Work and Self

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Little did I know, I will be writing about myself in this way! The effort is, mainly, to discuss my work largely. And express the thoughts it provoked. What it means to me provides the context, in a way.

Bachelor of Science Studies

I was a science student in B Sc botany-chemistry stream. I found myself liking, if not immersed in, the laboratory work. Amazingly, I not only tolerated it but began to like, unlike others including my friend, the typical unpleasant smell of the chemistry laboratory. The science degree studies, especially laboratory experimental work, perhaps, laid the base for evidence as an essential part of the logical, scientific approach. It occurs to me, my natural leaning towards the essentiality of evidence as a part of my, later, attraction to the understanding of theory took its roots in these science degree studies years. Interestingly, my act of making the connection between my later interest in theories and the laboratory experimental work occurred as I write these lines. I recall many years later, Prof Ramalal Parikh, then Vice-Chancellor, Gujarat Vidyapith, while reading a write-up that I was presenting to him, observed I was organized as I studied science in my Batcher of Science years.

Around the time of completion of my BSc in 1952, a new Faculty of Social Work had come up in the MS University, Baroda. Its newness attracted the attention of a friend and me. On seeing and being in the surroundings, we decided to apply. And, thus, I began my education in social work.

Though the classroom subjects did not interest me much, I was drawn to the fieldwork experience. It led gradually led to asking questions as to what matters to the children and how they became the way they were. Needless to say, I started looking at how I became what I was. The course on Human Growth and Development was helpful. I got interested in explanatory concepts like Oedipus complex, interpersonal relations, etc. and attempting to understand fieldwork questions through classroom courses soon, as the link between fieldwork and classroom theory was growing in my mind, became the source of satisfaction. It began to dawn on me; my interest in work with individuals was open and formulated with the discussions with the supervisors.

Teaching Social Work

On graduating in 1954, I was selected as Lecturer at the Mental Health Clinic, Sayajirao Gayakawad General Hospital. I worked – clinical work and supervision of MSW students – at the Clinic up to 1959. The clinic was administered by the Faulty of Social Work as a part of the University. I always felt my teachers knew about my potentials for work with individuals. Following the Clinical work, I started teaching at the Faculty of Social Work from 1959 up to 1985. Teaching involved classroom courses, supervision of students placed in the clinic and the mental hospital, and the research project guidance of students.

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These years at the Faculty of Social Work added qualitatively to the discipline of meaningful observations in work and studies. One such observation was my wonderment at the difference in the behaviour of students at the beginning of their studies and later. In the beginning, everything – the small classes, the subjects, the method of teaching, and the most frequent: the fieldwork experience that many students haven't even imagined, let alone doing, the experience of talking, doing things with the people and not just for them, as they are used to, and the big surprise, the regular meetings with a faculty member as a supervisor – is all entirely a new experience compared with their previous one. Soon, over time, students are gleefully happy moving about in small groups often talking about their supervisors.

One is impressed with most of them and their active understanding achieved in 2-3 months (In the same group are shorter much-discussed Orientation Program. Same is the case with a few months training of NGO workers) of social work studies including some semblance of fieldwork. With this impressive show of social work knowledge and practice, I have, often, asked: They act as ready. Are they ready for social work practice? Similarly, a student's identification with a teacher. Students who do it, express a happy, holier than thou academic attitude as if they have learned things faster and earlier. And, given an opportunity, they wish to start immediately. Are they ready for social work practice?

It seems these NGO workers and student groups are full of enthusiasm and are happily enjoying entirely new values and methods of work that they have learned. They are real. How do we understand them and the learning process involved?

Identification with and Incorporation of Social Work

The vivid satisfaction and happily talking away their liking of and their intense appreciation of Social Work gained in a short term orientation program, these trainees and regular students cannot escape anyone. They are, no doubt, genuine. The interesting thing is what the new knowledge does to them.

They are, in a short time, so identified with Social Work as the engrossing new information that soon becomes, unquestioningly, and thru incorporation, introjection a part of themselves. Robert Kegan (1994), a Constructive-Developmental Psychologist, would call it **Subject** – the thing that students are possessed with! The **Subject** is experienced as unquestioned, a part of the self. You don't have a **Subject**, **Subject** *has you*!!

Kegan's Theory of Evolution of Consciousness and its Stages

Kegan (1994) defines, describes **Subject** as "those elements of our knowing or organizing that we are identified with, tied to, fused with, or **embedded** in" (p 32). The **Subject** cannot be seen as it is a part of our self and so is taken for granted and also taken in as true. It is not reflected upon. All these features together, turn the students look so happy, enthusiastic, experiencing new, never thought of things. This is, invariably, true of values in social work. Values, soon, become a part of themselves. It seems, it is in the latter part of the 1st year and, certainly, in the early 2nd year they are ready to sit back, helped by the supervisor, and look at their experience. Looking at the experience transforms the **Subject** into an **Object** (Kegan 1994) – from being possessed by knowledge and skills for practice to thoughts that are looked at and transformed into meaningful knowledge. From being embedded in **Subject** to having **Object**. Serious thinking replaces the early unquestioned, totally accepted information.

Confidence emerges as **Subject** makes place for **Object** – unknown and uncertain, it begins to be experienced as you sit back and look at both knowledge and practice. Understanding and handling uncertainty in social work knowledge and practise is a prominent area that

pushes by its existence, needing social work teachers to sit back and look at it. Both student and teacher, then, have a similar experience. Most of us have witnessed teachers who have recognized the problem and have a creative impact on students who are struggling with the early experience as they sit back and look at their, often, unformulated questions. Movement from being possessed by the **Subject** to having **Object** through a transforming process with an ability to sit back and look at is an essential part of this learning process.

Subject-Object thinking is a part of Kegan's theory of Evolution of Self and Consciousness - a complex theory. It should be most revitalizing, as many of us in social work would think, to apply the stages of consciousness to any profession, especially social work, and see what complexity is achieved in the journey. To return to our trainees and students: they moved on from being **embedded** in **Subject** to **Object** with understanding achieved through reflection.

The implied process connotes the development of consciousness conceptualized as evolving in 6 stages/orders, only suggested here as we move on in a limited space.

Order 0 is **Incorporative** characteristic of infants up to 18 months. At this age infants are objectless. Their meaning-making experience is limited to themselves. They live in "a world in which everything sensed is taken to be an extension of infant" (Kegan 1994, p.78). At 18 months they begin to recognize the existence of **Object** outside themselves moving them to the next stage of the meaning-making evolution of consciousness. Parents must be able to handle as the infant pushes to determine where the boundaries are between the self and the environment.

Order 1 is **Impulsive** with age 2 to 7 years**.** Here children realize to have control of their reflexes and are aware of other objects as independent from themselves. Their thinking tends to be "fantastic and illogical, their feelings impulsive and fluid, (and) their social relating egocentric" (Kegan 1994 p. 9). Parents should support children's fantasies and help them to take responsibility for themselves and their feelings. They need to support children to see the world realistically as they begin to differentiate themselves from others as they move to Stage 2.

Order 2 is **Imperial/Instrumental Mind** with age 8 to 12 years. Here the growing individual can construct "durable categories" – classification of objects, people, or ideas with specific characteristics (Kegan 1994). They are more logical and organized and their feelings are more enduring. They relate to others as separate and unique persons. There is a sense of who they are and what they want. "Competition and compromise" are specific themes as they play it out with peer groups (Kegan 1994). Parental support requires confirmation of the person the child has become and all encouragement to consider others' expectations, needs, and desires.

Order 3 is **Interpersonal/Traditionalism/Socialised Mind** with age 12 to 20 years. Cross-categorical thinking in terms of "durable categories" mentioned earlier, abstract thinking, more awareness of feelings and internal processes associated with behaviour, commitments to people, and ideas – are characteristic of the persons in order 3 of consciousness. In this stage of consciousness, other people are "experienced as sources of internal validation, orientation, and authority" (Kegan et al 2001). Mutually rewarding relationships and shared experiences are supportive. All efforts to encourage individuals in stage 3 are supportive.

Order 4 is the **Institutional stage**, **Modernism**, **Self-Authoring Mind**. Persons, here, have created self that exists even outside relationship with others. Persons who were **Subject** to the opinions and desires of others in order 3 are now **Objects** to them. They have an internal set of rules and a Self-Governing System which they use to make decisions. They are empathic and consider the wishes and opinions of others when making decisions. They are not torn

apart by the conflicts of others as they have their system to arrive at decisions. They are self-guided, self-motivated, and self-evaluative. They can run organizations smoothly and could be good diplomats.

Order 5 is **the Inter-individual stage, Postmodern Mind, Self-Transforming Mind.** Very few adults reach Stage 5. They have achieved all that stage 4 has but can see the limits of their internal systems and the limits of the inner system in general. Instead of viewing others with separate and different inner systems, they look across the inner systems for similarities hidden behind the apparent difference.

This is a very brief summary of Kegan's meaning-making Theory of Evolution of Consciousness presented as Stages of Consciousness. Though the ages of different stages are given, the theory applies to adults as a person may be at any one of the stages. As a theoretical model, it helps to look at society and the demands it makes on citizens. Kegan calls these demands the "Curriculum" of society and he looks for a developmental fit between this "curriculum" and the adults in it.

Education at Columbia University, School of Social Work, New York, USA

I had an opportunity to spend one the academic year 1961-62 at the Columbia University School of Social Work and earn the degree Master of Science (M.Sc). I was offered to do advanced work for M Phil and DSW degrees. I, however, could not accept it. Back home in Baroda, I had two young daughters – Uma and Rupa, with my wife Chaitanya. The children were of school age and had started to go to the nursery school and were at nursery and kindergarten levels. Both Chaitanya and I felt I should return as both the children had started schooling. And I should be available. The other, and equally main, the reason was the time I may have to spend would have been 4 to 5 years. It was impossible for meowing too both family and work reasons to spend this time for advanced studies, however attractive it was.

To return to my New York education experience: My fieldwork placement was at the Hawthorne Cedar Knolls Union Free School run by the Jewish Board. It's Child and Teen services include therapeutic work with deviant children and adolescents. I, still recall one of the adolescents whom the Children's Court had sent to the Hawthorne Ceder Knolls Free School for violent behaviour that his mother could not handle at home. I worked with both the boy and his mother. Of many things the boy told, I recall his anger at and a wish to kill me. I listened to him, over a long period, and slowly the boy expressed his similar wish to kill his parents and other violent material. The mother was a highly disturbed person with herself and the family. Both improved considerably around the end of my academic year and allowed me to leave. We worked through their feelings regarding the bad time they went through. The pattern was they put on the negative feelings onto me in transference and then discussed the real person with whom they had a bad time. This led to many clarifications with both the patient and his mother. The work in totality was a good learning experience especially the transference situation and my handling it.

Though I was not very impressed, barring a few, with the teaching faculty; the ethos, the atmosphere of the School had an incredible aura of freedom. The air was marked by a total absence of the criticism that I was, perhaps, expecting. I felt free. The freedom which made me read and learn on my own cannot be denied by any means. I have experienced it but find it difficult to describe. It seems to me, it is this atmosphere of freedom, which the School, perhaps, had actively created, as a part of their philosophy of education, over many decades, that makes a major contribution to learning social work. The New York School of Social Work is the first School that was created in the history of Social Work Education in the USA.

Administrative Experience

It was, always, simple to all of us who worked in the Clinic. We were 4, 3 social workers and 1 psychologist, sometimes 5 and the 2 social work students placed in the Clinic. Initially, we had one psychiatrist who came twice a week on the Intake days, when the new patients are accepted, for a couple of hours to see and prescribe medicine for the patients and a full-time clerk. We were always joined by our senior social work teacher Miss Olive Swoboda who together with Dean Parin Vakharia had started the clinic in 1951. The Clinic is located in the Sir Sayajirao Gayakawad General Hospital but is administered by the Faculty of Social Work, a part of the M S University of Baroda. The Sir Sayajirao Gayakawad General Hospital is administered by the Government of Gujarat.

On return from my studies at the Columbia University School of Social Work, I was assigned the administration of the clinic. For the 4 of us, working together in an organized way was administration. Though we streamlined the procedures, our attention was on a few things: not to compromise on the patients' hours, our intake meeting, using all opportunity to discuss the cases assigned to all of us apart from a regular case conference, to keep our records updated. We made it a practice to meet the local Hospital doctor who had referred the patient. One of the outcomes of these meetings was the regularisation of the visits by the medical students. Their interest in psychiatric conditions became focused as seen in their questions, spending some extra time with us, recalling their visits with interest in psychiatric work. One of them, Dr. Prakash Desai went through regular psychiatric training abroad and joined the BM Institute of Mental Health as one of the psychiatrists. In one of the meetings, he attributed his interest in psychiatric work to his visits and discussions, as a medical student, with the clinic faculty.

The word administration, often, arouses a variety of negative feelings and thoughts. In working together, as one meaning of it, we, the few of us, administered ourselves in rather subtle ways. It amounts to saying we put it in action rather than talking about it if my memory is not failing!

At which point in the course of their work, does this quality of working together develop, emerge in their work? Can clinicians succeed in counselling, psychotherapy work without this quality? Does the size of the clinicians' group count? There may be many more such questions. An only qualitative study of such clinicians can answer these questions.

In this context, one event is of interest. Mr. Kavoori of the Shri V T Krisnamachari Rural Development Institute, once in a discussion, formulated the existence of 3 related groups, organizations which, together, were under the broad umbrella of the M S University: the Faculty of Social Work, the MS University, Baroda, the Mental Health Clinic, SSG Hospital Baroda and the Shri V T Krishnamachari Rural Development Institute, Samiala, Dist Baroda. We, all 4, were surprised with a question: Are we a group? The question raises several other questions. Was the Clinic as a group so invisible? Or the boundary didn't exist? Was the Clinic Group so amorphous that it didn't have a boundary? Were we a group that existed for the limited purpose of clinical work and the other aspects of the group formation did not matter? In reality, the members had enduring social relations outside the Clinic. My colleague, Mrs. Swaran Dhawan, who was our neighbour in the same building, consistently cared for my wife and children when I was away in the USA for a year. So as the psychologist Dr. Shakuntla Dube.

Whatever it may be we, the Clinic group, enjoyed our work. And I have thoroughly, deeply enjoyed recalling these events as I write, describe them here.

Training: Organising Post-Graduate Advanced Courses and On-job Training

I was invited to the BM Institute of Mental Health as Director for Training, Ahmadabad. As a Training person, I organized advanced post-graduate diploma and master's degree courses, in the disciplines of our work, institutionalized by the Gujarat University: Psychotherapy, Clinical and Community Psychology, Psychiatric Social Work, Psychiatric Occupational Therapy, Special Education and Speech therapy and Audiology. This would not have been possible without the interest and organizing help of Gujarat University Vice-Chancellors Umashankar Joshi and Ishverbhai Patel and the Registrar Kanchanbhai Parikh. And the friendly effective monitoring by Nasarvanji Vakil, Vice-Chancellor, M S University of Baroda and a couple of others who knew me academically. Visits by Dr. M S Gore, Prof Ranade and Prof Sugata Dasgupta – all my seniors in social work and at the helm of senior group in the field, validated my work. I am deeply grateful to all these persons for the consultation they provided at various points as the courses proceeded. Their appreciation made me feel virtuous which as a big asset provided inner motivation for work.

The other and major part of continuing education/training was the case focussed meetings – the Intake Conference, and the Case Conference which drew in professional persons far and wide. Dr. B K Ramanujan, a psychiatrist trained at the Menninger Foundation, USA, chaired these meetings with ease and a flair for an in-depth understanding of the patient on hand. His simplicity and ability not to divert and focus on the person of the patient were phenomenal. It made it easy for clinicians to understand the concept. It was through case illustrations that psychodynamic thinking became a common language. Dr. Ram, as he was addressed, was a popular person and was available to everyone.

Discipline heads, all thru, offered what the new entrants needed for their development, both in supervision and in lectures. One aim of the on-job training was a common language - a necessity in a multidisciplinary setup.

I consider myself fortunate to have opportunities to have learning meetings with Kamalini Sarabhai, Baljeet Mehra - psychoanalysts, members of British Psychoanalytical Society, London, UK.

Teaching Experience at the Gujarat Vidyapith, Ahmadabad

Teaching, working with rural background students was a new experience for me. I was invited to work as the Professor of Social Work and Head, Department of Social Work almost for 15 years – 1985 to 1999. I retired in 1990 but continued in Department responsibilities. Vidyapith is an interesting place to work. People are relaxed and remained busy. At the same time, one would not miss an opportunity to meet others to talk with. The emphasis seems to be on relationships and helping each other. I was always curious about the institutional model prevalent in day-to-day life in the Vidyapith – University or Ashram so prevalent in Gujarat? No doubt the latter one had its advantages especially the prayer, spinning Khadi hour and the resultant discipline it induces, and the values incorporated! Visitors were, invariably, impressed with the discipline implied by the prayer, collective spinning wheel Khadi hour.

Most of the students are from rural areas. City life is both new and attractive for them. Students are expected to wear Khadi clothes. But, by the evening, they leave away Khadi clothes and get into usual other-college-students-like clothes. When you meet them, what strikes you is their distance maintaining deference, at least, in the initial months. What I sense is the concealed anger directed at you both as a city person (something they wish to be) and a teacher with authority. Thus the distance they maintain has a dual meaning – save oneself from hidden anger and the wish to be a city person continues to be repressed and not surface

in consciousness. The wish to be a city person is complex as it brings them in confrontation with parents and other close persons who continue to live in villages.

And still, almost all of them are lively, energetic, expressive persons once the initial barrier is broken, removed. They come up with a variety of talents and a capacity for organizing events. And soon you are in for surprise with their ease (in comparison with urban persons) in expressing their low feelings about their village and parental background! It seems to me our village, rural students are not very defensive and may not have a great need to repress unpleasant emotions.

Continued Psychotherapeutic, Clinical Work

I am happy I have been able to continue therapeutic work with a few breaks when I was engaged in full-time teaching and organizational work. All through, in the main, the referral source has been old patients who had improved and had maintained the contact. Presenting complaints has been, in general, depression mostly at a neurotic level except a few at an out-patient manageable psychosis level, anxiety with a variety of symptoms, and obsessive-compulsive neurotics. Time in therapy has been variable. Most patients for 4-6 months in active work. A few in 1-2 years with a couple of them 5-7 years.

I follow the psychodynamic approach which later on combined with an initial orientation level approach based on Jacques Lacan's theory of psychotherapy with an emphasis on the unconscious. A quick summary of my experience and understanding is attempted below:

- For a long time, I felt the usual interview process was experienced as slow and unnecessarily lengthened by the patient who seemed to attribute it to the therapist's slow activity. It also means the patient is keen and often restless to ask for help talking about his complaints and the attendant pain. You allow this by adapting the interview process.
- If the therapist hmm vocalizations, the aim of which is to indicate to go ahead and the therapist is listening, are, beyond a point, instrumental in annoying the patient about the hidden, implied expectations. To be able to let words express a feeling or an issue is not easy as most patients are not used to it. Expressing feelings, if not expression itself is sanctioned in our culture. And treatment involving talking about oneself is difficult behaviour as one has not learned it in one's own culture. Also, it is not difficult to understand each patient is different requiring the therapist to be resourceful and not in hurry.
- In the initial time of therapy, the therapist needs to inquire without waiting as the patient is more than ready to unload his story including the complaints.
- A pattern is observed in long term patients. They come regularly for a couple of months during which some issues are talked about and are at some initial stage of resolution, followed by a gap of a few weeks. The patient returns to therapy and the same process is repeated.
- Lacan advocates variable time depending on the stage of therapy and not to stick to the usual practice of 50 minutes an interview. And for this reason, he was expelled from the membership of the International Psychoanalytic Association (Fink 2009). He argues there is nothing sacrosanct about the 50 minutes interview, session. A patient may arrive at some understanding in 25 or 30 minutes. Lacan's method is to stop here allowing the patient to work on his own before he returns for the next session. I have found this very useful. In such situations, what is conveyed is the trust in the patient with the therapist standing with him, given a good therapeutic relationship.
- The continued practice has taught me not to name the issue. But focus on what it means. This is apparent in dealing with the transference issue. Naming it as transference, I have found, often, confuses the patient. Instead, I focus on what it means which they take it

in with a smile. Lacan accepts but does not seem to focus much on the transference phenomena. And moves on with whatever is being discussed.

- I have learned to be an active participant in the exploration of an issue especially in the initial period of therapy. I understood the patient comes and pays fees for help with his difficulty. And he expects some response in this area. Lacan pleads for the therapist's active stance. This has given me new energy in my orientation to patient work.

- Working with few psychotics who come with Schizoid Personality Disorder and were earlier diagnosed with Schizophrenia Disorder, I found they thrive on the relationship and not on the interpretation of their symptoms as neurotics do. As long term patients, they come to ask for help for behaviour where they cannot behave as they expect to do.

CONCLUSION

I have enjoyed continuing to work with patients now for many years. As I begin to conclude I recall an interesting incident when I started classroom teaching in 1959. I was new to this activity though I had done fieldwork supervisory meetings to my satisfaction. But I was a bit nervous though I was thoroughly prepared for the classroom teaching. I was surprised to find the students coming prepared with the subject of the lecture. And their participation had a special tinge to bring out the best from me. We complimented each other as students and teachers. Later on, I learned from them that they had a special place for me as I had come to teach after a few years of clinical practice which I had continued while teaching. Emotionally it was a significant experience for me. It brought satisfaction to me that I could do well and I was teaching a sensitive group of students. I understood the meaning of the word feedback in a significant way.

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