costly to autonomy and privacy. The group demands unequivocal loyalty, as individual interests threaten the collective enterprise.

Group members may also become overwhelmed by environmental expectations and limitations. In a school system, for example, children may scapegoat a slow learner because the institution makes them all feel "dumb." In response to a nonnurturing or oppressive environment, some groups turn inward, displace, and act out their frustrations, while others withdraw and become functionally apathetic.

Transitional phases of development also contribute to maladaptive communication patterns (Berman-Rossi 1993; Schiller 1997). Entrances, such as addition of a new group member, and exits, such as the loss of a group member or leader, may create interpersonal distress and problematic responses. When a group becomes stuck in a collective phase of development, they may turn away from or turn on each other. And the potential resources for mutual aid become dissipated.

Oppression Psychology and Social Work Practice

Frantz Fanon, an early exponent of the psychology of oppression, was a black West Indian revolutionary psychiatrist who was born on the French colonized island of Martinique in 1925. His experiences with racial and economic oppression in Martinique, France, and Algeria shaped his views of psychology, which challenged many of the constructs of the widely held European American, white, male-dominated psychology of the day. While Fanon's work emerged from his observations of white-black oppression, many of his insights and constructs can be generalized to other groups. In the remainder of this section a number of Fanon's central ideas of oppression psychology are reviewed.

While the complete exposition of Fanon's psychology is more complex than presented here, the central idea of the oppressor gaining an enhanced sense of self by the exploitation of others can be seen in many different oppressive relationships. The abusing parent and the abused child, the battering husband and his wife, societal male/female sexism, the scapegoating of religious groups (e.g., the Jews) and ethnic and racial groups (e.g., Southeast Asian immigrants, Hispanics, African Americans, Native Indians), the abled population and the differently abled (physically or mentally), the "normal" population and the "mentally ill," and the straight society's repression of gays and lesbians are all examples in which one group (usually the majority) exploits another group to enhance a sense of self.

Repeated exposure to oppression, subtle or direct, may lead vulnerable members of the oppressed group to internalize the negative self-images projected by the external oppressor—the "oppressor without." The external oppressor may be an individual (e.g., the sexual abuser of a child) or societal (e.g., the racial stereotypes perpetuated against people of color). Internalization of this image and

repression of the rage associated with oppression may lead to destructive behaviors toward self and others as oppressed people become "autopressors," participating in their own oppression. Thus the oppressor without becomes the oppressor within. Evidence of this process can be found in the maladaptive use of addictive substances and the internal violence in communities of oppressed people, such as city ghettos populated by persons of color.

Oppressed people may develop a "victim complex, viewing all actions and communications as further assaults or simply other indications of their victim status. This is one expression of the 'adaptive paranoia' seen among the oppressed" (Bulham 1985:126). The paranoia is adaptive since oppression is so omnipresent that it would be maladaptive not to be constantly alert to its presence. For the white worker with a client of color, the male worker with a female client, the straight worker with a gay or lesbian client, the abled worker with a differently abled client, etc., this notion raises important implications for the establishment of an effective and trusting working relationship.

Indicators of the Degree of Oppression

Bulham (1985) identifies several key indicators for objectively assessing the degree of oppression. He suggests, "All situations of oppression violate one's space, time, energy, mobility, bonding, and identity" (165). He illustrates these indicators using the example of the slave. The model of a slave is an extreme example of these violations. One does not have to go as far as South Africa (apartheid) to find current examples of these restrictions. Institutionalized racism in North America toward persons of color (e.g., African Americans, Native Indians) currently offers examples of restrictions on all six indicators (Gutierrez and Lewis 1999; Wilson 1973; Solomon 1976).

While the slavery experience of African Americans in North America must be considered a unique and special example of oppression, the indicators may be used to assess degrees of oppression for other populations as well. In this way a universal psychological model may help us to understand the common element that exists in any oppressive relationship. Consider these six indicators while you read the following excerpt of a discussion by battered women in a shelter as they describe their lives.

> One woman, Tina, said that when she called the police for help they thought it was a big joke. She said when she had to fill out a report at the police station, the officer laughed about the incident. The women in the group talked about their own experiences with the police, which were not very good. One woman had to wait thirty-five minutes for the police to respond to her call after her husband had thrown a brick through her bedroom window. I said, "Dealing with the police must have been a humiliating situation for all of you. Here you are in need of help and they laugh at you. It's just not right."

Joyce said that she wanted to kill her husband. An abused woman had expressed this desire in a previous group session. Other women in the group said it wouldn't be worth it for her. "All he does is yell at me all the time. He makes me go down to where he works every day at lunchtime. The kids and I have to sit and watch him eat. He never buys us anything to eat. . . . Plus, he wants to know where I am every minute of the day. He implies that I sit around the house all day long doing nothing."

Marie said her ex-husband used to say that to her all the time. She said, "But now I'm collecting back pay from my divorce settlement for all the work I never did around the house."

Candy said she watched while her father beat her mother. She said she used to ask her mother why she put up with it. She said now she sees that it's easier to say you want to get out of a relationship than it is to actually do it. . . . Candy said that leaving was better in the long run. By staying, the children will see their father abusing their mother. "What kind of example is that going to set for the children?" She felt her children would be happier by their leaving.

Joyce said her children were happy to leave their father. She said, "They're tired of listening to him yell all the time." She said her son was more upset about leaving the dog behind than he was about leaving his father.

Linda said another good reason for leaving is self-love. She said, "It comes to a point where you know he's going to kill you if you stay around."

Careful reading of the preceding excerpts provides examples of the violation for these women of their space, time, energy, mobility, bonding, and identity—the six identified indicators of oppression. Other examples with differing numbers of indicators violated, and different degrees of violation, could include an inpatient in a rigidly structured psychiatric setting, a wheelchair-bound person constantly facing buildings (e.g., work, school, social club) that are not accessible, an African American woman who is the only person of her race in an organization, held back from advancement by the "glass ceiling" and excluded from the "old boys network," an unemployed, fifty-five-year-old man who can't get a job interview because of his age, an elderly person in a home for the aged who is tied to a chair or tranquilized all day because of staff shortages, a large, poor family, forced to live in inadequate housing, a homeless shelter, or on the street. To one degree or another, space, time, energy, mobility, bonding, and identity may be violated for each of these clients.

Alienation and Psychopathology

Bulham (1985) believes that Fanon's complete work suggests five aspects of alienation, associated with the development of "psychopathology." *Alienation* is a commonly used term in psychology and sociology to describe a withdrawal or estrangement. Fanon's five aspects of alienation included: "(a) alienation from the

self, (b) alienation from the significant other, (c) alienation from the general other, (d) alienation from one's culture, and (e) alienation from creative social praxis" (188). An example illustrating wide-scale oppression and these five aspects of alienation can be found in the experience of the Native groups in the United States and Canada. These "first peoples" were displaced by the immigration of European, white settlers, eventually forced off their traditional lands, resettled on reservations, and cut off from their traditional forms of activity, such as hunting and fishing. Efforts on the part of Native people to fight back were met with brutal repression. Their children, during one period in our history, were removed from their families and sent to white boarding schools. Native children in many of these boarding schools report being told to "speak white" and punished for using their Native language.

In working with clients who are members of groups that have experienced long-term oppression, it would be important to understand the potential impact of alienation as an underlying cause of and contributor to the current problems. Cultural awareness on the part of the social worker can make a major difference in developing interventive approaches that uses the strengths of the culture to decrease the alienation (Bullis 1996; Chau, 1992; Congress 1994; D'Augelli, Hershberger, and Pilkington 1998; Delgado 1998; Devore and Schlesinger 1991; Dore and Dumois 1990; Hurd, Moore, and Rogers 1995; Orti, Bibb, and Mahboubi 1996; Paulino 1995; Rosenbloom 1995; Swigonski 1996; Williams and Ellison 1996). Examples of this approach to practice can be found in the chapters that follow.

A final element of the oppression psychology theory concerns methods of defense used by oppressed people. Bulham (1985:193) summarizes these as follows: In brief, under conditions of prolonged oppression, there are three major modes of psychological defense and identity development among the oppressed. The first involves a pattern of compromise, the second flight, and the third fight. Each mode has profound implications for the development of identity, experience of psychopathology, reconstituting of the self, and relationship to other people. Each represents a mode of existence and of action in a world in which a hostile other elicits organic reactions and responses. Each also entails its own distinct risks of alienation and social rewards under conditions of oppression.

This overly brief summary of some central ideas in oppression psychology theory sets the stage for the use of these constructs in later chapters. It is not the only theory that can inform our practice—since there are many models that can help us to understand our clients and to develop effective intervention strategies. It is, however, a very useful model in thinking about our work with oppressed and vulnerable populations that makes up a large part of the social worker's practice.

Vulnerability and Resilience; Risk and Protective Factors and Processes

Vulnerability and resilience are ecological phenomena, reflecting moment-to-moment consequences and outcomes of complex person and environment transactions and not simply attributes of a person. Anthony (1987) analogizes *vulnerability* and *risk* to three dolls made of glass, plastic, and steel. The blow of a hammer exposes each doll to a common risk. The glass doll completely shatters, the plastic doll carries a permanent dent, and the steel doll gives out a fine metallic sound. A person's internal armor and coping skills combined with the availability of family, extended networks, and agency resources determine the impact of the hammer's blow. *Webster's Dictionary* defines vulnerability as "capable of being wounded; open to attack or damage." Risk is a biological, psychological, and environmental factor that contributes to the development of a stressor, or makes it worse, or makes it last longer. Prolonged and cumulative stress, two risk factors, are associated with physical and emotional "wounding" (i.e., physical and emotional deterioration). And chronic poverty is responsible for both prolonged and cumulative stress. As a construct, risk indicates the probability of future difficulties and not an explanation for why difficulties occur.

In schooling, for example, two broad categories of risk factors, demographic and academic, have been empirically documented (Croninger and Lee 2001). Certain demographic factors have been correlated with higher chances of school difficulties: poverty, race, language-minority status, single-parent families, and parents not graduating high school. Academic risk factors (i.e., the actual manifestation of school-related problems) include absenteeism and skipping of classes, disengagement from school activities, low grades, early-grade retention, and discipline problems. The greater the accumulations of these social and academic risk factors, the greater the presumed risk of school failure.

In spite of these and other risk factors and vulnerabilities, a surprisingly large number of young people mature into normal, happy adults. Why do they remain relatively unscathed from poverty, racism, and other forms of oppression? What accounts for the surprisingly large number of children who somehow, at times miraculously, manage their adversities? Why do some thrive and not simply survive in the face of life's inhumanities and tragedies?

What accounts for their resilience? *Webster's* defines *resilience* as "the tendency to rebound or recoil, to return to prior state, to spring back." The process of rebounding from adversity does not suggest that one is incapable of being wounded or injured. Rather, a person may bend, lose some of his or her power and capability yet recover and return to prior level of adaptation. Thus the central element in resiliency lies in the power of recovery and sustained adaptive functioning.

Research into children living in highly stressed, trauma-inducing environments inform us about the *protective factors* that help them negotiate high-risk situations. By protective factor, we mean a biological, psychological, and/or environmental component that contributes to preventing a stressor, or lessens its impact, or ameliorates it more quickly. Protective factors include a person's 1. temperament, 2. family patterns, 3. external supports, and 4. environmental resources (Basic Behavioral Task Force 1996).

A person's *temperament* consists of such factors as her or his level of activity, coping skills, self-esteem, and attributions. In relation to activity level, for example, unfriendly and hyperactive children are more likely to encounter rejection than friendly and less hyperactive children. In chapters 4–8 social workers help children and adolescents to help each other develop greater social and communication skills. Similarly, the social workers in these chapters as well as in the other practice chapters help members to help each other enhance their coping skills by learning to more effectively problem solve and manage their feelings. Enhancing group members' coping capacities and skills is illustrated in every chapter in this book.

How people feel about themselves has a profound affect on day-to-day functioning. Self-esteem is not set in early or even late childhood; it is developed throughout the life cycle and is modified by life experiences. Self-esteem is a dynamic, complex concept as "individuals have not one but several views of themselves encompassing many domains of life, such as scholastic ability, physical appearance and romantic appeal, job competence, and adequacy as provider" (Basic Behavioral Task Force 1996:26). Being close to another person and successfully completing life-tasks have a profound affect on feelings of self-worth (Gitterman 2001b). The practice chapters in this book illustrate members learning to trust each other, developing greater intimacy, and completing essential life tasks such as unresolved grief and mourning for a lost relative, a group member, a worker, one's innocence, or for a world that no longer feels safe.

In traumatic experiences, attributions play an important role in recovery. When people blame themselves rather than blame the perpetrator, recovery is much slower. Generally, self-condemning attribution styles have strong negative impact on mental health. For example, when women survivors of sexual abuse blame themselves for the abuse, they tend to have more problems in recovery than those who blame the perpetrator (Feinauer and Stuart 1996; Liem et al. 1997; Valentine and Feinauer 1993). Helping members to develop adaptive attributions and to help each other transition from the status of a victim to that of a survivor is movingly illustrated in chapters 11 and 12.

Family relationship and communication patterns can serve as both risk as well as protective factors. For example, children dealing with parental alcoholism or persistent marital conflicts suffer from the daily pressures and hassles. They must find ways to disengage and develop psychological distance from their fam-

ilies. Adaptive distancing requires the ability to disengage internally while pursuing and sustaining external connections. The combination of internal distancing and external reaching out represent significant protective factors and processes. In contrast, a flight into social as well as emotional isolation symbolizes risk factors and processes (Berlin and Davis 1989). In family illness studies the presence of one good parent-child relationship served to reduce the psychiatric risk associated with family discord. The relationship serves as a protective factor in both cushioning the discord and in increasing the child's self-esteem (see chapters 15–17 for group practice with parents). Similar outcomes were evident with the presence of some caring adult such as a grandparent who assumes responsibility in the presence of partner discord or in the absence of responsive parents (Basic Behavioral Task Force 1996).

External support from a neighbor, parents of peers, teacher, social workers, and clergy also can serve as significant cushioning and protective factors. The importance of social support has been widely documented. In a longitudinal study of students in high schools, for example, Croninger and Lee (2001) found that teachers' support reduced the probability by half of students dropping out. Socially and economically disadvantaged students with academic difficulties were especially responsive to teacher assistance and guidance. Cushioning and protecting an individual in harm's way is achieved through the provision of four types of support: concrete goods or services (*instrumental*); nurturance, empathy, encouragement (*emotional*); advice, feedback (*informational*); and information relevant to self-evaluation(*appraisal*) (Auslander and Levin 1987). The practice chapters in this book poignantly demonstrate the exchange of instrumental, emotional, informational, and appraisal supports and their impact in providing group members with powerful cushions and incentives to deal with life stressors. Gitterman (1989) has metaphorically compared these supportive exchanges as providing the function to a group that energy provides to machinery. Without these types of supports (like machines without energy), groups are likely to lose their drive and momentum. For group members in the practice chapters, mutual aid provides protection and social and emotional cushions though the processes of giving and receiving essential instrumental and emotional resources, increasing of problem-solving skills and more effective management of emotions, and acquiring an improved sense of physical and emotional well-being. (Heller, Swindel, and Dusenbury 1986; Thoits 1986).

Finally, the *society* and its *institutions* provide the essential social context for vulnerability and risk and resiliency and protective factors and processes. When societal resources and supports are insufficient or unavailable, some people are apt to feel helpless and hopeless and lack self-confidence and skill in interpersonal an environmental coping (see chapters 7–20). In contrast, when societal resources and supports are sufficient or available, they act as critical buffers, helping people cope with life transitions, environments, and interpersonal stres-

sors. These supportive social structures fortify people against physiological, psychological, and social harm and positively influence their worldviews and self-concepts.

Many risk or protective processes often concern key turning points in people's lives rather than long-standing attributes. What happens at a critical point determines the direction of the trajectory for years to follow (Rutter 1987). For example, the decision to stay in school represents one of those critical turning points often leading to more positive trajectories than dropping out from school. The consequences of not competing school are serious for young people. They include higher unemployment rates, lower lifelong earnings, higher rates of involvement in committing crimes, and higher rates of health problems than students who complete high school (Croninger and Lee 2001).

In making turning point decisions, planning skills in making choices emerges as a critical factor. The ability to exercise foresight and to take active steps to deal with environmental challenges is essential. In a follow-up study of girls reared in institutional care, for example, the extent to which they exercised planning in their choice of a partner, meaning that they did not marry for a negative reason, such as to escape from an intolerable situation or because of unwanted pregnancy, they were less likely to marry a man who was a criminal or had a mental disorder (Rutter 1987). Many of the practice chapters focus on improving group members' planning and problem-solving skills whether in relating to parents, partners, friends, or organizational representatives.

An additional protective factor to planning and problems-solving skills is humor and laughter. Humor and laughter creates a bond between group members and helps them to cope with painful realities. Gitterman (2003) identifies the social function of humor:

> Shared laughter serves as a social bridge and facilitates engagement and rapport. Laughing together softens the power differential, reduces social distance, normalizes the helping process, and advances the therapeutic relationship. Socially, laughter provides people with a common experience, akin to breaking bread together.

Moreover, laughter affirms that the injustices group members have suffered are "undeniably wrong" (Bowles 1994:3). Laughter in the face of adversity releases tensions and provides hope.

Finally, in *Man's Search for Meaning*, Frankl (1959) eloquently argues that meaning in life is found primarily through the processes of helping and giving to others rather than through the pursuit of self-gratification. In each practice chapter in this book we witness the special qualities of mutual aid—how group members help themselves by helping others. How group members, by helping others to heal, heal themselves. Essentially, when we lend our strength to others, we strengthen ourselves (Gitterman 2004; Shulman 1985/86; Shulman 1999).

The Mutual Aid Group

The idea of a group as system for mutual aid is rooted in a broader conception of the nature of the relationship between people and society. Schwartz (1977), drawing upon the ideas of Dewey (1916), Mead (1934), Kropotkin (1925), and others, postulated a view of reciprocity between individuals and their social surround. In chapter 21 Lee and Swenson explore the historical roots of mutual aid in more detail. For our immediate purposes, the crucial idea as proposed by Schwartz (1977:15) is that of a "symbiotic" relationship between the individual and societal needs, "each needs the other for its own life and growth and reaches out to the other with all possible strength at a given moment." Schwartz perceived the individual to have a natural impetus toward health and growth and belonging, with a similar impetus on the part of society to integrate its parts into a productive and dynamic whole.

If one then considers the small group to be a special case of this larger individual-social engagement and one carries this notion of symbiosis into the small group encounter, then Schwartz's (1977:19) definition of a social work group logically follows:

> The group is an enterprise in mutual aid, an alliance of individuals who need each other, in varying degrees, to work on certain common problems. The important fact is that this is a helping system in which the clients need each other as well as the worker. This need to use each other, to create not one but many helping relationships, is a vital ingredient of the group process and constitutes a common need over and above the specific tasks for which the group was formed.

The Mutual Aid Process

There are a number of mutual aid processes that can be identified when one watches an effective small group in action. These have been described in some detail elsewhere and are illustrated through process recording excerpts in the chapters that follow (Shulman 1999). The nine processes briefly described in this section include the following: sharing data, the dialectical process, entering taboo areas, the "all-in-the-same-boat" phenomenon, mutual support, mutual demand, individual problem solving, rehearsal, and the strength in numbers phenomenon.

In *sharing data* group members can provide each other with ideas, facts, beliefs, and resources that they have found helpful in coping with similar problems. For example, in a welfare mothers' group, members offered suggestions about how to use the rules of the system to make maximum use of available benefits as well as what places to shop for the best buys. In a married couples group the older couples could often share their experiences from earlier in their marriages, some of which were similar to current crises experienced by the younger

couples. The universality of the issues and members' suggestions for how to deal with them were often most helpful. While the content of the data varies according to the group type, the essential idea is that people facing similar problems can often be a resource for each other.

The dialectical process consists of one or more members advancing a thesis, other members countering with an antithesis, and the group members attempting to develop their own synthesis. This form of disputation process can be very helpful as one tries to develop insights into difficult problems. A group member can put forth a tentative idea (often only after the worker has helped the group to develop a culture of trust and respect) and have other members respond as soundingboards to the views. Other members may change their minds and be open to new ideas as they listen to a view being challenged. One extremely interesting process to observe in a group is the way in which the group may encourage debate between two members, or two subgroups, in which each side appears to take an opposing view to the other. For example, in a group for parents of teenagers one side argued impressively for the need to be "tough" and to set limits. The other argued just as passionately for the importance of providing support and of being able to communicate. The apparent dichotomy is of course a false one, with the skillful parent learning early of the need to integrate both support and limits at precisely the same time. In fact, each parent carries out the same dialogue internally, trying to find a way of resolving the split. In the group one part of each parent's ambivalence may be assigned to an individual group member or subgroup, and the dialectical process becomes a public airing of each individual's private confusion.

Of course, the assignments are not consciously made. A premeeting was not held for the purpose of deciding which group member would articulate what view. This group process emerges from the group's need to articulate and resolve an apparent schism, while simultaneously maintaining the split to avoid having to face it. Bion (1961), in his pioneering work on group processes, observed the way in which immature groups often go into "flight" (changing the subject) or "fight" (strenuous debates and personal attacks) when faced with difficult or frightening issues. Bion's "fight-flight" construct parallels Fanon's description of the defensive responses to oppression described earlier. Bion described the group leaders' job as pointing out the process and educating the group on its way of working to aid it in becoming a more mature group. In the model suggested here, the worker could identify the common ground, even at the point of conflict, by articulating the part of each group member that really agreed with the "other side." For example: "You're all arguing your points so strenuously; yet, I can't believe that some part of each of you isn't struggling to find a way to put together your love for your child with your sense of the importance of setting some limits and providing some structure."

A third area of mutual aid involves the help members can give each other in discussing a *taboo subject*. For example, while all group members in the married

couples group may have some issues related to their sexual relationships, they may also see discussing this subject as taboo. An unstated norm of behavior exists in our society that forbids honest discussion of our fears and concerns in this area. We can joke about such subjects, but real talk is forbidden. Since the sense of urgency about dealing with the subject may be stronger for some couples than others, or the fear of discussion may be less powerful, one couple may take the initiative and lead the group into the formerly forbidden area. As group members listen to the discussion and see the courageous members supported and credited (often by the leader but just as often by other members), they find their own courage to participate.

In another example of this process in action, some group members may not be in touch with their own feelings if they believe these feelings to be inappropriate (for example, a nonoffending parent of an incest survivor who feels anger at the child). As these members hear others speak the unspeakable, it may cause them to experience openly the same emotions. The mutual experiencing of ideas and emotions leads to yet another powerful mutual aid process: the "all-in-the-same-boat phenomenon." This is the healing process that occurs when one realizes that one is not alone and that others share the problem, the feeling, the doubts, and all the rest. Students learning to practice social work are greatly relieved to find that other beginning students also wonder if they are right for the field. Parents who experience "improper" thoughts and feelings judge themselves less harshly when they find they are not alone.

A fifth mutual aid process can be observed in the way in which group members provide *mutual support* for each other. When a group member is in difficulty or has experienced a trauma (such as a death in the family) or is revealing painful feelings that have long been repressed, one can see direct and indirect efforts on the part of individual group members and the group as a whole to provide empathic support. Carrying a burden is often easier if others express their understanding. Having peers try to share in your painful feelings can be experienced as a form of a "gift," much more meaningful than artificial efforts to cheer you up. In a single parents group, one member began to cry with deep, heartfelt sobs as she described her tremendous sense of rejection by her ex-spouse. The leader could see the member next to the one in distress fidgeting and turning, apparently wanting to reach out. When the leader commented on this and asked if she wanted to hold the woman next to her, she replied that she did and then took her hand. This was a physical comforting, which was followed by words of support by the other group members. As they were supporting this member in her feelings of rejection, they were also helping themselves with their own similar feelings. Thus the giving of empathic support is often as helpful to the one who gives as to the one who receives. In the small group the support of peers can be even more powerful in its healing potential than the support of the worker.

While support is a crucial ingredient for mutual aid to take place, it is not enough by itself. The change process requires *mutual demand* as well. The artificial split between support and demand can be commonly observed in group practice. For example, Trimble (chapter 13) describes his early efforts in working with male batterers in which he felt that creating an accepting, empathic atmosphere was the key element in bringing about changes in behavior. Experience demonstrated that caring was not enough and that he had to integrate it with confrontation and demand, in which he needed to dig and push to get these men to accept responsibility for their actions and the change process. The key to the success of his work is the integration of the two essential elements in simultaneous action rather than structuring his groups to be all confrontation and no support. It is exactly at the moment that group members are confronted that they will need all the support they can receive.

Group members may be more ready than the worker to confront each other. The worker may hesitate, concerned about the member's possible fragility, and then sit back in wonder as the "fragile" member responds with strength to the peer group's demands. Somehow accepting a confrontation is easier from one who really knows what it is like than from an "outsider," however caring and empathic. Group members who share the problem may also be more astute in picking up the defenses, the denials, the many ways in which we all "con" ourselves out of facing the truth when it is painful. They are astute observers of these methods of avoidance because they can see them in their own behaviors.

Another simple yet powerful manner in which mutual demand operates in a group can be the expectation felt by the member that he or she take some difficult action. For example, a men's group discusses a member's difficulty communicating with his boss at work, and, after support, discussion, even role-play of how he should handle the conversation on the job, the group members expect to hear what happened when they return the next week. Group members have said they would rather face the boss than have to return the following week and reveal to their peers that they had "chickened out."

While group members can help each other through general discussion of common themes of concern, such as the feelings of loneliness of a single parent coupled with the fear of risking being hurt again in a new relationship, they must also offer help on a member-by-member, specific-example-by-specific-example basis. In fact, effective mutual aid groups are constantly moving back and forth between the specific case and the general issue. Individual problem solving is one of the important ways a mutual aid group works. As the group members help the individual with a specific problem, they are actually also helping themselves with their own variations on a theme. Workers who are unclear about this specific-general interaction often make the mistake of keeping the discussion on an overly general level. They express fears of "doing casework in the group." If one is clear that a mutual aid group involves members helping each other and

that there is usually a connection between the individual's specific problems and the group's general purpose, then this issue of the individual need versus the group's need is revealed as yet another artificial dichotomy.

Take the example of a parents' group discussion about the difficulty in raising teenage children. One member raises it at the start of a group meeting as follows: "I have been thinking recently about how hard it is to raise teenage girls these days, what with the changes taking place in ideas about morality. It just isn't as clear as it was when I was a kid." The group leader who fears "casework in the group" might turn to the other members and ask for their comments on the issue. The resultant general discussion can become an "illusion of work" and, meanwhile, the initiator of the conversation may be sitting there still churning away over the fight she had the night before with her fifteen year old when she didn't return home until 3:30 in the morning.

If the leader is clear about the individual problem-solving process in mutual aid groups, he or she might ask the mother if she had a specific incident in mind. As the mother describes the fight, the worker would help the mothers share the incident with the other group members, invest the presentation with feelings, describe the actual conversation with the daughter, and mobilize the group members to offer feedback and advice. As they discuss this particular parent trying to cope with changing morals and parental responsibility, they will move back and forth between the specific problem and the general issues. As the group members offer help to this mother, they will be formulating new ideas on how they can handle similar issues with their children.

Discussion of the interaction with the daughter might reveal the mother to have been so distraught and worried about her daughter's safety that she may have translated her concern into an outburst of anger when the daughter returned. While the anger may have been appropriate, it often conceals the fear, anxiety, and caring from which it springs. If the group members and the leader help the mother to see how she needs to share these feelings as well, then rehearsal, a form of role-play in the group, can help the mother find the words and feelings for a follow-up discussion with her daughter. Sometimes just practicing a difficult task, with support and advice from the group members, can give the member enough confidence to attempt it. In addition, as the member struggles through the role-play, she or he often reveals ambivalent feelings about the issue that were not present during the discussion. For example, does some part of the mother not want to have such a discussion with the daughter because she is afraid of what she might hear? It is better if the ambivalence emerges in the group, where it can be explored, rather than in the conversation at home.

Finally, there is the *strength in numbers* phenomenon. Individual members often feel powerless to deal with large institutions and agencies, helping professionals (even the group leader), and apparently overwhelming tasks. In unity, however, one often finds strength. Take, for example, a group of welfare mothers

living in a public housing development in which the management is insensitive to their needs, exploitative (for example, levying excessive charges for repairs), and authoritarian (threatening to evict them if they "make trouble"). For such a group the idea of confronting the management, dealing with city hall if they meet resistance, in other words, standing up for their rights, can be frightening and risky. In one such group they faced the additional problem of fear of reprisals from youth gangs in the project if they complained about the drug use in the halls, the welfare checks stolen from their mailboxes, and their general sense of lack of security (Shulman 1999). It was only through patient work by the group leader and a willingness to recognize the fears lurking beneath the surface that these group members were able to find the strength in numbers that allowed them to take a small first step. In another example, a group of survivors of sexual abuse participated in a "take back the night" march of women protesting violence in the street. None of the women felt comfortable joining the march on their own, but all were ready to go if the whole group participated.

This section has described a number of mutual aid processes that can be observed in a group. Of course, these will not necessarily happen by themselves. In fact, it is the difficulty for most groups in learning how to release these powerful forces for change and growth that creates the need for the group worker. In the next section we describe a number of obstacles that can block the mutual aid process, followed by a section describing how a group leader can assist the group in overcoming these problems.

Obstacles to the Mutual Aid Process

While the potential for mutual aid is present in the group, hard work by the group leader and all of its members is required if it is to emerge. In the next chapter on group work skills and in the illustrative chapters that follow you will see example after example of the delicate moments in which the ability of the group member to take help and the ability of the group to provide help seem to lie in balance. For example, group members will be struggling with feelings and ideas about which they may feel ashamed. "I am that handicapped child's mother! How can I feel such strong feelings of anger toward my own child?" Strong social taboos, which declare some areas of discussion or some feelings out of bounds (for example, sexual issues), operate to prevent us from honest discussion. These taboos will be brought from the broader society and enacted in the microcosm of the small group. As the small group gingerly approaches the taboo area, employing indirect communications such as "hints," the worker will have to call the group members' attention to the barrier and assist them in dealing with it, through a combination of support and demand. The members, for their part, will have to find the courage to enter the formerly forbidden areas, in response to the worker's gentle pushing, and begin to discover they are all in the

same boat. The feelings for which they judged themselves so harshly are normal for their situations. The subjects they felt were not for open discussion, the feelings they experienced as possibly too painful to be faced, all take on a manageable status as the healing power of mutual aid begins its work.

A group culture (norms, taboos, rules of behavior, and so on) is just one example of the many obstacles that may frustrate the emergence of mutual aid in the group. Another common problem is the inability, in the early phases of the life of a group, for members to see the connection between their own sense of urgency and that of the other members. "What can these other people know of my problems and worries; their lives must be so different?" The connection between the agency service and the individual member's felt needs may also be unclear at the beginning.

Particularly in a mandated service, where involuntary participation is common, the group member may begin with strong expressions of denial, resistance, and anger to the offer of a group service. Skill will be required on the part of the group worker to help the members overcome their initial reactions to authority and their initial inability to see their stake in the agency service or in the other group members. The contracting process, described in the next chapter, can be the start of this change. Sensitivity to these issues is demonstrated in many of the group examples in the book as workers attempt to reassure members that they still maintain control of their inner lives. Trimble, in chapter 13, illustrates this beautifully in his opening statement to a group of men forced to come to a group for men who batter their wives. After recognizing that they may have been forced to attend (for example, by a judge's order), he speaks directly to the issue of control as he states: "But no one can reach into your mind and heart and order a change. That's where you have complete control."

These obstacles as well as others can serve to frustrate the emergence of the mutual aid potential. One way to view the role of the group leader is by seeing her or his job as that of helping the group to learn how to be a better mutual aid system. For example, the group leader can model effective helping behavior in the way she or he intervenes in the group. Another way of helping would be to call the group members' attention to the obstacles blocking their path. ("Every time someone raises an issue dealing with your difficulties in the sexual area, someone else changes the subject.") The group leader would need to provide support as the group members enter the previously taboo area ("Is it too scary or painful to deal with such a sensitive subject in this group?"), while, at the same time, making a demand for work by asking the group to explore and conquer the obstacle ("What is it that makes it hard to talk to each other about sex? Perhaps if we understand that, it might make it easier to risk.") As the group members discuss the obstacle, they are simultaneously overcoming its power to frustrate their efforts at mutual aid. Obstacles revealed are usually much less powerful than those that remain hidden from view and discussion.

Some obstacles, as Gitterman describes in chapter 3, may be avoided by skill-ful group composition and formation. All groups, however, experience some obstacles, problems, conflicts, and a process that often seems to go two steps forward and three steps back. These are not signs of the lack of mutual aid potential in the small group; rather, they are indicators to the worker of normative group issues that need to be handled with skill and sensitivity. The effective mutual aid group is not one without problems, but, rather, one in which the leader and members become more sophisticated about how to cope with the inherent problems. When they are dealt with, a number of important benefits can be observed in a mutual aid group. In the next section we propose a statement of function that may help the group leader in her or his efforts to help the group.

The Mediating Function of the Group Worker

A worker must be clear about his or her function in the group. Function is defined here as a description of the specific role of the worker, that is, his or her part in the proceedings. All the interpersonal skill in the world will be of no use to a group worker without a clear sense of the job description. Group process can become very complex, and a worker without a clear, internalized sense of how one helps in the group will inevitably become as lost as the group members.

For example, when a group of teenage boys begins to scapegoat a smaller, weaker member, and that member exhibits a pattern of inviting the abuse, what will the worker say and do? When an individual raises a deeply felt issue and group seems to turn away from the member, changing the subject or downplaying the significance of the issue, how will the worker intervene? When a group splits into two opposing camps, seemingly unable to come to a decision or appearing unwilling to listen and to understand each other, how will the worker help? When a group of foster adolescents begins to discuss their use of drugs or their involvement in some illegal activity, what is the group leader's responsibility? When group members espouse positions opposed to the strongly held values of the worker, should he or she challenge them? The list of questions could go on for pages. What is common to each of these examples is that they describe moments when the worker will feel on the spot and unsure how to intervene.

No matter how well armed with interpersonal skills the worker may be, the question remains, to what immediate function will he or she harness those skills? If the worker is not clear about the question of role and is suffering from a form of functional diffusion (taking on many different roles, thus diffusing the clarity of the job description), then the intervention will often flow from the worker's past experiences, current sense of panic, personal value systems, and other sources. For example, the worker might start to protect the scapegoat, or exhort the group members who have turned away from the member in pain, or preach to the adolescents about the evils of drugs. In each case, as they protect,

exhort, or preach, they will cut themselves off from the group members and lose their ability to help effectively.

Fortunately, functional diffusion is not a terminal illness. It can be treated with a dose of functional clarity. Schwartz (1961), building on the assumption of the symbiotic relationship between the individual and the group, proposed the role for the worker of mediating the individual/group engagement. This worker function within the group was an extension of his statement of the general function of social work in society as implemented in the small group modality.

If we return to some of those critical moments in the life of a group we have described earlier, then we can illustrate how functional clarity and, in particular, this mediating role, might help the worker intervene effectively. In the teenage scapegoating example, instead of taking the scapegoat's side and alienating the group, the worker would realize that she or he has two "clients" at this critical moment—the individual scapegoat and the group as a whole. One of the central tasks of the mediating function, as described by Schwartz (1961:25) involves the worker's effort to "search out the common ground between the individual and the group." Thus the worker needs to understand the purpose of scapegoating in the group, which is often displacing the feelings of the members on the individual who represents the worst example of their own "sins."

Scapegoating was part of the ancient Hebrew tradition, which is the source of the word itself. The Hebrews invested the skin (scape) of a goat with the sins of the people and placed it upon another goat's back, driving the goat into the wilderness. Thus, for another year, the community was absolved of its sins. With this understanding of the meaning of the scapegoating pattern in mind and with the mediating function as a guide, the worker can implement Schwartz's (1961:25) second set of tasks, that of challenging the obstacles that obscure the common ground between the individual and the group. Rather than siding with one versus the other, the worker must emotionally be with both at the same time. The worker is only able to implement this role if she or he has a clear understanding of the "two client" idea.

As the worker points out the way in which the group members and the scapegoat have chosen to avoid their own feelings, she or he must provide support to both clients. In chapter 3 the specific skills for implementing this functional role are described and illustrated. For now the important point is that clarity of function provides the worker with a clear direction for intervention.

In the second example provided earlier, rather than getting mad at the group for apparently rejecting the member in need, the worker mediates the engagement by helping the member articulate the pain of the issue while simultaneously acknowledging the group members' pain, which causes them to withdraw. For example: "Are Frank's feelings hitting you all so hard that you're finding it difficult to stay with him? Do you have so much pain yourself that it's hard to find any room left in your heart for his pain?" The worker has two "clients" in the

mediating framework and must help both to reach out to each other. If the worker is busy trying exhortation to shame the group, he or she cannot be tuned in to the group members' pain, which is expressed indirectly through their behavior. The worker is in the ironic situation of demanding that the group members feel for the individual, while lacking empathy for them.

In the third example mentioned earlier, what will the worker do when the group polarizes around an issue with each side taking apparently opposite points of view and holding firm, not even listening to the other half of the group? If the worker's sense of function is diffused and the worker tries to play the role of expert, throwing support to the "right" side in the debate, once again a chance to help may be lost. In the mediating role, the worker would try to look deeply into the connections between the apparent dualism instead of getting lost in what may well be a phony dichotomy. The worker has a point of view about life and needs to share it in the course of the work of the group—what Schwartz (1961:27) described as another task—sharing data. However, whatever the worker's opinions, she or he still has the general function of mediation in the group, and sharing data is only one task.

An example from a parent-teen discussion group may help. At one point the teenagers articulated their need for more freedom from their parents and less structure. They wanted some recognition of their new status. The parents countered with their need to have a say in the lives of their children. The specific examples dealt with curfew times, supervision of schoolwork, the use of alcohol and/or drugs, and sexual freedom. A worker who is unclear about her or his role might get caught up in the details of the debate: for example, siding with the parents if the teens suggested curfew times that were too late or with the teens if the parents seemed overly protective. As the worker listened to the group, energy would be directed into making "expert" judgments on who was "right." Group members might even ask the worker to play the role of judge.

As the worker becomes caught up in these roles, she or he would fail to play the crucial role of mediating the engagement. Thus the worker might not listen to the argument unfolding, attempting to tune in to the stake that parents have in seeing their teenage children make a responsible transition to young adulthood. The parents have an investment in their children's learning to take responsibility for themselves, which is essentially what the teens are looking for. At the same time, what is the stake the teens have in having parents who still care enough to want to provide some structure? Would they really want their parents not to care about them any longer? A simple debate on the issue of curfew may change, with the intervention of the worker, into a more basic discussion of a life transition for both the parents and the teens, one that is never easy, one that has no clear and simple answers, and one that must involve some struggle. The worker's investment must not be in a specific curfew time but rather in bringing these mixed feelings into the open, in identifying the transitional questions, in

helping the parents and teens truly understand what the other is saying and feeling as they experience a normative crisis. With this kind of help both parents and teens may develop the skills of dealing with the many specific structure/freedom issues they must face and master if they are to keep the family relationship sound through the transition work ahead of them. Functional clarity can help a worker implement this task.

In the final example, dealing with ideas, values, or beliefs expressed by the group members that trouble the worker, a clear sense of function is important. We suggested in the previous illustration that the worker should share her or his view of life, a process Schwartz (1961:28) described as "lending a vision." However, the view of life that the worker lends (implying members are free to take it or leave it), must be relevant to the current work of the group and not immediately available to the members. This means that the worker shares from her or his fund of life experience when the group members need access to it, not when the worker decides they need to be "educated." If the worker has a "hidden agenda" that guides the worker's activity, then the members will have to start to invest their energy into guessing what the worker has up her or his sleeve. They have probably already experienced professionals who are doing things to them in indirect ways. In fact, that is usually the reason for their early wariness about the worker's motives. If one believes the only way to help people is by doing with instead of doing to them, then the crucial questions are as follows: What are the group members working on at this moment in the group? Do I have information, beliefs, values, and so on that may be helpful to them? How can I share these in such a way that group members treat them as just one more source of data—not the final word from the final authority?

An example might help at this point. It comes from work with middle-class, white children in a suburban community center in a neighborhood undergoing a change from an all-white to a racially mixed community. In the course of one group meeting a disparaging comment was made about some of the new black children who had entered the local school. The worker in this example, feeling a great sense of responsibility for "teaching" the right attitudes, intervened and chastised the group member for having expressed a racist comment. The conversation changed immediately, and the worker felt the lesson had been learned. During the week before the next meeting, the worker tuned in (developed some empathy) for what these children might be experiencing at home, in school, and in the community during a tense transition period.

He began the next session by reopening the discussion, explaining that he had reacted quickly because of his own strong feelings on the matter and wondered if this kind of discussion was taking place in their homes and at the school. If they wished, he would try to help them talk about it, if it troubled them. The result was an outpouring of feeling about what they were hearing and experiencing, the pressures they were feeling from parents (in some cases) and peer

group to act in certain ways toward the new members of the community. For many of them there was a real dilemma, as they felt torn between what they felt was right to do and what they felt they were being forced to do. Because of the worker's skillful catch of his mistake, his clarifying in his own mind what his functional role was, he was able to help the group members create a place where they could really talk about the issues. In an adult illustration of the same issue, staff at a transition house for battered women felt so strongly about the oppression experienced by their clients that they found it hard to accept the views expressed by women who were still coping with the "internal oppressor." When these women expressed views such as "Sometimes I asked for the beating," "My man really loves me and can be nice to live with most of the time," and "Living with him is really better than being alone," staff members found it hard to understand a view so different from their own. Lectures and admonishments designed to change the group members' attitudes often only drove them underground. The group members learned to participate in an "illusion of work," where they said what they thought the workers wanted to hear. The tragedy was that often, at the end of their time in the shelter, the women returned to the abusing spouse.

It was not that the ideology was wrong. In fact, it is in helping clients to deepen their understanding of gender issues that affect their lives, helping them to see how role stereotypes have been oppressive to them, helping them to understand how they have internalized these stereotypes and have lost touch with their sense of their own value as individuals and as women—it is these steps and others that will help them grow, change, and develop the strength to reject a life of abuse. The problem rested with the group leaders' sense of their function in the group, which was to "preach" these ideas. With functional clarity, the leaders might express their genuine understanding of the dilemmas expressed by group members and then help them to help each other in learning how to cope when you feel two ways at the same time. For example: "That's the struggle for you, isn't it? You know you can't live with him when he is this way. You know he can be dangerous to you and your kids. And yet, a part of you still feels you love him and need him and you're afraid to be without him. How about others in the group? Have you felt the same way as June? What can she do about this?" Often, the group members can offer support and advice, since June's struggle may be theirs as well. The workers can and must share their ideas about how and why women find themselves in this position. However, these must be shared when appropriate to the immediate work of the group members. That is the only time they can be heard, understood, and remembered. No matter how sound or important the ideas, values, and beliefs may be, the worker cannot substitute her or his experience for the work the group member must do.

In addition to thinking about the worker's function in relation to the group and its processes, one also has to consider the worker's function in relation to the

life issues and needs being explored (the content of the discussions). The Life Model (Germain and Gitterman 1996) proposes a schema for understanding and helping group members to deal with life stresses and their consequences. As previously described, clients' needs and troubles are identified as arising from three interrelated problems of living: l. life transitions, 2. environmental pressures, and 3. dysfunctional interpersonal processes. With life changes, the social work function is to help the group and its members to meet the particular task associated with developmental phases and the accompanying status and role demands and crisis events. Helping a group and its members move through life transitions so that their adaptive functions and problem-solving skills are supported and strengthened is a valuable and important professional activity. The social work function with environmental concerns is to help the group and its members to use available organizational and network resources and influence these environmental forces to be responsive. Mobilizing and strengthening the goodness-of-fit between natural and formed groups and their social environments provides social work with a core mediating function. With dysfunctional interpersonal group processes, the social work function is to help group members to recognize the obstacles and to learn to communicate more openly and directly and attain greater mutuality in their relationships.

The Life Model offers a normative perspective on the troubles people experience. Whatever a client's diagnosis, he or she still has to manage life stressors. The stressors-in-living schema (life transitions, environmental pressures, and dysfunctional interpersonal processes) accounts for the troubles of most clients. It enables the worker to design preventive services (see chapter 3) as well as to develop practice strategies in an orderly and focused way. To illustrate, a worker was assigned to a group of recent widows. In the fifth session members were agitated and complained about their sense of loneliness and isolation. At this particular moment were the members asking for help with the life transition—that is, with exploring their grief and helping them through their mourning stages? Or were they at this particular moment asking for help with environmental isolation—that is, with getting connected to new networks to do things to combat their loneliness? Or were they at this particular moment indirectly complaining that the worker and group experience were being unhelpful and requesting attention to their interpersonal concerns—that is, in dealing with their struggles about the worker's competence or the members' ability to help? At each moment the worker has to consider whether the members are asking for help with life transitional, environmental, or interpersonal issues and to be responsive to their primary concerns. Too often our interventions are not based upon an examination of members' latent messages but rather upon our own (or our agency's) preoccupations. A worker committed to "advocacy" practice might direct the group to environmental issues, the worker committed to "sensitivity work" might direct the members to interpersonal issues, and the worker committed to "psychological

practice" may direct the members to life transitional issues. Group members are not responsible for confirming and conforming to our interests; our professional responsibility is to join their natural life processes, to follow their leads and be responsive to their cues.

We have given a number of examples of how functional clarity can come to the aid of a group worker when the going gets tough. While the mediating function was suggested as a helpful one in understanding this complex task, it is certainly not the only way to describe the group worker's part in the proceedings. This statement of function has been shared as one that has proved helpful to the authors of this chapter as they struggle to find ways of deepening their understanding of practice. In the next chapter the specific skills required to put this function into action in the various phases in the life of the group (preliminary, beginning, work, and transition/ending) will be described and illustrated. The ideas drawn from the Life Model, oppression, vulnerability, resilience, and mutual aid, will also be elaborated and illustrated in the group examples that follow.

Notes

1. In real life these life phases ebb and flow and overlap. People rarely neatly complete one stage and move on to a new one. Historical, individual, social, and cultural differences create unique experiences and issues.
2. It is important to note that puberty is biological but adolescence is a social and cultural phenomenon. Adolescence is not recognized in all societies.

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