



2528-9705

Örgütsel Davranış Araştırmaları Dergisi

Journal Of Organizational Behavior Research

Cilt / Vol.: 7, Sayı / Is.: S, Yıl/Year: 2022, Kod/ID: 22S0-870



## Psychiatric Social work approach towards the Recovery process in Psychiatric care

Parastou Ghaderi

Supervised by: Siv Oltedal.Professor, PhD

A Master Thesis presented to Faculty of Social Sciences

Department of Social Studies

Nordic master in social work and Welfare

Stavanger University, Norway

### ABSTRACT

Through the evolution of methods in the mental care system, few professions were at work to provide psychiatric care. Psychiatric social work is among these professions with a fair share of providing mental care and service. This study aims to clarify psychiatric social work's contribution in providing comprehensive care by implementing methods based on environmental and humanistic approaches. To illustrate that, an interpretive phenomenological examination was conducted. The result showed the capacity of psychiatric social workers to be parallel agents who contribute important social, environmental, and humanistic care for those who need mental care and support.

**Keywords:** Psychiatric care, social work, environmental care, humanistic approach

### INTRODUCTION

This section consists of two main headlines, firstly a short background of mental illness, secondly the importance of this matter and its relation to social work followed by the research question and objectives of this study. Mental illness is among the category of a phenomenon that does not have an exact date of discovery mainly because a wide variety of abnormal behavior was always part of human social and individual life. However, the search for explanations of what causes mental illness can be traced back to ancient times; From demonic possession, punishment by the gods for a sinful state of the soul to defects of the brain reoccur. Throughout history, attempts have also been made at curing people that exhibit abnormal behaviors. Long before doctors had a full understanding of the human anatomy, attempted cures involved making holes in the person's skull for demons to escape. Alternatively, the answer to problematic behavior has been through physical restraint, confinement, and banishment (Gosselin,2019).

It is during the following centuries that understanding of mental illness goes through a significant improvement and subsequently method of treatment also has been replaced by more humanistic approaches. The historical evolution of what we consider mental illness and corresponding treatment methods are part of essential information that requires extra considerations. Since, such a dramatic transformation of definitions, approaches, and methods of treatment have a direct impact on a person who needs psychological care and support.

Two examples will clarify the importance and the impact of psychiatric care for the individual. The first example is that people with mental issues can't receive financial support before they are given an official diagnosis and that can be interpreted as a direct effect of conditional psychiatric care. Another example is the social implications of the diagnosis. The application of

psychiatric diagnoses often results in individual shame as well as social and economic costs such as discrimination in legal proceedings for child custody and prejudiced insurance practices (Lafrance & McKenzie-Mohr, 2014). Therefore, there is a need for extra considerations on psychiatric care and its implications for the individual.

### **Social work and mental care**

Before exploring more aspects of psychiatric care and its implications for the individual, it is necessary to define a key concept in the structure of psychiatric care and that is the meaning of the recovery. In mental health, the term ‘recovery’ is commonly used to refer to the lived experience of the person coming to terms with, and overcoming the challenges associated with, having a mental illness (Shepherd, 2008, In Lloyd and others 2008). The term ‘recovery’ has evolved as having a special meaning for mental health service users (Andresen,2003) and consistently refers to their personal experiences and expectations for recovery (Slade, 2008). On the other hand, mental health service providers often refer to a ‘recovery’ framework in order to promote their service (Meehan, 2008). Meaning that within the structure of mental health service providers (like social workers), the concept of recovery might be accompanied by other emphasizes. To explore this extra emphasis, it would be beneficial to reflect on social workers’ approach toward mental illness. In their daily practice, social workers see the impact of living conditions, inadequate housing, low incomes, and crime-ridden neighborhoods on the physical and mental health of the people with whom they are working (Bamford,2013). In other words, social work operates at the boundary between the individual and the social environment.

Moreover, social workers are guided by awareness and understanding of how individual wellbeing is inextricably linked to their social environment (Goldstein, 1973; Raiff & Shore, 1993). Subsequently, during the recovery process of a person who needs mental care, social workers try to implement a system of care that is established according to the dynamics between patients, their families, communities, and wider social forces (Boland, Abendstern,2019).

More generally, the social worker’s approach is described as prioritizing a positive working relationship with clients and their families built on compassion (Ramon, 2010), trust, and clear, uncomplicated, communication (Allen, 2014; Golightley & Geomans, 2014; Hardiker & Barker, 1999; Herman, 2014; Peck & Norman, 1999). Today such services are the norm, with social work joining psychiatry, nursing, psychology, and occupational therapy. (Malone, Marriott, Newton-Howes, Simmonds, & Tyrer,2007).

However, social work methods of treatment can have their differences with other fashions of recovery methods. For example, social work has been identified as being cautious about the medical model of psychiatry, as insufficient to explain causes and consequences of mental health problems (Carpenter, Schneider, Brandon, & Wooff, 2003).

Despite the proven functions of medical treatments, it can be argued since “Man exists not only as a biological organism but also as a member of society” (Mookerjee,1968. p.165), other methods (like social work methods) can also be given a parallel and yet important role in the recovery process within the psychiatric care structure. Mainly because the capacity of the social work framework that allows practitioners to cover more social, and environmental ground, might maximize the efficiency of treatment methods.

Adding this highlight to the research perspective makes it clear why it would be beneficial to investigate the potentials of psychiatric social works methods in the mental health recovery



process (the term psychiatric social work will be used further on since; it is rather a more precise reference). It is more likely that the answer to that question can be found within the perspective of psychiatric social work practitioners.

For that reason, this research will contribute to psychiatric social work's role in today's mental health care system by identifying their feedbacks on approaches and working methods in the recovery process.

Hopefully, by understanding those highlights it can be determined how psychiatric social work can play a parallel and yet important role in the recovery process of institutional mental care. For achieving that aim the focus of this research will be centered around psychiatric social workers' experience and perspective.

Considering that objective, the research question of this study is:

- ✚ What are the contemporary psychiatric social work's approaches and working methods in the recovery process?

By investigating that question this research will try to provide feedback on the current recovery methods from the psychiatric social workers' point of view. Furthermore, the corresponding approaches for these methods also will be discussed. Eventually, by reviewing the psychiatric social worker's methods within the context of their corresponding approaches it will be explained how humanistic psychology and environmental approach can be considered as two headlines for psychiatric social work's practice today.



## Literature Review

In order to achieve a comprehensive understanding of a certain subject or issue, it is necessary to first review the historical background of that subject. For that purpose, focus of this section is on the historical elements that designed the current structure of psychiatric social work in mental health intuitions.

### Historical Timeline

Psychiatric social work began in the United States in 1907 when Massachusetts General Hospital initiated social work services in its neurological clinic. (Stuart,1997, p.25). The significance of that change is due to a modification in psychiatric care when a shift from institutional management to mental hygiene took place. Stuart (1997) further elaborates on the birth of psychiatric social work as a result of a movement for community care of the mentally ill. This approach brought the psychiatrist's attention to control and prevention of mental illnesses and therefore, redefined the psychiatric social work framework. Corresponding to new approaches, there was a necessity for psychiatric social workers to adapt to a new set of skills including academic knowledge and experience.

The first academic training for psychiatric social work was introduced by Smith college in 1918. Later on, the New York School of Social Work and the Pennsylvania School of Social and Health Work in 1919, provided the field with graduates that took a central position in social work. (Aviram,2002. p.618) Market demand for graduated psychiatric social workers was mainly in mental health institutions. Social workers were hired by mental hospitals as well as community agencies to provide the link between patients, their families, and communities, and to facilitate better discharge arrangements and community care of ex-patients (Grob, 1983; Russell, 1916;

Stuart, 1997). Furthermore, psychiatric social work job description among other things went through a change. At first, psychiatric social workers' role in the mental health service system was limited to obtaining information regarding patients and their families. Later, their role expanded to include responsibility for acting as liaisons between the patient, his/her family, and the institution. They played a major role when psychiatric hospitals began preparing patients for home discharge. (Aviram,2002. p.621)

Following up on psychiatric social work progress during these years, there is another crucial mark which is, the significant influence that behavioral psychology had on the structure of the mental health service system. This influence was regarding an adaptation of a new approach in psychology with additional emphasis on human behavior. Implementation of this new approach led to the recognition of elemental factors in diagnoses and treatment methods, and gradually by 1920 when social caseworkers generally adopted an essentially psychological interpretation of human behavior (Wenocur & Reisch, 1989; Woodrooffe, 1962).

Psychiatric social work flowered in the 1920s and reigned in the profession for several decades thereafter. Its major impact was, and perhaps still is, within the social casework specialization. The growth of psychiatric social work was related in part to the role of social workers during World War I (Wenocur& Reisch, 1989). For example, Black (1991; Stuart,1997) mentions applied methods that were developed by American social workers to respond to the crises resulting from World War I.

After the war, the evolution of psychiatric social work exceeded due to the new paradigm of practice that advertises progressive treatment methods. For instance, a new institution, the psychopathic (or reception) hospital, was developed in hopes of providing more effective treatment for the mentally ill (Copp, 1916; Grob, 1983; Rothman, 1980; Southard, 1913,1917). To sum up, what was explained in this section it can be suggested that psychiatric social work as a profession was mostly contributing as the agency that functions as a bridge between patients, their families, and communities. In the following years, psychiatric social work was influenced by the new approach in psychology which emphasized the behavioral aspects of the human psyche. Later, during the world war and after, psychiatric social work gained significant professional recognition and finally, this recognition took a new form within the cooperation with institutions responsible for providing mental care.

### **Theoretical approach**

So far, a timeline of psychiatric social work changing methods has been outlined. Now it's necessary to present a theoretical foundation so the examination of the objectives of the research from theoretical angles would be possible. One of these angles can be a conceptual evaluation of how psychiatric social workers are contributing with their methods to the recovery of people with mental difficulties. The significant element of their method comes from their approach to mental illness also their focus on people who are suffering from it as an individual each with their own complexities, potentials, and issues. Therefore, it can be said that psychiatric social work advertises a prioritization of an individual's capacity to overcome mental disturbance.

That prioritization corresponds to the theories that are centered around the allocation of power to the individual. Among related theories, Empowerment theory acknowledges the authority of individuals to act. As Lorraine and Robert (1991) mentioned" Empowerment is the process of



increasing personal, interpersonal, or political power so that individuals can take action to improve their situations". To comprehend the contributions of empowerment theory to mental care, it is beneficial to review the connection between this theory and psychological care. The adaptation of the empowerment theory in a psychological context was made by Julian Rappaport in 1981 stating "Empowerment is the mechanism by which people, organizations, and communities gain mastery over their lives" (As cited in Jason, Glantsman, O'Brien & Ramian, 2019).

That statement was the beginning of a paradigm in psychological care and to some extent, it coincides with psychiatric social work practice today. The precise term for that approach is Psychological empowerment which refers to empowerment at the individual level of analysis. Psychological empowerment integrates perceptions of personal control, a proactive approach to life, and a critical understanding of the socio-political environment (Zimmerman, 1990).

Meaning, in direct practice with individuals, empowerment interventions may primarily help individuals to develop psychological self-efficacy or coping skills to adjust to the existing social environment (East, 2016). Accordingly, psychiatric social work facilitates assistance for individuals by providing opportunities that promote their sense of control, self-efficacy, and problem-solving.

Considering mentioned characteristics of psychological empowerment, it is important now to elaborate on how and why this theoretical approach plays a significant role in psychiatric social work practice, in addition, to explain why that significant role clarifies psychiatric social work's contribution to the recovery process for people in need of mental care. For that aim, two highlights from the psychological empowerment theory will be discussed.



### **User- participation**

Most of the literature associates empowerment with personal control (Rappaport, 1987). According to Karl (1995:14 As cited in Hossen, 2005), 'Empowerment is a process of awareness and capacity building leading to greater participation to greater decision making and control, and transformative action'. An important note on psychological empowerment is the acknowledgment of this fact that people have a considerable potential to pinpoint their issue since it is them who is going through those difficulties and that legitimizes their strength and ability to be part of their own recovery process. Whitmore (1988) provides more details to proving this point:

- ❖ Individual is assumed to understand their own needs better than anyone else and therefore should have the power both to define and act upon them.
- ❖ All people possess strengths upon which they can build.
- ❖ Personal knowledge and experience are valid and useful in coping effectively.

The implementation of that note in psychiatric social work would be to facilitate individuals to play an active role in their recovery process. Horton (1989) argues that "people know the solutions to their own problems and that the 'worker's job is to get them talking about those problems, to raise and sharpen questions, and to trust people to come up with the answers".

This insight has important implications for community health professionals (Lord & McKillop Farlow, 1990) since within the psychiatric social work practice the participation of people is one of the focuses of the recovery process. In fact, the process of participation itself can be empowering. As people gained in self-confidence, they would seek more avenues for participation; their involvement in community activity would in turn enhance their self-confidence and sense of personal control(Lord & Hutchison,1993) Moreover, individuals experiencing a severe mental illness may be empowered if they try to gain control in their lives by becoming involved in a mutual help group, developing effective coping skills, or achieving a critical understanding of how the medical establishment functions to treat their illness(Zimmerman,1995.p.592).

### **Multidimensional Aspect of Psychological Empowerment**

Psychiatric social work does not exclusively target individual aspects of psychological empowerment Since, social science suggests an emerging notion of empowerment as a process with multiple levels of practice (Gutierrez,1989) Meaning some authors are examining the interface between macro and micro models of empowerment (Evans, 1992 As cited in Hossen,2005). For example, Gutierrez (1989) suggests that the goal of empowerment is not individual, but multi-level: 'It is not sufficient to focus only on developing a sense of personal power, but efforts to change should encompass an individual, interpersonal, and institutional level of practice. A study conducted by Lord & Hutchison (1993) also Confirms the importance of describing empowerment in ecological terms, claiming, none of the participants became empowered on their own. For the reason that "Empowerment efforts at the personal level provide only a brief respite if they are not supported by complementary changes within interpersonal and socio-political realms (Hossen,2005). Consequently, as the theory of empowerment becomes more fully developed, it will need to be based partly on the interaction of internal motivations of citizens, with valued social resources in communities and systems (Lord & Hutchison.p.19).

According to Wallerstein (1992), empowerment is a social-action process that promotes the participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice. Meaning Empowerment is achieved through synchronized efforts that work with people, their relationships, and the impinging social and political environment (Hossen,2005).

In general, psychological empowerment is not simply self-perceptions of competence but includes active engagement in one's community and an understanding of one's socio-political environment (Zimmerman,1995. p.592) Therefore, psychological empowerment is a multilevel construct in which each level of analysis is interdependent with the others (Zimmerman,1990).

In this regard, psychological empowerment practice directs psychiatric social workers to address challenges at all levels including those of individuals, families, groups, organizations, neighborhoods, communities, and society (Hossen,2005).



Psychiatric social workers adopt various strategies to empower the client: collectivization, establishing a dialogical relationship, consciousness-raising, redefining, advocacy, and so on (Hossen,2005. p.199).

In general, it can be suggested that a dynamic relationship between the individual exercise of empowerment and social-environmental support will lead to successful institutional-individual cooperation, and eventually, it can raise the chance of successful recovery for the individual. In better words” These simultaneous and coordinated efforts create a spiral of influences that initiate, sustain, and amplify empowered functioning. The empowered individual enters each interaction assuming success, respect, and influence; and when these expectations are rewarded, carries back a sense of personal control and esteem. This realization of interpersonal success builds confidence for interactions at the institutional level (Hossen,2005, p.196).

### **Humanistic psychology**

Within the psychiatric social work’s framework there can be few psychological models that are responsible for the implementation of practical methods and so far in the theoretical section of this research two main psychological approaches or theories (psychological empowerment and ecological system theory) have been reviewed.

Another psychological approach is humanistic psychology which rose to prominence in the mid-20th century, drawing on the work of early pioneers like Carl Rogers and the philosophies of existentialism and phenomenology. Humanistic psychology adopts a holistic approach to human existence through investigations of meaning, values, freedom, tragedy, personal responsibility, human potential, spirituality, and self-actualization (Serlin &Greening,2000).

The humanistic approach has its roots in phenomenological and existentialist thought. Eastern philosophy and psychology also play a central role in humanistic psychology, as well as Judeo-Christian philosophies of personalism, as each share similar concerns about the nature of human existence and consciousness (Serlin &Greening,2000).

Humanistic psychology is also sometimes understood within the context of the three different forces of psychology: behaviorism, psychoanalysis, and humanism. Behaviourism grew out of Ivan Pavlov's work with the conditioned reflex. Abraham Maslow later gave behaviorism the name "the second force".

The "first force" came out of Freud's research of psychoanalysis, and the psychologies of Erik Erikson, Carl Jung, Erich Fromm, and others. These theorists and practitioners, although basing their observations on extensive clinical data, primarily focused on the depth or "unconscious" aspects of human existence (Colmen,2009).

In the late 1950s, psychologists concerned with advancing a more holistic vision of psychology convened two meetings in Detroit, Michigan. These psychologists, including Abraham Maslow, Carl Rogers, and Clark Moustakas, were interested in founding a professional association dedicated to psychology that focused on uniquely human issues, such as the self, self-actualization, health, hope, love, creativity, nature, being, becoming, individuality, and meaning that is, a concrete understanding of human existence. These preliminary meetings eventually led to other developments, which culminated in the description of humanistic psychology as a recognizable "third force" in psychology (along with behaviorism and psychoanalysis).

Humanistic psychology includes several approaches to counseling and therapy. Among the earliest approaches, we find the developmental theory of Abraham Maslow, emphasizing a



hierarchy of needs and motivations; the existential psychology of Rollo May acknowledging human choice and the tragic aspects of human existence; and the person-centered or client-centered therapy of Carl Rogers, which is centered on the clients' capacity for self-direction and understanding of his/her own development (Colmen,2002).

A key ingredient in person-centered therapy is the meeting between therapist and client and the possibilities for dialogue. The aim of much humanistic therapy is to help the client approach a stronger and more healthy sense of self, also called self-actualization (Clay,2002). All this is part of humanistic psychology's motivation to be a science of human experience, focusing on the actual lived experience of persons (Serlin &Greening,2000).

Other approaches to humanistic counseling and therapy include Gestalt therapy, humanistic psychotherapy, depth therapy, holistic health, encounter groups, sensitivity training, marital and family therapies, bodywork, and the existential psychotherapy of Medard Boss (Colmen,2002).

The relevance of humanistic psychology and its different therapy models is that it shares a significant highlight with the psychiatric social work's working methods of treatment. Humanistic psychology tends to look beyond the medical model of psychology in order to open up a non-pathologizing view of the person (Colmen,2002). Psychiatric social work also tries to redefine the individual from a patient to an individual with opinions, potentials, and capacities.

Another meeting point between Humanistic psychology and psychiatric social work's method is the fact that they both draw attention to the therapeutic interaction between the individual and the therapist (or facilitator). Within this interaction, they both promote the participation of the individual in the recovery process. The reason for that involvement is that individuals' opinions, experiences, and potentials can play a navigating role through the recovery process for them. Eventually, with the benefits of self-realization, it is likely that the recovery process would be more efficient.

### **Methodology**

Silverman (2005) described methodology as an overall framework of choices in planning, collecting, analyzing, and interpreting the gathered data in specific research studies conducted by a researcher. In addition to that methodology can also be considered as the standard structure which allows the researcher and readers to follow a systematic process of perceiving a phenomenon in great detail.

For that purpose, the methodology section of this research consists of three subsections: The first one is mainly about how and why a specific method helped in building up a structure to achieve this research objective. The second subsection is basically a walkthrough of each step that was taken during collecting data. The third one is the analysis section in which all the gathered information is situated in a map to provide a clear picture of research suggestions.

### **Qualitative Method's Contribution**

The objective of this research is centered around psychiatric social workers experience and perception of their working method. To identify major elements in this context, a family of qualitative research methodologies that examines the structures of experience or consciousness (Gill,2020) like phenomenology seems to be a proper choice. Moreover, it is critical to report the firsthand narration of psychiatric social worker's perceptions and opinion on their working method. Therefore, there is a need for a methodical approach that mirrors a comprehensive



understanding of what psychiatric social workers think and express. According to Denzin and Lincoln qualitative method provides that firsthand narration in a realistic setting.” Qualitative research is an activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study accrues in their ordinary settings, trying to make sense of, or to understand, phenomena in relations to the people bring to them (Denzin and Lincoln, 2011).

### **IPA**

The primary objective of this research was to clarify psychiatric social workers experience and perception of their working method in the mental care institution. Therefore, the methodological design of this research should consist of a systematic process in which there is an extra emphasis on an individual's experience, opinion, and statements. A compatible choice for that goal is the phenomenological approach that seeks to explain or reflect people's common sense of their experiences to a notion or phenomena (Starks & Trinidad, 2007). Furthermore, within the structure of the phenomenological approach, we need to gradually design a comprehensive portrait of the current mental health care system implemented by psychiatric social workers. Meanwhile, it is essential to navigating through a set of collected data that requires a sharp eye to notify not only the most irrelevant findings but also information which are a direct product of psychiatric social workers' experience and practical wisdom. That is why the methodological choice of this research has been set on Interpretative phenomenological analysis.



### **Recruitment**

To initiate the process of recruiting psychiatric social workers who are willing to participate in an interview first it was necessary to receive approval from NSD (Norwegian association of higher education Institution). That process was consisting of providing details about the research, interview guide, participants, and so on to the NSD so all the legal concerns will be in order. Among the information that was sent, there was an information letter for the participants explaining the goals of the research, the responsible person for the research, their rights, and how personal data will be stored. To preserve and respect the interviewee's right to privacy, unnecessary questions about personal matters were completely avoided and only relevant information to the purpose of the project was mentioned. Information letter further on was sent to the participants and was signed by them. After a few weeks, NSD approved this project, and recruiting began.

The next step was to decide on a strategy for sampling. Since it was essential to grasp an understanding of what psychiatric social workers perceive of their working methods and practice of treatment, it was important to implement a method of sampling that reflects professional feedback. Therefore, there was a need to find a sampling method that is most effective when one needs to study a certain cultural domain with knowledgeable experts (Tongco,2007). A compatible choice of sampling here was expert sampling. As indicated by the name Expert Sampling calls for experts in a particular field to be the subjects of the sampling (Etikan, Musa& Alkassim,2016). In this method, it's important to find people who can and are

willing to provide the information by virtue of knowledge or experience (Bernard 2002, Lewis & Sheppard 2006). Considering that in mind it became clear that the target group of this research should consist of psychiatric social workers who have at least a few years experience of working in mental health care institutions. People who not only have the insights resulted by experience but also who were educated in this field. Therefore, the target group for this research was set as social workers with educational backgrounds and experience of working in a mental health institution. The reason for setting the criteria for the informants was to receive professional feedback from practitioners who have both theoretical and practical perspective on this matter so it will be more convenient to examine the objective from different angles.

### **Data collection**

#### **Semi-structured interview**

The next step was to organize a set of questions that reflect the research purpose. Accordingly, the format of the interview was ideal that is designed to depict the participant's point of view with a minimum level of interruption, biased tendencies, and so on. Creswell (2009) suggested a semi-structured interview as the potential option that can obtain participants' thoughts. Moreover, semi-structure interview contributes to the opportunity for a dialogue between the researcher and participants. "Semi-structured interviews involve a series of open-ended questions based on the topic areas the researcher wants to cover. The open-ended nature of the question defines the topic under investigation but provides opportunities for both interviewer and interviewee to discuss some topics in more detail" (Mathers, Fox&Hunn,2000).

Considering these characteristics, a semi-structured interview consisting of 17 questions within six major themes was planned and added to the interview guide. Approximately 45 minutes was allocated for conducting the interview. The anonymity of the participants was also reminded. It must also be mentioned that due to the spreading of the Corona virus it was strictly advised to avoid in-person meetings, so all the interviews were planned to be conducted via online meeting. Therefore, the plan was to send an information letter (for an online interview) to institutions in Stavanger and Sola. After doing so the main challenge for this research took place and it was that not many replies were received from contacted institutions. During this time, it was quite a challenge to face this unaccepted issue mainly because in the beginning it was expected that at least a few responses will be received. Consequently, the process of collecting data continued after the researcher of this study and the supervisor contacted their network to find possible informants. Eventually, online interview with two participants (Both graduates of social work at Stavanger University) was conducted.

### **Validity of The Research**

Part of the main goal of this research was to stay as loyal as possible to what psychiatric social workers have to say about their work and the methods they apply. To be able to report that academically it was essential to provide valid information that can be repeated and tested by future research. Nevertheless, the concept of validity has a more precise definition. Validity basically means "measure what is intended to be measured" (Field, 2005). Moreover, Validity explains how well the collected data covers the actual area of investigation (Ghauri and Gronhaug, 2005). In the case of this research using semi-structured interviews allowed the researcher to draw attention to feedbacks mentioned by the participants in a way that they can



decide on the flow of the conversation. Consequently, there is a higher chance that collected data is a product of their perceptions, experience, and knowledge rather than the researcher's assumptions. Additionally, during the interview new topics were brought up that weren't anticipated, however, these topics not only turned out to be relevant but also, to some extent redirected the purpose of the research to bold issues and approaches.

A more elaborate explanation of this matter is that the primary objectives of this research, in the beginning, was to discover the psychiatric social worker's understanding of their working methods in addition to their experience of working in mental health institutions. However, through conducting this research psychiatric social worker's reflection on their methods seemed to be rather a more dominant topic in comparison to their experience of working in mental institution. Furthermore, IPA analysis result also had a corresponding connection to psychiatric social workers' reflections on their methods. Therefore, analyzing that cluster of findings within a bigger structure like systematic institutional psychiatric care showed a more meaningful connection. Therefore, it was decided to focus on this aspect and subsequently to report findings that were relevant to psychiatric social work methods of treatment.

In summary since the focus of the research was on psychiatric social workers and the main goal was to report their point of view, the accuracy of collected data can be considered as a corresponding element of what participants (with rather promising knowledge and experience in the field) have emphasized. To elaborate more on this matter, it should be mentioned that both informants had long years of experience working in the field and that criteria can be considered as an advantage for an informant. Mainly because the extracted data from participants with considerable years of practice have the potentials to reveal significant findings regarding the practical aspect of a practitioner.



### **Analysis**

Proceeding to the next step of the research, now collected data from the interviews must be organized within the structure of the methodological choice. Since IPA was initially applied to problems in health psychology (Pietkiewicz & Smith, 2012) and because it relies on an individual's perspective it is important to analyze the data according to a set of design that prioritizes the practitioners who are directly involved in the field of the mental health care system. To achieve this, IPA studies utilize small, reasonably homogenous, purposively selected, and carefully situated samples, and may often make very effective use of a single case analysis (Charlick, Pincombe, McKellar & Fielder, 2016) Therefore, an in-depth analysis of single cases and examining individual perspectives of study participants in their unique contexts ((Pietkiewicz & Smith, 2012) must be applied for this section.

Suitably for this research (considering the numbers of participants), it is essential to cultivate as much information possible from the scripts. Moreover, according to Smith (2009), this aspect of analysis can be an advantage for research since the detail of the individual also brings us closer to significant aspects of the general and with each case, one revises the theory to fit the case, allowing one to reflect on and modify one's thinking in the light of the next piece of evidence assessed.

Considering the notes mentioned above, the process of analysis started by reading and re-reading the script from the interviews to find words, sentences, impressions, or terms which can have the potentials of revealing a piece of valuable information. A draft of initial notes consisting

of highlighted sentences and words was produced. In total twenty-five, highlights were extracted from the interview scripts which were in regard to different subjects.

From there it was time to turn initial notes into themes. Therefore, it was important to investigate patterns, similarities, or repeated words and concepts which can navigate us to reach corresponding themes. For doing so “It is recommended that researchers totally immerse themselves in the data or, in other words, try to step into the participants’ shoes as far as possible (Pietkiewicz & Smith, 2012).

That is why during this step it was crucial not to undermine any sentence stated by the psychiatric social workers for the sake of reduction and producing themes. Accordingly, each highlight was separately reviewed to investigate the meaning or implication behind them. In the end, the initial twenty-five highlights were reformed and restructured into four main themes.

The next step was to test if themes have possible correspondence or connection with each other or with the research objectives. Interestingly the connection between themes with each other and research objectives turned out to be an indication of a meaningful connection. Corresponded or connected Themes was the structure of an emerging map that eventually helped us understand the objective of the research within the perspective of psychiatric social workers.

### **Findings**

The emerging map that eventually shaped the finding section of this research consists of two main notes: Interaction based on humanistic psychology approach and environmental focus. These notes can be part of an overview of psychiatric social worker’s method in today’s psychiatric care system. More detail on each note is as bellow:

#### **Interaction Based on Humanistic psychology approach**

In a practice that prioritizes the individual and his or her perspective in the recovery process, it is important to create a balance between the level of control, power, and freedom of the individuals and restrictive psychological advice. This section will elaborate on how psychiatric social workers manage to establish that balance using the humanistic psychology approach. For that purpose, it is necessary to review this approach in detail. The humanistic psychology approach “views people as capable and autonomous, with the ability to resolve their difficulties, realize their potential, and change their lives in positive ways” (Seligman, 2006). Humanistic psychology to some extent can be considered as a phenomenological approach since it promotes unique perception by the individual of his or her world (Perceptions and experiences that further will determine the direction of treatment). Within this perspective, the client is in charge and it is anticipated that this responsibility will lead to the client developing a greater understanding of self, self-exploration, and improved self-concepts (Roger, 1965). As suggested by the name humanistic psychology is grounded in humanistic premises and values, as well as ensuring therapeutic relationships with clients that bring self-esteem, authenticity, and actualization in their life (Seligman, 2006).

The influence of humanistic psychology for the past few decades has been significant.

According to Cain, Kennan & Rubin (2016), Humanism values and practices have affected the practice of psychoanalytic and other schools of psychotherapy. Additionally, Schneider and Längle (2012) asserted that “humanism is a viable and growing phenomenon among the leading areas of psychotherapy and humanism is a foundational element of therapeutic effectiveness; a



pivotal (and needed) dimension of therapeutic training and a critical contributor to social well-being (p. 427).

It can be understood that humanistic psychology promotes humanism as the main framework of therapeutic methods by arranging a systematic hierarchy of values like an individual's self-realization, authenticity, empowerment, and so on.

Corresponding to this approach there were three indications in the findings of this research that implied a similar pattern of therapeutic approach. The first indication refers to the informant's explanation of the routine-based job. Psychiatric social workers start their duties firstly by gathering an overview of the case by reading initial reports of the issue. Secondly, they have conversations and meetings with the adolescent, his or her parents, and finally with their psychologist. These meetings are weekly and during each session, they discuss issues and solutions. During the meetings with parents (if the adolescent is underage) they review the issue through the parent point of view to gather more information. In the meantime, they try to acknowledge issues (like anger issues or miscommunication between the adolescent and parent) that can be responsible for escalating the challenging situation. Eventually, they will provide the appropriate assistance on these matters, for example, they will provide technics on how to have a calm and productive conversation.

From that note, it can be understood that part of a psychiatric social worker's routine consists of having meetings with involved people (adolescents, parents, and psychologists). During these meetings, the psychiatric social worker tries to acknowledge the existing issues by conducting a dialogue-based interaction with them. It can be argued that psychiatric social workers are practicing some aspect of humanistic psychology considering the fact that individuals' involvement and having a dialogue-based interaction with them, is an essential part of a psychiatric social worker's job.

The second indication was clarified by one of the informants signifying the importance of establishing a connection with the adolescents based on trust and respect. He suggested that one of the best aspects of his job is feeling of accomplishment when he manages to build a meaningful connection to the adolescent. Moreover, such connection will have it positive effect on the assistance they provide to the adolescents: "After earning their trust and respect they are more open to advice we give, and they will listen". Additionally, he emphasized the value of meaningful interaction between psychiatric social workers and individuals: "It can't be one-sided I can't have all this information about the kid his or her most horrible experiences and me as this adult guy and he knows nothing else than these rule". This quote clarifies this note that the quality of the interaction between psychiatric social workers and adolescents should be regulated based on humanistic values like trust and respect instead of an interaction that is based on the fixed role of the psychiatric social worker who is accustomed to law. It can be concluded that a successful recovery process consists of a dynamic interaction between the individual and psychiatric social worker, a meaningful interaction that is developed by humanistic values like trust and respect.

The final indication was concerning psychiatric social workers' opinion on what should we call people who need mental care. Both informants' response was interestingly similar, they perceived them as adolescents: "Everybody was a kid then became adults". Supposedly psychiatric social workers' vocabulary is more concerned with addressing people by their names or terms that are not implying any additional meanings (The importance of this note is due to a



contemporary discussion in social work regarding what is the appropriate term for addressing people who are receiving assistance). Therefore, it can be argued that psychiatric social workers' choice of vocabulary to some extent might indicate their tendency to have an unbiased and respectful mindset towards the people who seek mental health assistance.

It can be concluded that an individual's involvement and having a dialogue-based interaction, establishing a connection based on trust and respect, and finally a vocabulary with indications of an unbiased mindset can all be part of humanistic psychology's implementation in psychiatric social worker's methods of recovery.

### **Environmental Focus**

Another important aspect of psychiatric social workers' working method is their examination of individuals' backgrounds to investigate the trace of any influence resulting from their surroundings. The importance of the environmental aspect is due to the fact that person-in-environment is a core concept in social work worldwide (Hare, 2004). Furthermore, some even claim that this concept, which characterizes social work as a profession that seeks to change and improve the lives of individuals and society and the relationship between them, is what distinguishes social work from other helping professions (Gibelman, 1999; Johnson, 1999; Karls & Wandrei, 1995; Stuart, 1999). More specifically, the social work profession seeks to augment the ability of individuals, families, groups, and communities to solve their problems, realize their potential, and enhance their lives, while effecting social reforms intended to remove societal obstacles to the individual's well-being, to reduce inequality, and to increase social justice (Dominelli, 2004; Gambrill, 1983; Gibelman, 1999; Hare, 2004; Haynes, 1998; Lynn, 1999; Minahan, 1981; Morell, 1987).

Within the structure of a corresponding approach that can be called the person-in-environment approach, the individual and his or her multiple environments are viewed as a dynamic, interactive system, in which each component simultaneously affects and is affected by the other (Hare, 2004). The person-in-environment approach is also manifested in the general consensus in the professional community that social workers should use interventions at both the individual psychological level and the social level. As one of the informants asserted:

"It is important to think about not just a person but person in an environment".

That is the reason why psychiatric social workers review the individual social-economical background to pinpoint any possible cause that has its influence on the individual condition. The importance of this matter is that in some cases, economic problems like struggling financially although might have not had a direct impact, but surely it has caused the mental disturbance to intensify or make an individual stressed out. In some other cases, the living condition of the individual might be the hidden but influential reason to escalate issues like depression or distress in a person. A practical example was explained by the interviewee:

"I had a teenage boy who came with a wheelchair. He was very depressed. He was a refugee, didn't know the language well enough so he felt helpless, but it turned out that he had a very bad house where the bedroom was on the first floor and the kitchen was on the second floor so he couldn't get any meals for his own. He couldn't watch TV with his family. So, my first job was to call his coordinator and say he can't live like this. He must get to another apartment where he can get the kitchen and get the drink. So, depression could be about how you live". Meaning that psychiatric social workers' search for findings reasons behind the individual's mental



disturbance should encompass more areas of the individual's life. Because in some cases the influential factor (which can lead to the escalation of already existing mental issues), might be the living condition of the individual. Therefore, part of psychiatric social work's duty should include an examination of an individual's living conditions and surroundings so eventually they can provide more sufficient assistance for them.

Moreover, it is essential to tackle the issue with a sustainable and continuous approach. Mainly because environmental factors have a longer, deeper, and more indirect effect on the individual and to reach that aim environmental factors can be used as a mobilized agent in the recovery process. The role of environmental agents like family was also confirmed by the interviewee "Families are like a temporary agent; social worker come and goes but family will always stay". In general, it can be concluded that psychiatric social work's dedication to identifying environmental factors can assist an individual to proceed through the recovery process with a more sustainable rhythm.

### **Discussion**

The objective of this research was centered around psychiatric social work methods for assisting people who require mental care support. IPA analysis directed the flow of this research towards different aspects of this matter however there was a meeting point in the end that helped the research to map these different aspects within the same approach.

Considering that, the discussion section will provide more elaborated details on this meeting point. For that purpose, two main highlights will be remarked to explain the parallel and yet important impact of psychiatric social work method of treatment on the recovery process of mentally challenged. The first highlight describes how psychiatric social workers examine an individual's surroundings to discover possible causes of stress or challenge in their social or economic life. The importance of that note is that the impact of these causes in some cases may be the reason behind inefficient treatment or support service. According to research conducted by Lord & Hutchison (1993) "Psychiatric patients were often misdiagnosed and over-medicated, sent to more clinics, more physicians, and more institutions. No one in the system recommended that these individuals seek alternative non-medical support or self-help that might address their real problems, issues of loneliness and powerlessness". Meaning that in some cases, it's possible that providing only medical assistance for the individual might not be efficient. Since there is this possibility that during the diagnoses some causes of the mental disturbance have remained unaccounted for. To elaborate more on this point, a reference to an example provided by the interviewee might be useful. The psychiatric social worker visited the adolescent's house and noticed his secluded lifestyle. In his case, depression could have escalated by not having much human interaction and that is a crucial point to discover. Mainly because, although providing medical assistance like an antidepressant to some extent could have helped him, however providing a more suitable setting for him could have had a significant effect on his mental state. The important note from that highlight is to acknowledge the parallel and yet effective assistance provided by the psychiatric social worker. It can be concluded that psychiatric social work assistance covers areas of the individual's life i.e., individual's living condition or economic challenges which can sometimes be easily unnoticed during the examination of the individual. With such an environmental approach it can be anticipated that because recovery suggestions for the individual are based on their background, it is more likely that these suggestions can be efficient.



The second highlight refers to the humanistic approach of psychiatric social workers in their contribution to the recovery process for people who need psychiatric care and support.

Psychiatric social work to some extent applies humanistic psychology in their working methods to assist each individual based on their self-reflect, self-realization, empowerment, and potentials. They extra techniques to establish a connection with the individual that provides a possibility for them to participate actively in their recovery process. These techniques can be their style of communication which is rather in an open and trusting manner and the vocabulary they use provokes a positive and productive mindset. Likely, a recovery process equipped with such a setting can at least assist the individual to acknowledge the fact that they can gain control over their conditions and be responsible for their own improvement.

### **Conclusion**

There are few remarks from this study that should be mentioned in this section. First remark is that the subjective of this study was to report psychiatric social workers' contemporary methods within the context of recovery in the mental care system. With that goal and by reviewing the psychiatric social worker's methods within the context of their corresponding approaches, it was revealed that humanistic psychology and environmental approach were two main headlines for psychiatric social work's practice today. Additionally, psychiatric social work promotes humanistic values not only with their attitudes and approaches but also within their practical structure of methods. Such contribution is likely to be crucial for mental care establishments and individuals who are seeking mental care. The reason behind that is that psychiatric social workers conduct a fully examinations of living conditions of individuals who need mental care. for example, they will take parameters like social environmental or economic condition into considerations. Moreover, their focus on the individual does not stop at the diagnoses level, they continue to empower the individual as a capable agent who can manage to practice different strategies to gain back the mental health they desire. In general, it can be said that psychiatric social work contribution to the mental care system is within a humanistic and individual-centered approach.

Next remark from this study is the challenge that occurred during collecting data. Finding informants for conducting the interview was rather a serious concern for this study. Acknowledging the side effects of having low number of informants for a study was part of the progress of this research. Meaning although it was clear that limited number of informants will have its effect on the research, it was important to utilize other sections of the research to compensate that fault. For that aim it was urgent to draw on general parts that are supported in literature and methodology. Hopefully that strategy could fill up the existing gap in this research. Another remark of the findings of this research concerns this highlight that ,social workers in Norway are being replaced by nurses and other psychiatric professions. The credibility of that statement can be the subject of further research since, if that is the case then it can be an alarming discovery. Considering the findings of this research suggesting the unique contribution of psychiatric social workers method in the recovery process, it is important to not only acknowledge psychiatric social worker's role in the recovery process but also to promote the necessity of this profession's benefactions for the psychiatric care system.



## References

- Aanstoos, C. Serlin, I., & Greening, T. (2000). A History of Division 32 (Humanistic Psychology) of the American Psychological Association
- Allen, R. (2014). *The role of the social worker in adult mental health services*. London, UK: The College of Social Work.
- Andresen R, Oades L, Caputi P (2003) The experience of recovery from schizophrenia: towards an empirically validated stage model.
- Aviram Uri. (1990). Community care of the seriously mentally ill: Continuing problems and current issues. *Community Mental Health Journal*, 26, 69-88. Is social control a “necessary evil” in policy-making considerations? *Psychiatric Quarterly*, 61, 77-86.
- Bamford, Terry. (2013). *Social work and mental health*.p.91.
- Bernard, H.R. (2002). *Research Methods in Anthropology: Qualitative and quantitative methods*. 3rd edition. AltaMira Press, Walnut Creek, California.
- Black, W.G., Jr. (1991). *Social work in World War I*.
- Brown LD, Shepherd MD, Wituk SA, Meissen G. (2008). Introduction to the special issue on mental health self-help. *Am J Community Psychol*, 42(1-2):105-109
- Carpenter, J., Schneider, J., Brandon, T., & Wooff, D. (2003). Working in multidisciplinary community mental health teams
- Charles, Jennifer & Bentley, Kia (2014). Stigma as an organizing framework for understanding the early history of community mental health and psychiatric social work
- Charlick, S., Pincombe, J., McKellar, L., & Fielder, A. (2016). Making sense of participant experiences: Interpretative phenomenological analysis in midwifery research. *International Journal of Doctoral Studies*, 11, 205-216.
- Clay, Rebecca A. (2002). "A renaissance for humanistic psychology. The field explores new niches while building on its past. *American Psychological Association Monitor*, 33(8).
- Colman,Andrew. (2009). humanistic psychology. *A Dictionary of Psychology*.
- Copp, O. (1916). The psychiatric needs of a large community. *Proceedings of the American Medico-Psychological Association*, 72,493-502.
- Creswell, J.W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (3 ed.). Sage Publications, Thousand Oaks, USA.
- Davidson, L. & Strauss, J.S. (1992): Sense of self in recovery from severe mental illness.
- Dominelli, L. (2004). *Social work: Theory and practice for a changing profession*. Cambridge, England: Polity Press.
- East, Jean F. (2016). *Theoretical Perspectives for Direct Social Work Practice*, 3rd Edition. Chapter Seventeen: Empowerment Theory.
- Etikan, Ilker. Musa, S. Abubakr. Alkassim, R. Sunusi. (2016). *American Journal of Theoretical and Applied Statistics*. Vol. 5, No. 1. pp. 14. doi: 10.11648/j.ajtas.20160501.11
- Evans, N. (1992). Liberation Theology, Empowerment Theory and Social Work Practice with the Oppressed, *International Social Work*, 35(2), 135-147.
- Field, A. P. (2005). *Discovering Statistics Using SPSS*, Sage Publications Inc.
- Freire, P. (1990). *Pedagogy of the Oppressed* (32nd ed.) New York: Continuum.



- Gambrill, E. (1983). *Casework: A competency-based approach*. New Jersey: Prentice Hall.
- Ghauri, P. & Gronhaug, K. (2005). *Research Methods in Business Studies*, Harlow, FT/Prentice Hall.
- Gibelman, M. (1999). The search for identity: Defining social work—Past, present, future. *Social Work*, 44,298–310.
- Gibelman, M. (1999). The search for identity: Defining social work—Past, present, future. *Social Work*, 44, 298–310.
- Gill, M.J. (2020) Phenomenological approaches to research, in Mik-Meyer, N. and Järvinen, M (Eds.) *Qualitative Analysis: Eight approaches*, London: Sage, pp. 73-94
- Goldstein, H. (1973). *Social work practice: A unitary approach*. Columbia: University of South Carolina Press.
- Golightley, M., & Geomans, R. (2014). *Social work and mental health*. London, UK: Learning Matters.
- Gosselin, Denise Kindschi. (2019). *Crime and Mental Disorders: The Criminal Justice Response*.p,3.
- Grob, G.N. (1983). *Mental health and American society, 1875-1940*. Princeton, NJ: Princeton University Press.
- Gutierrez, L. (1989). *Empowerment in Social Work Practice: Considerations for Practice and Education*, Seattle: School of Social Work, University of Washington.
- Hardiker, P., & Barker, M. (1999). Early steps in implementing the new community care: The role of social work practice.
- Hare, I. (2004). Defining social work for the 21st century. *The International Federation of Social Workers' revised definition of social work*. *International Social Work*, 47, 407–424.
- Haynes, K. S. (1998). The one-hundred-year debate: Social reform versus individual treatment. *Social Work*, 43,501–509.
- Herman, D. B. (2014). Transitional support for adults with severe mental illness: Critical time intervention and its roots in assertive community treatment. *Research on Social Work Practice*, 24, 556–563. doi: 10.1177/1049731513510976
- Horton, A. (1989). *The Highlander Folk School: A History of its Major Programs*, Brooklyn: Carlson Publishers.
- Hossen, Abul Mohammad. (2005). *Empowerment-Based Social Work Practice Issues and Challenges*
- Jason,A, Leonard. Glantsman, Olya. O'Brien, Jack. Ramian.N. Kaitlyn.(2019). *Introduction to Community Psychology*.
- Johnson, Y. M. (1999). Indirect work: Social work's uncelebrated strength. *Social Work*, 44, 323–334.
- Karls, J. M., & Wandrei, K. E. (1995). Person-in-environment. In R. L. Edwards (Ed.-in-Chief), *Encyclopedia of social work* (19th ed., Vol. 3, pp. 1818–1827). Washington, DC: NASW Press.
- Lafrance, Michelle & McKenzie-Mohr, Suzanne. (2014). *The Diagnostic and Statistical Manual, Overview*.
- Lewis, J.L. & S.R.J. Sheppard. (2006). Culture and communication: can landscape visualization improve forest management consultation with indigenous communities? *Landscape and Urban Planning* 77:291–313.



- Lord, John. & McKillop Farlow, D. (1990). A study of personal empowerment: Implications for health promotion. *Health Promotion*, 29(2), 2-8.
- Lord, John. Hutchison, Peggy. (1993). The Process of Empowerment: Implications for Theory and Practice. *Canadian Journal of Community Mental Health*, P. 5-22.
- Lorraine M. And Robert O. (1991). Developing methods to Empower Latinos: The Importance of Groups, *Social Work with Groups*, 14(1), 24-25.
- Lloyd, Chris. Waghorn, Geoff. Williams, Philip Lee. (2008). Conceptualizing Recovery in Mental Health Rehabilitation
- Lynn, E. (1999). Value bases in social work education. *British Journal of Social Work*, 29, 939–953.
- Malone, D., Marriott, S. V., Newton-Howes, G., Simmonds, S., & Tyrer, P. (2007). Community mental health teams
- Mathers, Nigel. Fox, J. Nick. Hunn, Amanda. (2000). Using interview In a Research Project.
- Meehan TJ, King RJ, Beavis PH, Robinson JD (2008) Recovery-based practice: do we know what we mean or mean what we know? *Australian and New Zealand Journal of Psychiatry*, 42(3), 177-82.
- Minahan, A. (1981). Purpose and objectives of social work revisited [Introduction to Special Issue]. *Social Work*, 26, 5–6.
- Mookerjee, K.C. (1968). *Social Work in Medical and Psychiatric Settings*. p.165
- Morell, C. (1987). Cause is function: Toward a feminist model of integration for social work. *Social Service*
- Peck, E., & Norman, I. J. (1999). Working together in adult community mental health services
- Pietkiewicz, I. & Smith, J.A. (2012) A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 121-148.
- Rothman, D.J. (1980). *Conscience and Convenience: The Asylum and Its Alternatives*
- Russell, W.L. (1916). What the state hospital can do in mental hygiene. *Proceedings of the American Medico-Psychological Association*, 72, 267-274.
- Schneider, K. J., & Krug, O. T. (2010). *Existential humanistic therapy*. Washington, DC: American Psychological
- Schneider, K. J., & Längle, A. (Eds.). (2012). *Humanism in psychotherapy* [special section]. *Psychotherapy*, 49, 427–481.
- Seligman, L. (2006). *Theories of counseling and psychotherapy: Systems, strategies, and skills*. (2nd ed.). Upper Saddle River, New Jersey: Pearson Education, Ltd.
- Shepherd G, Boardman J, Slade M (2008) *Making recovery a reality*. London: Sainsbury Centre for Mental Health.
- Silverman, David. (2005). *Doing qualitative research*
- Southard, E.E. (1917). Zones of community effort in mental hygiene.
- Southard, E.E. (1913). The psychopathic hospital idea. *Journal of the American*.
- Starks, Helene. Trinidad, B. Susan. (2007). *Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory*



Stuart, P. H. (1999). Linking clients and policy: Social work's distinctive contribution. *Social Work*, 44, 335–347.

Stuart, Pual. (1997). *Community Care and the Origins of Psychiatric Social Work*.

Tongco, Ma. Dolores. (2007). Purposive Sampling as a Tool for Informant Selection

Wallerstein, N. (1992). Powerlessness, empowerment, and health.

Wenocur, S., & Reisch, M. (1989). *From Charily to Enterprise*.

Whitmore, E. (1988). Empowerment and the process of inquiry. A paper presented at the annual meeting of the Canadian Association of Schools of Social Work, Windsor.

Woodroffe, K. (1962). *From Charity to Social Work in England and the United*

Zimmerman, M. A. (1990). Taking aim on empowerment research: On the distinction between psychological and individual conceptions. *American Journal of Community Psychology*, 18, 169-177.

Zimmerman, Marc A. (1995). *Psychological Empowerment: Issues and Illustrations*

