Perspectives on Social Work

The Journal of the Doctoral Students of the University of Houston Graduate College of Social Work

Perspectives on Social Work

Perspectives on Social Work
Table of Contents

From The Editors

We are pleased to present the Spring 2011 Issue of *Perspectives on Social Work.* Submissions for the issue represented a wide range of topics from a diverse array of doctoral students. We have seen the quality of submissions rise and our job has become more difficult as we have had to select fewer articles to be published from among so many interesting and worthy choices. We appreciate the efforts of all doctoral students who have submitted manuscripts, as well as those who have contributed to our peer review process by reading and commenting on the submissions. This journal would not be possible without the contributions of the writers and reviewers as well as the members of the Editorial Board.

Furthermore, we would like to give a special thanks to those who accepted our invitation to review submissions for this issue. With your numerous personal commitments and deadlines, we appreciate your efforts in reviewing articles during a busy semester. The invited reviewers for this issue include: Rhonda Patrick, Roberta Leal, Grace Loudd, Gargi Bhowmick, Saralyn Mciver, Huysu Kim, and Nadia Kalinchuk. Outside reviewers are invaluable members of the review process and must be acknowledged for their support in *Perspectives on Social Work.* The invited outside reviewers for this issue include: Ray Woodcock (Indiana University-Purdue University), and Marva Augustine (Indiana University).

We thank you all for your dedication and hard work in making *Perspectives on Social Work* a success!

Best regards,
Monique Pappadis, David V. Flores, & Traber Giardina

CV Builder

University of Houston, Graduate College of Social Work
Perspectives on Social Work congratulates the following doctoral students on their accomplishments during fall 2010 through spring/summer 2011.

Elizabeth McIngvale, LMSW

Elizabeth has launched a self-help website for Obsessive Compulsive Disorder (www.ocdchallenge.org).

Presentations

McIngvale, E., McIngvale-Brown, L., McIngvale, L. (July 30, 2011). A family's story with OCD, San Diego, CA. Van Kirk, N.,

McIngvale, E., Putman, K. (2011, July 29). Working with OCD following your own battle: rewards, challenges, and directions, OCF National Conference, San Diego, CA.

McIngvale, E., McIngvale-Brown, L. (2011, July 28). Support groups: From formation to Implementation, OCF National Conference, San Diego, CA.

McIngvale, E. (2011, June 11). Support Groups; How to build and maintain them. OCD Texas quarterly meeting, Houston, TX.

McIngvale, E. (2011, March 3). Evidence based practice. 7th Doctoral social work student research symposium, Houston, TX.

McIngvale, E. (2010, December 3). Living with OCD: My personal & professional experiences. 13th fall psychiatric symposium, Knoxville, TN.

McIngvale, E. (2010, October 16). Keynote Address. Life with OCD: From sufferer to advocate. Presented at the kickoff meeting for the OCD Texas Organization, Austin, TX.

McIngvale, E. (2010, August 5). Overcoming OCD through Creativity. Presented at the TAVAC (Texas Association of Vocational Adjustment Coordinators), The Woodlands Waterway Marriott Hotel, The Woodlands, TX.

David V. Flores, MSW, MPH, CPH

David is the recipient of the 2011-2012 Doctoral Fellowship Award in Clinical Training from the Council on Social Work Education's Minority Fellowship Program (MFP), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), 24,000 per year up to three years.

Presentations

Flores, D.V. & Torres, L.R. *"El Lado Obscuro:" The Dark Side of Social Capital in Aging Mexican-American Heroin-Using Men,* Oral presentation at the 2011 Annual Conference of the Society for Social Work and Research, January 12-16, 2011, Tampa, FL.

Flores, **D.V.** *From Bench to Practice: Translational Research with Hispanic Clients.* Translational Research: A Social Work Perspective in Research, 7th Annual Doctorial Symposium, University of Houston Graduate College of Social Work, March 3, 2011, Houston, Texas.

Monique R. Pappadis, M.Ed., CHES, CCRP

Monique was recently inducted into the TIRR Research Council as an Investigator for her contributions to the field of rehabilitation. TIRR Memorial Hermann is one the top rehabilitation and research hospitals in America.

Health Education Publications

Sander, A. M., Moessner, A. M., Kendall, K. S., **Pappadis, M. R.**, Hammond, F. M. & Cyborski, C. M. (2010).*Sexual functioning and satisfaction after traumatic brain injury: An educational manual.* Houston, TX: Baylor College of Medicine.

Presentations

Pappadis, M. R. (2011, June). Culturally competent data collection: Addressing culture and language to improve data quality. In J. Wright's: *TBI Data Collection in the 21st Century: Advances and Issues.* Symposium conducted at the 3rd Federal Interagency Conference on Traumatic Brain Injury, Washington, D.C.

Pappadis, M. R., Sander, A. M., & Struchen, M. A. (2010). *Impact of traumatic brain injury on quality of life and self-concept: Perspectives of survivors in an ethnically diverse sample.* Poster presented at the 2010 American Congress of Rehabilitation Medicine – American Society of Neurorehabilitation (ACRM-ASNR) Joint Educational Conference, October 21 – 23, Montreal, Quebec, Canada.

Pappadis, M. R. (2010, September 16). Qualitative research: Immersing yourself in the experience. Presented at TIRR Memorial Hermann, Houston, TX.

Publications

Pappadis, M. R., Sander, A. M., Struchen, M. A., Leung, P., & Smith, D. W. (2011). Common misconceptions about traumatic brain injury (TBI). *Journal of Head Trauma Rehabilitation, 26*(4), 301-311.

Sander, A. M., **Pappadis, M. R.**, Clark, A. N., & Struchen, M. A. (2011). Perceptions of community integration in an ethnically diverse sample. *Journal of Head Trauma Rehabilitation, 26*(2), 158-69.

Struchen, M. A., **Pappadis, M. R.**, Sander, A. M., Burrows, C. S., & Myszka, K. A. (2011). Examining the contribution of social communication abilities and affective/behavioral functioning to social integration outcomes for adults with traumatic brain injury. *Journal of Head Trauma Rehabilitation, 26*(1), 30-42.

Tawana Cummings, MSW

Presentations

Hill, C. & **Cummings, T**. (2011). Health disparities for black men. Ninth Annual Disparities in Health in the Global Context Summer Workshop. UT MD Anderson Cancer Center, Houston, TX, June 20-25.

Traber Davis Giardina, MA, MSW

<u>Publications</u>

Davis Giardina, T., and Singh, H. (2011). Should Patients Get Direct Access to Their Lab Test Results? An Answer with Many Questions. *JAMA.* Nov 28. [Epub ahead of print].

Singh, H., **Davis Giardina, T**., Forjuoh, S.M., Reis, M.D., Kosmach, S., Khan, M.M., & Thomas, E.J. (2011). Health Record-Based Surveillance of Diagnostic Errors in Primary Care. *BMJ Quality & Safety.* Oct 13. [Epub ahead of print].

Singh, H., **Davis Giardina, T**., Petersen, L.A., Smith, M., Wilson, L., Dismukes, K., Bhagwath, G., & Thomas, E.J. (2011). Exploring Situational Awareness in Diagnostic Errors in Primary Care. *BMJ Quality & Safety.* Sep 2. [Epub ahead of print].

Tamuz, M., **Davis Giardina, T.**, Thomas, E.J., Menon, S., & Singh, H. (2011). Rethinking resident supervision to improve safety in the intensive care unit: From hierarchical to interprofessional models. *Journal of Hospital Medicine.* 6(8); 445-452.

Translational Research: How Does the Social Work Profession Translate Research into Effective Practice?
The 7th Doctoral Social Work Student Research Symposium Abstracts

Advancing translational research:
Building bridges and engaging social work practice
through institutional collaborations
Alexis Rose & Nadia Kalinchuk
University of Houston

Translational research provides a promising mechanism for reducing health disparities (Dankwa-Mullan, I., et al. 2010). The Kaiser Health Disparities Project recently revealed that despite women's unique social determinants, such as reproductive health concerns and engagement of the healthcare system, health disparity data often obscures gender differences (The Kaiser Family Foundation, 2009). The Institute of Medicine (2010) recommends translational research in women's health as a means to decreasing barriers to care, a critical step in reducing health disparities. This work will explore the conceptual framework and methodological underpinnings of an interdisciplinary research-education collaboration between two institutions, one academic research institution and one bio-medical research institution. The researchers use a conceptual model to suggest that such research partnerships are critical to reducing health disparities among women, fostering translational research, providing evidence-based social work practice in a bio-medical setting, and putting effective interventions into practice.

References

Dankwa-Mullan, I., Rhee, K. B., Stoff, D. M., Pohlhaus, J., Sy, F. S., Stinson Jr, N., & Ruffin, J. (2010). Moving toward paradigm-shifting research in health disparities through translational, transformational, and transdisciplinary approaches. *American Journal of Public Health*, *100*(S1), S19-S24.

Dankwa-Mullan, I., Rhee, K. B., Williams, K., Sanchez, I., Sy, F. S., Stinson Jr, N., & Ruffin, J. (2010). The science of eliminating health disparities: Summary and analysis of the NIH summit recommendations. *American Journal of Public Health*, *100*(S1), S12-S18.

Institute of Medicine. (2010). Committee for women's health research: Progress, pitfalls and promise. Washington DC: Institute of Medicine of the National Academies. Retrieved December 20, 2010, from http://www.iom.edu/Reports/2010/Womens-Health-Research-Progress-Pitfalls-and-Promise.aspx.

Kaiser Family Foundation. (2009). Putting women's health care disparities on the map: Examining racial and ethnic health disparities at the state level. In Disparities Policy Project. Retrieved December 20, 2010, from http://www.kff.org/minorityhealth/upload/7886.pdf.

Why do Adolescents hurt themselves?:
A qualitative study of the triggers, functions, and healthy alternatives to self-harm*

James Pease
University of Denver

Studies have consistently shown high rates of self harm and suicide attempts among adolescents, yet much remains to be learned about the reasons for self harm and the relationship to suicidal intent. This phenomenological, qualitative study of youth (ages 12–17) sought to identify the triggers, functions and healthy alternatives to self harm. In interviews with adolescents who self-harm, social workers frequently ask; what purpose does hurting yourself serve (function), what was going on right before you hurt yourself (triggers), and what else can you do besides hurting yourself (healthy alternatives)? This study is particularly relevant to translational research because the apriori research questions were guided by questions asked in clinical interviews of adolescents who self-harm. Using a template analysis approach, the researchers created a hierarchical analysis starting with three a priori codes informed by the research questions, and a second level of codes that emerged from the data. Analysis of the functions of self harm revealed multiple and sometimes conflicting themes, especially in relation to suicidality. Of the 29 participants, 20 communicated a wish to commit suicide as a reason for self-harm. Yet all but 4 of the suicidal participants reported other purposes for self harm, as well. The most prominent triggers involved interpersonal issues, especially conflict with parents. Common internal triggers were feelings of sadness, failure, boredom, guilt, anger and hopelessness. External triggers included problems with school, parental divorce, and being in trouble. Healthy independent alternatives included visualization and relaxation techniques, journaling, and exercise. Healthy interactive techniques included connecting with friends and finding someone to empathize with them. This study advances our understanding of the functions of, triggers for, and healthy alternatives to self harm in a diverse, high-risk, mostly Hispanic sample. Findings are consistent with previous research on non-suicidal self injury. This research provides empirical evidence that practically and directly informs clinical work with adolescents who self-harm. Overall, this study has important implications for patients, families and providers because it improves our understanding of the reasons for self harm and offers healthy alternatives for high risk youth.

*Approved by the Institutional Review Board (IRB) of the University of Denver, Protocol #2008-0769

References

Centers for Disease Control and Prevention [CDC] (2004). *Trends in the prevalence of suicide ideation and attempts.* In National youth risk behavior survey: 1991–2003. Retrieved from http://www.cdc.gov/HealthyYouth/yrbs/pdfs/trends-suicide.pdf.

Laye-Gindhu, A. & Schonert-Reichl, K. A. (2005). Nonsuicidal self-harm among community adolescents: Understanding the "whats" and "whys" of self-harm. *Journal of Youth and Adolescence*, *34*, 447–457.

Muehlenkamp, J. J. & Gutierrez, P. M. (2004). An investigation of differences between self-injurious behavior and suicide attempts in a sample of adolescents. *Suicide and Life-Threatening Behavior*, *34*, 12–23.

Nock, M. K. (2008). Actions speak louder than words: An elaborated theoretical model of the social functions of self-injury and other harmful behaviors. *Applied and Preventive Psychology*, *12*, 159-168.

Plener, P. L., Libal, G., Keller, F., Fegert, J. M., & Muehlenkamp, J. J. (2009). An international comparison of adolescent non-suicidal self-injury (NSSI) and suicide attempts: Germany and the USA. *Psychological Medicine, 39*, 1549-1558.

Understanding the demand:
How to effectively combat sex trafficking in the U.S.
Melissa I. M. Torres
University of Houston

  The global sex trade is a booming multi-billion dollar industry. Houston, Texas is considered the hub of human trafficking in the United States of America – a nation fast becoming a sex trafficking vehicle. According to the Department of Justice, the I-10 corridor has been identified as the main route utilized by traffickers today. In an attempt to break down their growing sex trade, Swedish legislators began to prosecute johns, the men who pay women for sex, with stricter sentences than those previously used to prosecute the women selling sex. This is based on the basic business model of Supply and Demand. The sex trade is growing because of the market that continues to demand women who will be paid for sexual services. This presentation proposes that key factors be examined through the model of Supply and Demand within a conceptual framework of distributive justice. Three different studies were assessed in efforts to see what anti-trafficking measures have worked elsewhere. Sexist stigmas are also looked at in order to gain a better understanding of why such a crime is capable of steadily growing without many being privy to the events taking place around their cities and within their borders.

From Bench to Practice:
Translational Research with Hispanic Clients
David V. Flores
University of Houston

  Assessing and treating mental health conditions in Hispanics has never been more important. Hispanics—the largest minority group in the country—are impacted by high prevalence rates of substance abuse, depression, & anxiety. Hispanic female adolescents have among the highest suicide attempt rates of any group. Unfortunately, evidence based interventions and treatments are limited in this population. Other mental health conditions such as impulse-control disorders, dysthymia, and post-traumatic disorder are on the rise in Hispanics. Moreover, specific biological markers in some Hispanic populations have been linked to the development of psychotic disorders. Identifying and treating mental health conditions in this population is a critical public health imperative. In addition to increasing mental health needs, Hispanics face formidable barriers to access to care. Thirty-six percent of Hispanics do not have insurance or a usual source of care. Hispanics are disproportionately impacted by many health and mental health disparities, among them substance abuse, depression, anxiety, and metabolic syndrome, and are less likely to be properly diagnosed or to utilize mental health services. Despite efforts to collect information on Hispanics, questions remain regarding the validity of this data, under-reporting, and reliability. Race may also affect access to social programs such as health care, housing, and education, and the quality of healthcare that Hispanics receive. In the case of Hispanics, specifically those less acculturated, incorrect diagnoses of mental health conditions are common and may result in poorer quality of life or increases in morbidity and mortality. Despite efforts to eliminate health disparities, they are persisting and progressing in areas such as treatment utilization, adequacy of services available,

expenditures made, and diagnosis of psychological disorders. Today, problems remain in assessing Spanish-speaking Hispanics, and even English speaking Hispanics who may be strongly bicultural but adhere to more traditional Hispanic values. Although Hispanics are the fastest growing minority population and will become a third of the U.S. population by the year 2050 there is insufficient research on their clinical assessment, treatment, and utilization of mental health services. The growth of the Hispanic population underscores three important considerations. First, providers must understand Hispanic cultural perceptions of mental illness and mental health services. Second, identifying targeted strategies for improving access and utilization of mental health services by Hispanics is imperative. And third, developing and dissemination of culturally competent, evidenced based practice treatment approaches with Hispanic clients and their families is the only way to effectively serve this population. The importance of translational research and its dissemination among clinicians and the Hispanic population is imperative to the health of this growing population.

Using Evidence-Based Practice for Effective Social Work
Holly Casciani, Jacquelynn Duron, Traber Giardina, and Elizabeth McIngvale
University of Houston

Effective social work practice may be measured by improvements in the lives of individuals, families, and communities served. Evidence-Based Practice (EBP) meets this aim as a process for achieving targeted goals. One definition for outlining how EBP reflects translational research states that "EBP is a process in which practitioners attempt to maximize the likelihood that their clients will receive the most effective interventions possible by engaging in [a five-step model]" (Rubin & Parrish, 2007). The process of integrating EBP is presented in the context of history and refinement of the model stemming from evidence-based medicine. The five-step model includes: 1) asking a question, 2) finding the best evidence, 3) evaluating the evidence, 4) applying information in combination with clinical experience and patient values, and 5) evaluating outcomes. Research conducted to validate the Evidence-Based Practice Process Assessment Scale-Short Version is presented to discuss current application of EBP in practice.

Integrating Diverse Theoretical Perspectives to Evaluate Potential Racial, Ethnic, and Socioeconomic Differences in Perinatal Depression

Patricia A. Lee King
University of Wisconsin-Milwaukee

Abstract

Perinatal depression is a prominent unwanted outcome associated with childbearing impacting approximately 14.5% of women during pregnancy and the postpartum period (Gaynes et al., 2005). Perinatal depression adversely impacts maternal well-being, mother-infant attachment, and child development (Beck, 1995, 1998; Postmontier, 2008a, 2008b). Despite its prevalence and implications, we know little about its etiology across diverse racial and ethnic groups of women with low socioeconomic status. The absence of a clear theoretical foundation that explicates potential racial, ethnic, and socioeconomic group differences impairs our ability to understand and accurately screen for perinatal depression across diverse women. This article integrates bio-psycho-social theory, the stress and coping model, and the life-course perspective and evaluates how these viewpoints enhance and/or limit our understanding of group differences in the experience of perinatal depression. This integrated theoretical perspective is proposed as a framework for future research to evaluate and improve perinatal depression screening and ultimately treatment across an increasingly diverse population of women at risk.

Overview of the Problem

Perinatal depression, depression with onset occurring during pregnancy (prenatal depression) or within the year following the delivery of an infant (postpartum depression), is a prominent unwanted outcome associated with childbearing (Gaynes et al., 2005). Approximately 14.5% of women experience a new depressive episode during pregnancy, and another 14.5% experience a new episode in the first three months postpartum (Gaynes et al., 2005). Perinatal depression adversely impacts maternal well-being, mother-infant attachment, and child development, including the development of the stress response system (Beck, 1995, 1998; Center of the Developing Child at Harvard University, 2009; Postmontier, 2008a, 2008b).

Despite the prevalence and implications of perinatal depression, we know little about its etiology across diverse racial and ethnic groups with low socioeconomic status. This is due, in part, to the fact that disparate biological and psychological theoretical perspectives, which shape our understanding of the construct of perinatal depression and its measurement, pay insufficient attention to the social context in which women experience perinatal depression and their understanding of this experience. Models that evaluate social factors to illuminate potential group differences in the etiology, presentation, or experience of perinatal depression are isolated, with little influence on the definition and measurement of the construct. The absence of a clear theoretical foundation that explicates potential racial, ethnic, and socioeconomic group differences impairs our ability to understand and accurately screen for perinatal depression across diverse groups of women. To this end, this paper aims to integrate bio-psycho-social theory, the stress and coping model, and the life-course perspective and evaluate how these viewpoints enhance and/or limit our understanding of group differences in the experience of perinatal depression.

Bio-psycho-social Theory of Perinatal Depression

In pregnancy and the postpartum, women experience biological, psychological, and social (bio-psycho-social) changes as the result of the demands of childbearing and parenting that serve as stressors (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993). Biological, psychological, and social theoretical perspectives all perceive constructs unique to the perinatal context, including childbearing and/or early parenting, as precipitating factors to depression. Models within these perspectives are differentiated by the primary mechanisms identified as triggers for perinatal depression. All three perspectives acknowledge the evidence of the association of a personal history of depression, most notably prenatal depression, with postpartum depression (Beck, 1996; Kim, Hur, Kim, Oh, & Shin, 2008; Le, Muñoz, Soto, Delucchi, & Ippen, 2004; Leigh & Milgrom, 2008; O'Hara, Schlechte, Lewis, & Varner, 1991; O'Hara & Swain, 1996; Ritter, Hobfoll, Lavin, Cameron, & Hulsizer, 2000). Alone, each perspective is insufficient as a causal explanation for perinatal depression. Together, these perspectives explore multiple risk and protective factors and their relationship with perinatal depression.

Biological Models

The predominate body of biological perspectives of perinatal depression focuses on how changes to a woman's endocrine system during pregnancy, childbearing, labor, delivery, and the immediate postpartum stress and disrupt the regulation of several hypothalamic-pituitary axes of the endocrine system, including the hypothalamic-pituitary (Harris, Huckle, Thomas, & Johns, 1989; O'Hara et al., 1991), hypothalamic-pituitary-thyroid (Lucas, Pizarro, Granada, Salinas, & Saanmarti, 2001), hypothalamic-pituitary-gonadal (Harris et al., 1989; O'Hara et al., 1991), and hypothalamic-pituitary-adrenal (Jolley, Elmore, Barnard, & Carr, 2007; O'Hara et al., 1991) axes (Steiner, 1979). These disruptions in the respective hormone levels are theorized to cause postpartum depression.

The hypothalamic-pituitary-adrenal axis model suggests that biological mechanisms related to stress predict postpartum depression. Specifically, changes to the hypothalamic-pituitary-adrenal (HPA) axis during pregnancy and the postpartum deregulate the hormonal balance of the HPA, resulting in postpartum depression (Steiner, 1979). Normally, the hypothalamus emits corticotropin-releasing hormone (CRH), which triggers the release of adrenocorticotropic hormone (ACTH) from the pituitary gland and cortisol (which is associated with stress) from the adrenal cortex, where the amount of ACTH predicts the amount of cortisol over time (Jolley et al., 2007). ACTH levels increase greatly in early labor, followed by cortisol increases in transitional labor and immediately after delivery, and finally a sharp drop in both approximately four hours after delivery (Steiner, 1979). Jolley et al. (2007) found support for this model in a prospective study with a 22-woman convenience sample, identifying higher ACTH and lower cortisol in depressed compared to non-depressed postpartum women under stress after maximum exertion on a treadmill, and deregulated HPA functioning as indicated by no relationship between these two hormones at both six (d=1.3) and twelve (d=1.1) weeks postpartum.[1]

However, strictly biological models pay insufficient attention to the influence of social context on biological variables or their interaction with the psychosocial environment. The

---

[1] Cohen's d effect size is the difference between the mean standard (z) scores divided by the standard deviation, where 0.2 is a weak, 0.4 is a moderate, and 0.8 is a strong association between two variables (O'Hara & Swain, 1996).

relationship between the endocrine system and postpartum depression is complex and not fully or adequately explained by the biological mechanisms that these models describe. This is in contrast with a review of literature on predictors of postpartum depression, which provides compelling evidence for the role of psychosocial predictors, most notably low partner and social support, stress, and lower socioeconomic status in the development of postpartum depression (Beck, 1996; Logsdon & Usui, 2001; O'Hara & Swain, 1996; Surkan, Peterson, Hughes, & Gottlieb, 2006). Specifically, strictly biological models do not adequately explore indirect effects of psychosocial stress, where psychosocial stress, in addition to biological changes related to labor and delivery, impacts the biological function, which in turn impacts postpartum depression. While Jolley et al. (2007) used physical activity as a stressor, their findings most closely matched results from studies in which psychosocial stressors were used to stimulate the HPA axes in adult women with histories of childhood abuse. These studies revealed women with a history of abuse had higher cortisol levels in response to current stressors, or had lower baseline cortisol levels that rose to normal in response to stress. While these studies were not in the perinatal context, they may suggest a differential biological response to perinatal stress based on a history of psychosocial stress and call for further exploration of psychosocial models.

Psychosocial Models

Psychosocial models of perinatal depression are located along a continuum of theoretical perspectives, varying in the degree to which they focus on psychological factors (e.g. cognitive behavioral), in addition to social factors, most notably social support. As with biological models, all of these models conceptualize pregnancy, labor, delivery, and postpartum-related experiences as potential stressors, inclusive of the psychosocial context. "Stressors are demands made by the internal or external environment that upset balance or homeostasis, thus affecting physical and psychological well-being" (Glanz & Schwartz, 2008, p. 21). The focus is either on the nature and magnitude of general stress, through the experience of life events, usually within the prenatal and/or postpartum context, or specific stress related to parenting or infant temperament.

Stress and Coping Model

As a prominent psychosocial model, the stress and coping model explicates the role of stress and social support (coping resource) in the development of postpartum depression through the meaning of the perinatal experience to the woman (appraisal) and behaviors employed to manage the associated stress (coping strategies), theorized to mediate her reaction to the related stress (Glanz & Schwartz, 2008; Honey, Morgan, & Bennett, 2003). A woman's appraisal of perinatal experiences may vary according to the meaning of specific stressors. For example, delivery-related stress via complications may be appraised as a woman's failure to cope with the subsequent demands of motherhood, parenting-related stress may be appraised as inadequate parenting skills, and life stressors concurrent with the postpartum period contribute additional stress during postpartum adjustment (Terry, Mayocchi, & Hynes, 1996). Thus, the likelihood a woman will develop depression is associated with her coping strategies, coping resources, and the meaning and level of stress experienced (Terry et al., 1996).

Coping strategies are cognitions and behaviors that mediate a woman's efforts to influence the impact of stress on a situation-specific basis (Terry et al., 1996). Problem-focused coping strategies are considered a direct response to stress when it is appraised as controllable, while emotion-focused coping strategies are an indirect response to stress when it is appraised as uncontrollable (Glanz & Schwartz, 2008; Honey et al., 2003). Coping resources, such as social

support and self-esteem, protect against the effect of stress by helping women manage the stress and therefore have an indirect impact on the development of perinatal depression (Glanz & Schwartz, 2008).

Overall, the evidence supports a stress and coping model of perinatal depression, which through vulnerability (prenatal depressive symptoms); childcare related stress (including infant fussiness); maladaptive coping (negative appraisal, emotion-focused coping strategies); and social support, accounts for approximately half of the variance in symptoms (Cutrona & Troutman, 1986; Honey et al., 2003; Terry et al., 1996). However, these findings are not based on diverse samples of women.

A related prospective study among low-income women of color found that prenatal stress was positively associated, and prenatal social support and income were negatively associated with postpartum depression, accounting for 27% of variance in postpartum depression symptoms (df=83, χ^2=146.31, Goodness of Fit Index (GFI)=0.91, Root Mean Square Error of Approximation (RMSEA)=0.062) (Ritter et al., 2000). However, there was no interaction between social support and stress, and the relationship between self-esteem and postpartum depression symptoms was fully explained by prenatal depression. While Ritter et al. (2000) found these effects of stress on symptoms consistent across racial/ethnic groups in the study, further investigation of the more complex models exploring the role of specific coping strategies among diverse women is needed to determine their applicability across women. Despite this, these existing studies explicate constructs that may help us evaluate the possibly differential impact or experience of stress as a result of reduced access to resources, discrimination, and oppression related to race, ethnicity, or socioeconomic status (Surkan et al., 2006).

The stress and coping model provides further insight into the complex role of stress in perinatal depression and creates a framework with which we can evaluate the possibly differential impact or experience of stress, as well as how it may interact differently with coping behaviors and resources across groups of women to result in a different experience and presentation of perinatal depression. However, it does not address the aforementioned biological aspects of stress and depression directly. At best, these models address biological causes of postpartum depression indirectly and abstractly through history of depression and/or prenatal depressive symptoms. While it is probable that psychosocial stress interacts with biological factors to impact the individual's experience of stress experienced prenatally, postpartum, and over the life-course, the precise nature of these relationships is unclear in the current literature.

Integration of these distinct perspectives into a more comprehensive bio-psycho-social theory of perinatal depression, with a focus on the role of stress and coping, is the first step towards addressing the primary limitation of each perspective alone. However, the bio-psycho-social theory and stress and coping model, with their collective focus on bio-psycho-social influences in pregnancy and the postpartum, are still limited in their ability to explain racial, ethnic, and socioeconomic group differences in the manifestation of perinatal depression. Risk and protective factors related to the stress and coping model are relevant as experienced over the woman's life-course, and are not limited to the perinatal period (Lu & Halfon, 2003). Research testing the aforementioned models often included history of depression or mental illness as covariates, but lifetime exposure to risk and protective factors was largely overlooked. In addition, research of racial, ethnic, and socioeconomic group differences in the area of disparities in birth outcomes reveals that socioeconomic status alone does not explain group differences in birth outcomes. Specifically, when controlling for socioeconomic status, racial, and ethnic group

differences in birth outcome disparities, most notably infant mortality, remain (Geronimus, 1992; Lu & Halfon, 2003).

Life-course Perspective

To address these limitations, Lu and Halfon (2003) proposed a life-course perspective that integrates two theories of group differences in birth outcomes, helpful in developing our understanding the problem of potential racial and ethnic group differences, including and beyond those associated with socioeconomic status, in the manifestation of perinatal depression. The life-course perspective posits that that bio-psycho-social risk and protective factors influence health through mechanisms of early life (early programming; see also, Barker, 1990) and ongoing experiences over the life span which have a cumulative impact (cumulative pathway; see also, Geronimous, 1992) (Lu & Halfon, 2003). Within this perspective, group differences in health are the result of differential early and ongoing exposure to bio-psycho-social risk factors associated with social disadvantage and inequities that accompany low socioeconomic status, and those specifically associated, or intensified, with racial and ethnic minority status, such as racism and discrimination. Examples of early programming that are relevant to the perinatal depression context include the aforementioned effects of stress and depression in pregnancy (Center of the Developing Child at Harvard University, 2009) and the postpartum (Beck, 1995; Logsdon, Wisner, & Pinto-Foltz, 2006; Sohr-Preston & Scaramella, 2006) on the fetus and infant.

The cumulative pathway component of the life-course perspective focuses on the continued and cumulative effect of the differential experience of social inequality, which is thought to compound with age (Geronimous, 1992). Research testing the cumulative pathway component provides some support for this component, where the health status of black women declined at a rate significantly higher than white women, especially among women of low socioeconomic status (Geronimus, 1996). However, the mechanisms by which differential exposure to bio-psycho-social risk factors result in group differences over the life span are not well understood. The cumulative impact may be the result of HPA deregulation, as described above in the review of the study by Jolley et al. (2007), as the result of chronic or reoccurring exposure to stress resulting from racism and discrimination.

The life-course perspective has several implications for the study of racial, ethnic, and socioeconomic group differences in the construct of perinatal depression. It suggests that socioeconomic status measured over the life-course is a more accurate predictor of perinatal depression than as measured during the perinatal period alone (Lu & Halfon, 2003). We are not fully evaluating the impact of socioeconomic status by focusing on income and employment during pregnancy and the postpartum. In addition, it suggests that socioeconomic status over the life-course is unlikely to fully explain racial and ethnic group differences in the experience and manifestation of perinatal depression. The existing birth outcomes research suggests that higher socioeconomic status over multiple generations may not be as protective for women of color as it is for whites (Foster, Wu, Bracken, Semenya, & Thomas, 2000; Geronimus, 1996). This indicates there may be a distinct effect of life-long coping with racial discrimination on the experience and manifestation of perinatal depression (Geronimus, 1992). For example, women of color may choose to remain in social environments where they are exposed to greater bio-psycho-social risk factors, to avoid exposure to race-based discrimination in other environments, even if their socioeconomic status affords them other options (Mullings et al., 2001). In addition, women of color with higher socioeconomic status may adopt coping behaviors that make them vulnerable to adverse health outcomes. The social constructs of race and ethnicity may increase

life time exposure to race-based discrimination with adverse consequences for health outcomes (Lu & Halfon, 2003).

The life-course perspective is not without its practical limitations. First, measuring socioeconomic status accurately over the life-course requires a longitudinal design, preferably over at least two generations. This requires extensive resources, and time to wait for results, both of which are infrequently available. Second, the precise causal mechanisms that result in group differences in health outcomes are not clear, making it very difficult to focus efforts on specific measures. In addition, it is likely that different health outcomes are associated with different combinations of risk and protective factors, further complicating measurement.

Implications for Future Research

Despite the limitations of the life-course perspective, it is apparent that investigating lifetime exposure to substantiated bio-psycho-social risk and protective factors of perinatal depression, to the extent possible based on research design, will provide greater insight than looking at these factors in the context of pregnancy and the postpartum alone. Key risk and protective factors for further study include stress, coping, social support, and socioeconomic status. Ultimately, the exploration of racial and ethnic group differences in the construct of perinatal depression over the life-course, especially in the context of low socioeconomic status, are critical to our understanding of the construct and its measurement. An integrated theoretical perspective provides us with the tools necessary to evaluate and improve perinatal depression screening and ultimately treatment across diverse populations at risk.

References

Barker, D.J.P. (1990). Fetal and infant origins of adult disease. *British Journal of Medicine, 301*, 1111-1141.

Beck, C.T. (1995). The effects of postpartum depression on maternal-infant interaction: A meta-analysis. *Nursing Research, 44*(5), 298-304.

Beck, C. T. (1996). A meta-analysis of predictors of postpartum depression. *Nursing Research, 45*(5), 297-303.

Beck, C.T. (1998). The effects of postpartum depression on child development: A meta-analysis. *Archives of Psychiatric Nursing, 12*(1), 12-20.

Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8*. Retrieved April 1, 2010 from http://www.developingchild.harvard.edu.

Collins, N.L., Dunkel-Schetter, C., Lobel, M., & Scrimshaw, SC.M. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. *Journal of Personality & Social Psychology*, 65(6), 1243-1258.

Cutrona, C.E., & Troutman, B.R. (1986). Social support, infant temperament, and parenting self-efficacy: A mediational model of postpartum depression. *Child Development, 57*(6), 1507-1518.

Foster, H.W., Wu, L., Bracken, M.B., Semenya, K., Thomas, J. (2000). Intergenerational effects of high socioeconomic status on low birthweight and preterm birth in African Americans. *Journal of the National Medical Association, 92*, 213–21.

Gaynes, B.N., Gavin, N., Meltzer-Brody, S., Lohr, K.N., Swinson, T., Gartlehner, G., Brody, S., & Miller, W.C. (2005). *Perinatal depression: Prevalence, screening accuracy, and*

screening outcomes. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ), Publication No. 05-E006.

Geronimus, A.T. (1992). The weathering hypothesis and the health of African-Amerian women and infants: evidence and speculations. *Ethnicity & Disease, 2*(3), 207-221.

Geronimus, A.T. (1996). Black/white differences in the relationship of maternal age to birthweight: A population-based test of the weathering hypothesis. *Soc Science Medicine 42*, 589–97.

Glanz, K. & Schwartz, M.D. (2008) Stress, Coping, and Health Behavior, in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, & practice* (pp. 211-236). Hoboken, NJ: John Wiley & Sons.

Harris, B., Huckle, P., Thomas, R., & Johns, S. (1989). The use of rating scales to identify post-natal depression. *British Journal of Psychiatry, 154*, 813-817.

Honey, K.L., Morgan, M., & Bennett, P. (2003). A stress-coping transactional model of low mood following childbirth. *Journal of Reproductive & Infant Psychology, 21*(2), 129-143.

Jolley, S.N., Elmore, S., Barnard, K.E., & Carr, D.B. (2007). Dysregulation of the hypothalamic-pituitary-adrenal axis in postpartum depression. *Biological Research for Nursing, 8*(3), 210-222.

Kim, Y.K., Hur, J.W., Kim, K.H., Oh, K.S., & Shin, Y.C. (2008). Prediction of postpartum depression by sociodemographic, obstetric and psychological factors: A prospective study. *Psychiatry and Clinical Neurosciences, 62*(3), 331-340.

Le, H., Muñoz, R.F., Soto, J.A., Delucchi, K.L., & Ippen, C.G. (2004). Identifying risk for onset of major depressive episodes in low-income Latinas during pregnancy and postpartum. *Hispanic Journal of Behavioral Sciences, 26*(4), 463-482.

Leigh, B., & Milgrom, J. (2008). Risk factors for antenatal depression, postnatal depression and parenting stress. *BMC Psychiatry, 8*, 1-11.

Logsdon, M. C., & Usui, W. (2001). Psychosocial predictors of postpartum depression in diverse groups of women. *Western Journal of Nursing Research, 23*(6), 563-574.

Logsdon, M.C., Wisner, K.L., & Pinto-Foltz, M. (2006). The impact of postpartum depression on mothering. *JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35*(5), 652-658.

Lu, M.C. & Halfon, N. (2003). Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal and Child Health Journal, 7*(1), 13-30.

Lucas, A., Pizarro, E., Granada, M. L., Salinas, I., & Sanmartí, A. (2001). Postpartum thyroid dysfunction and postpartum depression: Are they two linked disorders? *Clinical Endocrinology, 55*(6), 809-814.

Mullings, L., Wali, A., McLean, D., Mitchell, J., Prince, S., Thomas, D., Tovar, P. (2001). Qualitative methodologies and community participation in examining reproductive experience: The Harlem Birth Right Projects. *Maternal Child Health Journal*, *5*, 85–93.

O'Hara, M.W., Schlechte, J.A., Lewis, D.A., & Varner, M.W. (1991). Controlled prospective study of postpartum mood disorders: Psychological, environmental, and hormonal variables. *Journal of Abnormal Psychology, 100*(1), 63-73.

O'Hara, M.W., & Swain, A.M. (1996). Rates and risk of postpartum depression--a meta-analysis. *International Review of Psychiatry, 8*(1), 37.

Postmontier, B. (2008a), Functional status outcomes in mothers with and without postpartum depression. *Journal of Midwifery & Women's Health, 53*(4), 310-318.

Postmontier, B. (2008b). Sleep quality in women with and without postpartum depression. *JOGNN, 37*, 722-737.

Ritter, C., Hobfoll, S.E., Lavin, J., Cameron, R.P., & Hulsizer, M.R. (2000). Stress, psychosocial resources, and depressive symptomatology during pregnancy in low-income, inner-city women. *Health Psychology, 19*(6), 576-585.

Sohr-Preston, S. L. & Scaramella, L. V. (2006). Implications of the timing of maternal depressive symptoms for early cognitive and language development. *Clinical Child and Family Psychology Review, 9,* 65-83.

Steiner, M. (1979). Psychobiology of mental disorders associated with childbearing: An overview. *Acta Psychiatrica Scandinavica, 60*, 449-464.

Surkan, P., Peterson, K., Hughes, M., & Gottlieb, B. (2006). The role of social networks and support in postpartum women's depression: A multiethnic urban sample. *Maternal & Child Health Journal, 10*(4), 375-383.

Terry, D.J., Mayocchi, L., & Hynes, G.J. (1996). Depressive symptomatology in new mothers: A stress and coping perspective. *Journal of Abnormal Psychology, 105*(2), 220-231.

Patricia A. Lee King is a social work doctoral dissertator at the University of Wisconsin-Milwaukee. She received a BA in Mathematics from Northwestern University and a MA in Social Service Administration with a Certificate in Health Administration and Policy from the University of Chicago. Ms. Lee King has 12 years professional and research experience in social work and public health policy and practice. Her research interests include racial, ethnic, and socioeconomic disparities in health outcomes; maternal and child health and well-being; perinatal depression; measurement; health policy for at-risk populations.

Towards a Critical Understanding of Difference and Diversity

Winnie Lo
McMaster University
Hamilton, Ontario, Canada

Abstract

Difference is the defining character of our globalizing and postmodern times. Difference is also the basis of oppression. Social work practitioners need to be cognizant that the way difference is deployed in public discourses is not benign. As such, a critical understanding of difference has crucial implications in anti-oppressive as well as social work practices. Furthermore, much of our understanding and perception of difference is implicit, subliminal, and often enmeshed with existing oppressive social relations. Not making visible and bringing to our critical consciousness how difference is understood and perceived would risk reproducing and perpetuating oppressive relations unwittingly in both daily and professional interactions. The objective of this article is, therefore, twofold. First, to understand the meaning of difference and its implications in anti-oppression from a critical social work perspective. The politicized meaning of difference will be further elucidated by being distinguished from a similar yet more diluted term of diversity. This more nuanced understanding of difference and diversity is important to social workers as they critically engage social critiques and social justice debates regarding issues of difference and diversity. Second, to foreground the meaning of difference to our consciousness, and thereby disrupt our unconscious complicity in oppressive relations. In bringing what may be an implicit acceptance of existing meanings of difference to the fore of our critical consciousness, one may be better positioned to resist participating in and reproducing oppression in daily mundane as well as social work interactions.

Introduction

Difference is the defining character of our globalizing and postmodern times. Difference is also the basis of oppression (Mullaly, 2010). One needs to realize that how difference is deployed in public discourses is not benign, but heavily laden with power implications. As such a critical understanding of difference has crucial implications in anti-oppressive as well as social work practice. However, much of our understanding and perception of difference is implicit, subliminal, and often enmeshed with existing oppressive social relations (Bourdieu, 2002; Mullaly, 2010; Wacquant, 1993). Not making visible and bringing to our critical consciousness how difference is understood and perceived would risk reproducing and perpetuating oppressive relations unwittingly in both daily and professional interactions. The objective of this article is, therefore, twofold. First, to understand the meaning of difference and its implications in anti-oppression from a critical social work perspective. The politicized meaning of difference will be further elucidated by distinguishing it from a similar yet more diluted term of diversity. Such more nuanced understanding of difference and diversity is necessary for social workers as they critically engage social critiques and social justice debates regarding issues of difference and diversity. Second, to foreground the meaning of difference to our consciousness, and thereby disrupt our unconscious complicity in oppressive relations. In bringing what may be an implicit acceptance of existing meanings of difference to the fore of our critical consciousness, one may be better positioned to resist participating in and reproducing oppression in daily, mundane as well as social work interactions.

Critical social work perspective

As stated in the introduction that this paper is written from a critical social work perspective, it is necessary to first define what critical social work perspective means. Critical social work perspective is not a unified perspective but rather a set of perspectives informed by a wide range of theoretical frameworks which sometimes overlap and at times contradict each other. Scholars vary slightly in their list of theories pertaining to the critical social work perspective, but they generally include: radical social work, structural social work, feminism, anti-oppressive and anti-discriminatory practices, critical race theory, postmodernism/poststructuralism, and post-colonialism (Martin, 2003; Mullaly, 2010; Peace, 2007). Despite their divergence, two central concerns of critical social work perspective are most relevant to the objectives of this article. First, critical social work has social transformation as its goal, and is keen on conceptualizing power and oppression in human relationship as well as in social structure. Second, critical social work perspective recognizes the connection between social structure and consciousness (Agger, 1991; Mullaly, 2010). Agger (1991) points out, "domination…is a combination of external exploitation….and internal self-disciplining that allows external exploitation to go unchecked" (p.108). This recognition of the connection between social structures and consciousness in critical social work literature foregrounds the risk of the unconscious perpetuation of oppressive relations on the part of the social agents. These two distinct characters of critical social work perspective underpin the discussion of difference and diversity in the sections that follow, and why such discussion is necessary.

Difference

Stainton & Swift (1996) points out that while the term difference is increasingly used in academic and public discourses, its meaning is not at all clear. Different theoretical perspectives and academic disciplines would render varied and sometimes conflicting meanings to difference (Brah, 2007). According to George & Tsang (1999), the concept of difference is used interchangeably with diversity. However, the term diversity has acquired a cultural and ethnic character as it is used predominantly in the context of cultural and ethnic variations, whereas the concept of difference is rooted in the postmodern/poststructural argument against the grand narratives and Eurocentric views that have underpinned social theories since the Enlightenment era. Connell (2007) argues in her work "Southern Theory" how "overwhelmingly, general theory is produced in the metropole" and makes "claim to universal relevance" (p.28). The universal claim obscures the experiences of those who are different from the Eurocentric norm and values, and it is out of this sensitivity that the concept of difference emerged. Now difference and diversity have come to be generally understood to refer to "a abroad and ever-expanding set of particular groups or categories such as class, race, gender, age, sexual orientation, and physical or mental ability" (Stainton & Swift, 1996, p. 76).

However, the usage of the term difference is not benign. Stainton and Swift (1996) suggests that there are three ways the term difference is viewed: difference as value-neutral empirical phenomena, difference as value-neutral but socially constructed phenomena, and difference as value-driven and socially constructed phenomena. It is beyond the scope of this paper to cover each view in details. Suffice it to say that both of the first two views conceive difference as unproblematic ways of doing things differently without negative value assigned to them. They deny the role the dominant group and imbalance of power plays in the construction of difference. Stainton and Swift (1996) sharply points out that the term difference "necessarily

implies the 'other''' (76). In a similar vein, Bannerji (2000) questions "different from what?" (550). Difference implies a core to which difference is primarily measures, "the difference that produces heterogeneity suggests otherness in relation to that core…it is a socially constructed otherness" (Bannerji, 2000, p. 550). Brah (1992) also observes that difference results from the referent point of whiteness. As such, semantically difference is a relational term, and necessarily implies a normative subject. Moreover, as an empirical phenomenon, difference cannot be detached from the social, and therefore cannot be immune from power. By ascribing a neutral value to difference, the first two views mask the power of the normative subject or dominant group (Stainton and Swift, 1996). One is left with the third view that difference is value-driven. By value-driven, difference is defined as "the exercise of power by a dominant group which, as noted, frequently remains invisible" (Stainton and Swift, 1996, p. 80). Moreover, difference is about how the 'other' is defined by the dominant group (Stainton and Swift, 1996; Bannerji, 2000). To name is to have power. Stainton and Swift (1996) points out, difference is about "dominant construction of an identity defined as 'different'" (p. 80). Echoing Stainton and Swift (1999), Bannerji (2000) comments how no one ever spoke of "the absurdity of calling white women colourless or invisible" (p. 545). In similar vein, Brah (1992) also questions why no one calls white people "non-coloured people" (p. 127). These statements by Bannerji (2000) and Brah (1992) are poignant examples of how difference is always evaluated from the vantage point of the dominant group or normative subject, and easily rendered deficient and inferior. Such is the case when often a minoritized individual does something right, nobody would pay attention, while his/her particularities are prone to be magnified and pathologized. A value-driven view of difference illuminates the embedding power relations rather than the particular identity features creating difference.

By now the central role of power and oppression should become evident in the value-driven view of difference. Power is what makes the socially constructed phenomenon of difference seem "natural" or "objective" – reification. An obvious example is blacks and biologically-determined inferiority. Here it should be noted that power and oppression are taken as fluid rather than fixed notions. Power is dispersed, though unequally, in society rather than concentrates or localizes in institutions and dominant groups, and there is no fixed identity for who is the oppressor and the oppressed. Power in the poststructural understanding is not locked in polarized locations, such as the oppressor and the oppressed or the white and the non-white. Strega (2005) articulates the poststructural position of power succinctly, "for Foucault and many other poststructuralists, power is understood as something that is circulated and dispersed throughout society rather than being held exclusively or primarily by certain groups" (p. 225). Such an understanding frees us from seeing oppression as fixed in individual, group or institutions, but rather as a relationship. As a relationship, oppression dynamics shifts constantly depending on how the power positions change at any given moment. So the individual is not acted upon by power but is positioned in power. As such oppression is relational and positional. One can find him/herself constantly in and out of oppressed and oppressive positions depending on the nature of interaction and exchange. In other word, "power is a form of action or reaction between people which is negotiated in each interaction and is never fixed and stable" (Mills, 1997 as cited in Strega, 2005, p. 225). Rather than a dividing concept which separates people into the oppressed or oppressor groups, the fluid conception of power and oppression binds people together because everyone is implicated in oppressive relationships. One can easily fall prey to oppressing others if one is not aware of the power position one is in, and reproduces that oppressive relationship unconsciously. For instance, it is generally recognized by critical race

theorists that modern day's exclusion strategies against racial minority groups are unconscious, subtle and invisible mechanisms embedded in cultural and social processes (Raczak, 2004; Yee & Dumbrill, 2003). Moreover, the poststructural understanding of power and oppression better enables us to resist and to navigate the pitfall of essentializing identity, as Strega (2005) explains,

"analyses directed at uncovering these [hidden power] mechanisms and delineating how they operate within us and in the minutiae of our daily existence present us with better rationales for resistance than do universal and essentialist theories, which both obscure difference and require massive mobilization to bring about change" (p. 226).

Diversity

Finally, while the term diversity is often used interchangeably with difference, its usage evokes different reaction in some scholars. Homi Bhabha prefers the term difference to diversity. In an interview with Rutherford (1990), Homi Bhabha states that cultural diversity is the liberal discourse to contain cultural difference. In making a distinction between cultural diversity and cultural difference, Homi Bhabhi observes that the deployment of the term diversity shows the tension within liberalism discourse which says that these other cultures are fine, but we must be able to define them in our own terms (Rutherford, 1990). This is what Homi Bhabha means by "a creation of cultural diversity and a containment of cultural difference" (Rutherford, 1990: 208). As such, the term diversity masks "the universalist and normative stance from which it constructs its cultural and political judgments" (Rutherford, 1990, p. 209).

In similar vein, Bannerji (2000) critiques the notion of diversity as dilution or "degeneration" of difference into "seemingly benign concept of diversity" (p. 546). Echoing Homi Bhabha, Bannerji (2000) argues that liberalism deploys the term diversity to manage difference in the Canadian, US, and UK contexts. Rather than the more politically sensitized term difference, diversity diverts people's attention from power relations that create the difference, to cultural celebration and identity features. In other words, diversity in its liberal deployment relegates cultural difference to ethnic cultural issue rather than power relations issue, and turns political into cultural/personal, and public into private. As language incites thinking, depoliticizing difference in the discourse of diversity functions like ideology which masks the reality of domination, and produces false consciousness in people's minds that inequalities, social hierarchy and division do not exist.

Conclusion

This paper has foregrounded the notion of difference as not benign. It distinguishes the politicized usage of difference from the depoliticized usage of a similar term of diversity. It has brought to our critical consciousness that there cannot be claim of neutrality in our view and treatment of difference. Difference necessarily implies a normative subject against which it is measured. As such difference is already othered for its departure from the normative subject. And such departure more often than not is evaluated down and pathologized. This understanding of difference has sobering implications in the context of anti-oppression. On one hand, acquiring a critical understanding of a value-driven view of difference would help center our gaze in the power relations constructing the difference, and enables us to challenge practices that subordinate and oppress people deemed to be "different". On the other hand, the value-driven understanding of difference reminds us of the human tendency to internalize the societal view of difference. As mentioned, critical social work perspective points out a connection between

power relations and consciousness. This means that social agents can uncritically internalize the societal value of difference which in turns creates a propensity in them to pathologize those who are deemed "different". As such, one can hardly claim innocence in one's perception and action directed to difference. A vital critical reflexive question to ask in anti-oppressive education and practice would be: How much of our action based on our perception of difference has in fact been reproducing unjust social relations without knowing it?

References

Agger, B. (1991). Critical theory: Postructuralism, postmodernism: Their sociological relevance. *Annual Review of Sociology, 17*, 105-131.

Bannerji, H. (2000). The paradox of diversity: The construction of a multicultural Canada and "women of colour". *Women Studies International Forum, 23*(5), 537-560.

Bourdieu, P. (2002). Habitus. In J. Hillier and E. Rooksby (Eds.) Habitus: A sense of place. UK: Ashgate Publishing Limited.

Brah, A. (1992). Difference, diversity and differentiation. In J. Donald and A. Rattansi (Eds.), *"Race," culture and difference* (pp. 126-148). Sage Publications.

Brah, A. (2007). Travels in negotiation: Difference, identity, politics. *Journal of Creative Communications, 2*(1&2), 245-256.

Brah, A. (2008). Commentary – Dissolving diasporic identities? *Journal of Community & Applied Social Psychology, 18*, 387-389.

Connell, R. (2007). Southern *theory: The global dynamics of knowledge in social science.* Polity Press.

George, U., & Tsang, A. K. T. (1999). Towards an inclusive paradigm in social work: The diversity framework. *The Indian Journal of Social Work, 60*(1), 57-68.

Martin, J. (2003). Historical development of critical social work practice. In *Social Work 770 Courseware "Social work and social justice: Theoretical tensions"*, McMaster University.

Mullaly, B. (2010). Challenging *oppression and confronting privilege: A critical social work approach.* Second edition. Canada: Oxford University Press.

Peace, B. (2007). Critical social work theory meets evidence-based practice in Australia: Towards critical knowledge-informed practice in social work. In K. Yokota (Ed.) Empowering people through emancipatory social work. Kyoto, Japan: Sekai Shisou Sha.

Razack, S. H. (2004). Acting morally in the new world order: Lessons from peacekeeping. In *Dark threats and white knights: The Somalia affair, peacekeeping, and the new imperialism*. Toronto: University of Toronto Press.

Rutherford, J. (1990). The third space: Interview with Homi Bhabha. In J. Rutherford (Ed.) Identity: Community, culture, difference. London, UK: Lawrence and Wishart.

Stainton, T. & Swift, K. (1996). "Difference" and social work curriculum. *Canadian Social Work Review, 13*(1), 75-87.

Strega, S. (2005). The view from the poststructuralist margins: Epistemology and methodology reconsidered. In L. Brown & S. Strega (Eds.). *Research as resistance: Critical, indigenous, and anti-oppressive approaches.* Toronto: Canadian Scholar's Press.

Wacquant, L. J. D. (1993). On the tracks of symbolic power: Prefatory notes to Bourdieu's 'State of nobility'. *Theory, Culture & Society, 10*, 1-17.

Weeks, J. (1990). The value of difference. In J. Rutherford (Ed.) Identity: Community, culture, difference. London, UK: Lawrence and Wishart.

Yee, J. Y., & Dumbrill, G. C. (2003). Whiteout: Looking for race in Canadian social work practice. In A. Al-Krenawi & J.R. Graham (Eds.) *Multicultural social work in Canada – working with diverse ethno-racial communities.* pp. 98-121. Toronto: Oxford University Press.

Winnie Lo is a third year Ph.D. student in the School of Social Work at McMaster University. Between her BSW, MSW and Ph.D. studies, she worked three years as research assistance for various faculty members in the social work and paediatric departments at McMaster University. She has a keen interest in issues relating to inclusion/exclusion within Canadian institutions. Her Ph.D. dissertation research examines the multiple manifestations of racial minority students' exclusion in Canadian universities. She is a member of the anti-oppressive education committee, and has been involved in anti-oppressive education forums and trainings in the community.

Contact Address: Winnie Lo; School of Social Work; Kenneth Taylor Hall (KTH), Room 319; McMaster University; Hamilton, Ontario, Canada. L8S 4M4; Email: lows@mcmaster.ca; Telephone: 289-887-0597

Network Characteristics of a Social Support Organization for Gay Men in Southern California

Ian Holloway, MSW, MPH
University of Southern California

Abstract

Gay men are at risk for a range of negative health and mental health issues, including HIV and depression. The extant literature demonstrates the integral role that social support can play in improving health and well-being among gay men, yet little empirical evidence exists to document the supportive social networks of gay men. The present study sought to understand the network structure of a social support organization for gay men in Southern California. Cross-sectional data collection was conducted online using name generator- and roster-based surveys. Participants were asked their age, organizational tenure, level of organizational involvement, and whether or not they had attended that year's organizational retreat. Thirty-nine men participated in the study (response rate: 87%). The overall density of the social network was 26.57%; the social network had a high degree of centralization (51.86%) and an average path length of three, indicating a cohesive and well-integrated social network. Social network structure was correlated with age (r = 0.109, p = 0.006), organizational tenure (r = 0.188, p = 0.000), organizational involvement (r = 0.130, p = 0.002), and retreat attendance (r = 0.216, p = 0.000). Results demonstrate the connectedness of members of the social support organization examined in the present study and the utility of empirically examining social support network structures of gay men. Strengths-based intervention strategies that capitalize on social support network structures may be helpful in buffering negative health outcomes for gay men.

Introduction

Gay men remain a vulnerable population at risk for a number of negative health and mental health outcomes. Men who have sex with men are the largest group affected by HIV in the United States (CDC, 2007) and are at considerable risk for other sexually transmitted infections, such as syphilis, chlamydia and gonorrhea (CDC, 2000). Depression rates among gay men are significantly higher than those among male adults in the general U.S. population (Mills et al., 2004) and have been associated with histories of violence, victimization and stigmatization (Garnets & Kimmel, 2003). In a recent population-based study of urban men who have sex with men, both distress and depression were associated with lack of a domestic partner; not identifying as gay, queer, or homosexual; experiencing multiple episodes of antigay violence in the previous 5 years; and very high levels of community alienation (Mills et al., 2004). These statistics indicate an urgent need for the development of intervention strategies to increase health and well-being among gay men.

Social isolation is a major problem for gay men in general but especially for HIV-positive gay men, where stigma related to HIV may prevent men from forming close social relationships for fear of having to disclose their HIV serostatus (Herek & Capitanio, 1999). A meta-analysis by Ciesla and Roberts (2001) on depression among HIV-positive men determined that the frequency of a major depressive disorder was two times higher in HIV-positive individuals than HIV-negative persons. One factor that has been shown to lessen the negative mental health burden associated with HIV diagnosis is social support. Social support among HIV-positive men

has been associated with decreased depression (Hays, Turner, & Coates, 1992) and improved immune functioning (Ullrich, Lutgendorf, & Stapleton, 2003). A recent study of social support networks among twenty five gay men with AIDS demonstrated that psychological well-being was correlated with the degree to which the person with AIDS received emotional and informational support, had close relationships, and reciprocated support to friends in his network (Hays, Chancey, & Tobey, 2006).

The extant literature demonstrates the integral role that social support can play in improving mental and physical health for gay men. However, some research indicates that there are limited opportunities for gay men to connect with other gay men in order to attain social support. Gay male social contexts, including bars, dance clubs, and internet meeting spaces often hold risks for engaging in harmful health behaviors. Reback, Larkins and Shoptaw (2004) note the ways in which the highly addictive drug crystal methamphetamine has been integrated into gay male social contexts and is often used to relax inhibitions about gay male sexual behavior. The combination of crystal methamphetamine use and these social contexts allows gay men access and opportunity to engage in high-risk sexual activity with multiple partners during compressed periods of time, which contributes to the risk of spreading HIV. However, these social venues are some of the few organized gay male contexts where men can meet and experience a sense of community.

Urban centers may present greater opportunities for engagement in positive gay-male social contexts than rural environments. The present study sought to identify social network properties of a large social support organization for gay men in Southern California. In the interest of confidentiality, the organization will not be named explicitly. However, readers may be interested to know that the organization's primary goal is music making. Since men join together to make music, there is a common goal around which gatherings are structured. Weekly rehearsals, for example, involve one and a half hours of music rehearsal, a half hour break for snacks and socializing, and another hour of rehearsal. This type of structured meeting time allows members of the organization a context in which they can access social support without the pressures of negative health promoting forces, such as alcohol or drugs. Through a greater understanding of the social structure of this support organization, the present study seeks to inform pro-social network based health intervention programs for gay men.

Methods

Study Design and Sample

This cross-sectional study aimed to map the social network of one section of a social support organization in Los Angeles, California. Since members may take a leave of absence during any given concert cycle and are thus removed from email communication for that cycle, only men enrolled in the spring, 2009 concert were recruited for the present study. Active members were sent an e-mail describing the study and a link to an online questionnaire. When potential participants clicked on the link, they were guided to Qualtrics (Qualtrics Inc., 2009), a popular online survey website, where members were given additional information about study's purpose. Men who chose to participate could then continue to the actual online survey. Those who decided not to participate were thanked and guided out of the Qualtrics program. Thirty-nine of the forty-five active members chose to participate in the study for a response rate of 87%. However, all 45 active members were kept in the dataset, since those who declined participation in the study could still be nominated by other members. Members were not compensated for the

participation; the study was approved by the Institutional Review Board at the University of Southern California.

Measurement

Both nomination and roster data collection techniques were used. Participants were asked to nominate seven other organization members that they knew well. In addition, roster data was gathered on members who participants knew well. Participants were also asked five additional questions related to demographics and organization involvement. These items included age, length of time in organization, level of organizational involvement, and whether or not the participant had attended that year's organizational retreat.

Age was determined through a single item asking participants to state their age in years. Age was then recoded into a categorical variable with four groups: (1) under 35 years old; (2) 35 to 44 years old; (3) 45 to 54 years old; and (4) 55 years old and over. Length of participation in the organization was assessed with a single item asking participants how many years they had been a member. Those participants who had been in the organization less than 1 year were coded as having been in the organization 1 year (since few members drop-out in their first year). Length of time in the organization was then recoded into a categorical variable with three categories: (1) Under 5 years; (2) 5 to 9 years; (3) and 10 years or more. Level of organizational participation was assessed through a single item asking participants to rate their involvement on a five-point scale from "minimally involved" (1) to "maximally involved" (5). Finally, retreat attendance was a dichotomous variable representing whether or not the participant had attended the organization's annual retreat.

Data Analysis

Once data collection ended, data was downloaded from the Qualtrics interface into the Statistical Package for the Social Sciences (SPSS Inc., 2001). Data was cleaned and recoded in this program before being exported to a spreadsheet where nomination and affiliation data matrices were constructed. Data was then imported into UCINet (Borgatti, Everett, Freeman, 1999) for analysis. Analyses were conducted in three stages. First, descriptive statistics on participant characteristics and individual networks were computed. Finally, the quadratic assignment procedure (QAP) was utilized to determine associations between social and conversational network matrices and affiliation matrices based on attribute. All metrics were calculated for both unsymmetrized and symmetrized networks; however, due to high density of unsymmetrized networks and the author's interest in reciprocal ties between network members, only symmetrized network data will be presented below.
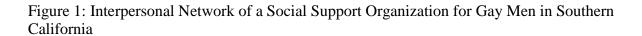
Results

Descriptive Statistics

Descriptive statistics are listed in Table 1. Participants in the study ranged from 27 years of age to 76 years of age, with a mean of 44.8 years. Mean length of Organization tenure was 9.23 years (range: 1 – 30). The majority of participants (82.1%) had attended the annual organization retreat. Self-reported involvement in the organization was skewed toward the high end of the five-point scale. The mean level of involvement was 3.46, with the majority of participants reporting that they were moderately to maximally involved (82%) and only a small percentage of participants reporting that they were minimally involved (5.1%).

Table 1: Characteristic of Study Participants (n = 39)

Characteristic	n	%
Mean age (range)	44.8	(27 – 76)
Age		
Under 35 years	5	12.8%
35 to 44 years	16	35.6%
45 to 54 years	12	26.7%
55 and over	6	13.3%
Mean length of time in Organization (range)	9.23	(1 – 30)
Length of time in Organization		
Under 5 years	12	30.8%
5 to 10 years	15	38.5%
10 or more	12	30.8%
Retreat Attendance		
No	7	17.9%
Yes	32	82.1%
Mean level of Organization involvement (range)	3.46	(1 – 5)
Level of Organization involvement		
Not involved	2	5.1%
Somewhat involved	5	12.8%
Moderately involved	15	38.5%
Highly involved	7	17.9%
Maximally involved	10	25.6%

     Symmetrized social and conversation networks had a size of 39, since those who did not respond to the survey were excluded from the networks (Figure 1). The overall density of the social network (26.57%) was more than twice as big as the overall density of the conversation network (12.73%). Degree centralization for both networks was high; the social network had a degree centralization of 51.86% and the conversation network had a degree centralization of 49.74%. The top three most central nodes by degree, closeness and betweenness calculations are listed in Table 2. The diameter, or the length of the longest path in the network, was 3 for the social network and 4 for the conversation network. Average path length, the average of the distances between all nodes in the network, was shorter in the social network (1.702) than in the conversation network (2.001). See Table 3 for a complete list of network measures.
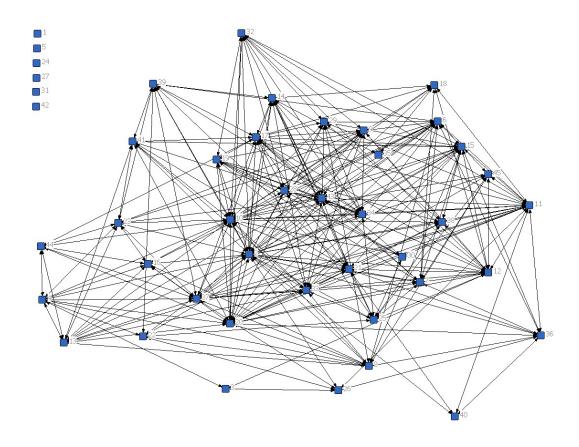
Figure 1: Interpersonal Network of a Social Support Organization for Gay Men in Southern California

Table 2: Centrality Measures for Social and Conversation Networks

Centrality Measure	Social (roster)
Degree (mean)	26.57 (17.25)
1st	2 (77.27)
2nd	10 (63.64)
3rd	20 (52.27)
Closeness (mean)	13.16 (0.36)
1st	2 (14.10)
2nd	10 (13.84)
3rd	20 (13.62)
Betweenness (mean)	20.33 (26.68)
1st	2 (106.43)
2nd	10 (51.05)
3rd	17 (33.01)

Table 3: Network Metrics for Social Support Organization Social Network

Metric	Social (roster)
Size	39
Density	0.2657
Transitivity	5.04%
No. of triangles with 3 legs	4,290
Diameter	3
Average path length	1.702

Quadratic Assignment Procedure (QAP) Analyses

QAP analysis was used to determine associations between networks and affiliation matrices. Although not a primary outcome for the present study, a correlation of 0.368 (p = 0.000) was found between the social network constructed by nomination data and the same network constructed by roster data. All attributes were statistically significantly correlated with the social network, although most of the Pearson correlation coefficients were low. Social network structure was correlated with age ($r = 0.109$, $p = 0.006$), organizational tenure ($r = 0.188$, $p = 0.000$), organizational involvement ($r = 0.130$, $p = 0.002$), and retreat attendance ($r = 0.216$, $p = 0.000$). All QAP correlations are listed in Table 4.

Table 4: QAP Analysis of Social Support Organization Social Network

	Social (roster)	
Attribute	Corr.	p-value
Age	0.109	0.006
Time in Organization	0.188	0.000
Retreat attendance	0.216	0.000
Organization involvement	0.130	0.002

Discussion

The present analysis suggests that the social support organization studied here is very cohesive. Unsymmetrized data estimated the social network density at 42.8% (26.6% once the data was symmetrized). However, the symmetrized density estimates continue to indicate a well-connected social network structure. The social network was also highly centralized with approximately 50% degree centralization. Centralization refers to the extent to which network links are focused on one of a few nodes. Nodes two and ten were consistently in the top three most central positions when evaluating degree centrality, closeness centrality and betweenness centrality, indicating that these two actors were most connected, had lowest average distances from all other nodes in the network, and most often lay on the shortest path connecting all members. Perhaps most interesting was the data obtained through QAP analysis. In addition to an association between who members in the organization knew, a number of other associations between demographic attributes and network structures emerged. When taken together with visual inspection of the network diagrams, this information can be especially useful to

understanding network dynamics. Age was associated both with social and conversation network. In the social network, age groups seem to cluster together and the youngest members were on the periphery of the network. This information indicates that the organization could improve by working to foster more intergenerational friendships between members. This process, coupled with greater integration of younger members into the social network may inspire greater mixing between age groups.

Length of time in the organization and self-reported level of involvement were also associated with who members knew. When examining these network diagrams, slightly different patterns emerged for both organizational tenure and level of involvement. Organizational tenure seems to have a clumping effect in both the social network and conversation network. This may be indicative of a cohort effect. Since a large effort is made to welcome new members into the organization and facilitate meetings between those members, those who entered the organization around the same time are likely to be friends and talk to others who joined with them. As is the case with many volunteer organizations, new members are more likely to drop out of the organization within a few years, which may deter those who have been in the organization longer from investing significant time or energy in getting to know these new members. Instead men who have been in the organization longer may foster more close friendships with men who have also been in the organization past this "new member honeymoon." With some exception, those who reported minimal involvement in the organization lie on the periphery of the network and those moderately to maximally involved in the organization hold central positions. While the direction of this relationship is not clear since this is a cross-sectional study, it makes sense that those who consider themselves most involved would hold central positions in the social network, since they spend significant time working on organization-related projects and interacting with other men who are similarly involved.

The information gathered here has implications for network based health promotion for gay men. To date, the majority of network studies focused on gay men have examined substance use and HIV risk behavior. It is less common for studies to focus on the pro-social connections that gay men form with one another. This focus is important because it enables network study findings to inform strengths-based intervention programs. The results of this study seem to confirm the assertion that the organization described here is a social context from which its members can gain considerable social support, and is perhaps emblematic of a variety of social support organizations that foster positive communication and health promoting behaviors among gay men. Many of the members of the organization described here are HIV-positive and some struggle with considerable psychosocial stressors, such as depression, unemployment, substance abuse and sexual compulsivity. As demonstrated in the extant literature, these issues can be greatly buffered by the presence of a supportive social network. Future studies will want to examine more explicitly the role that gay men's organizations and other social organizations, such as gay sports organizations, can play in increasing social support and improving various health outcomes for gay men. Areas for future inquiry include how and why gay men decide to join a social support organization and how gay social support organizations buffer psychosocial stressors.

References

Borgatti, S. P., Everett, M. G., & Freeman, L. C. (1999). *UCINet 5.0, Version 1.00*. Natick:
        Analytic Technologies.

Centers for Disease Control and Prevention (CDC, 2007). *HIV/AIDS and Men who have Sex
        with Men (MSM)*. Available at: http://www.cdc.gov/hiv/topics/msm/index.htm. Accessed
        on May 2, 2009.

Centers for Disease Control and Prevention (CDC, 2000). *STD surveillance 2000 special focus
        profiles: STDs among men who have sex with men*. Retrieved from:
        http://www.cdc.gov/std/stats00/2000SFMSM.htm. Accessed on May 2, 2009.

Ciesla, J. A., & Roberts, J. E. (2001). Meta-analysis of the relationship between HIV infection
        and risk for depressive disorders. *American Journal of Psychiatry, 158*, 725-730.

Herek, G. M., & Capitanio, J. P. (1999). AIDS stigma and sexual prejudice. *American
        Behavioral Scientist, 42*, 1126-1143.

Hays, R. B., Chauncey, S., and Tobey, L. A. (2006). The social support networks of gay men
        with AIDS. *Journal of Community Psychology, 18*(4), 374-385.

Hays, R. B., Turner, H., & Coates, T. J. (1992). Social support, AIDS-related symptoms, and
        depression among gay men. *Journal of Consulting and Clinical Psychology, 60*(3), 463-
        469.

Mills, T. C., Paul, J., Stall, R., Pollack, L., Canchola, J., Chang, J., Moskowitz, J. T., & Catania,
        J. A. (2004). Distress and depression in men who have sex with men: The Urban Men's
        Health Study. *American Journal of Psychiatry, 161*(2), 278-285.

Qualtrics Labs, Inc. (2009). Qualtrics Research Suite, Version 18829. Provo, UT: Qualtrics Labs,
        Inc.

Reback, C. J., Larkins, S., Shoptaw, S. (2004). Changes in the meaning of sexual risk
        behavior among gay and bisexual male methamphetamine abusers before and after drug
        treatment. *AIDS and Behavior, 8*(1), 87-98.

SPSS Inc. (2001). SPSS for Windows, Rel. 11.0.1. 2001. Chicago: SPSS Inc.

Ullrich, P. M., Lutgendorf, S. K., & Stapleton, J. T. (2003). Concealment of homosexual
        identity, social support and CD4 cell count among HIV-seropositive gay men. *Journal of
        Psychosomatic Research, 54*(3), 205-212.

Ian Holloway, MSW, MPH is a PhD candidate in the School of Social Work at The University of Southern California. He has worked for over three years as a research assistant with the Community Health Outcomes and Intervention Research (CHOIR) Program at Children's Hospital Los Angeles. Ian's dissertation research examines the social and contextual risk factors for substance use and HIV risk among young men who have sex with men. He is a member of the CSWE Council on Sexual Orientation and Gender Expression.

Asians Americans Living In the United States of America
Edward Sesay
Yeshiva University

Abstract

Many Asian Americans come to the United States of America searching for a better life and for better opportunities that were not available in their native countries. However, this is not always the case for many Asian Americans who travel to America especially early Chinese immigrants during the California Gold Rush. They encountered mistreatment, deportation, discrimination and government laws that were enacted to prevent them from coming or returning to America. Soon after the United States and China became allies after the Second World War, older Asian Americans who immigrated back to the United States held on to their traditional lifestyles; while younger generations are more in line with American popular culture. All the culture shock they had to endure, learning a new language while maintaining old traditional lifestyles caused them frustration and mental health issues. For that reason, a social worker working with this diverse population needs to be culturally competent. He or she needs to have knowledge about Asian American culture in order to help them meet their challenges

Introduction

We are living in a world that is full of different people, from different cultures representing so many different ways of living. It seems that every country one may visit, a person will find a diverse population. People seem to be moving around, diversifying themselves in other cultures. The United Sates represents a very clear picture on how people from other countries and from other cultures immigrate here and formulate a melting pot of cultures. In essence, the large number of immigrants coming to America is the total beauty of what makes her who she is. Seeking political freedom, refuge, higher education, or a better economic opportunity for themselves, people from all around the world come to the United States to make a new start for themselves. According Devore & Schlesinger (1996), "When people migrate, they do so for many reasons, whether it be economic distress, political or religious persecution, or hope for a better life" (p. 33). Born and raised in Sierra Leone, West Africa, all of these cultures are very new to me. However, the focus of this paper will be about Asian Americans as one of many immigrants groups that immigrated to the United States and settled on the East and West coasts. Furthermore, this paper will examine the data and information on the values held by Asian American culture with respect to age, gender, sexuality, marriage, and family structure. The paper will also include Asian American religions, social roles, or film and other cultural practices that are important for a social worker to know when working with Asian American clients seeking mental health and social welfare services.

Asian Americans in the United States

Asian American is used in this paper to refers to a diverse group composed of individuals who trace their ethnic origins to East Asia (China, Japan, Korea, etc.), South Asia (Pakistan, India, Bangladesh, Sri Lanka, etc.), or Southeast Asia (Vietnam, the Philippines, Thailand, Cambodia, etc.). Asian Americans in the United States are a heterogeneous group of many ethnicities, including Japanese, Chinese, Korean, Filipino, Asian East Indians, and Southeast Asians. They migrated from countries such as the Far East, Southeast Asia, Burma, Hong Kong, Cambodia, Malaysia, Taiwan, Thailand and the Indian subcontinent. According Barck (2004),

> Asian Americans are residents or citizens of the United States whose racial background and sometime ethnic identification is with the people of Pacific-Asian areas, including Chinese, Japanese, Vietnamese, Koreans, Filipinos, Thais, Hmong, Laotians, migrants from Indian subcontinent, and other. (p.29)

Before, the term Asian American was used by civil rights activist in the 1960s, Oriental was the term widely used to describe Asian-Americans. However, Asian activist argued that the word Oriental was use to insult, oppress, discriminate against and control Asian culture. Soon after, Oriental became extremely outdated and Asian American became the formal acceptable term in Asian American communities. When compared with other immigrants coming to the United States, Asian Americans shared diverse subgroups among the overall Asian American community. According to Zane et al (2004),

> Chinese Americans are 2.7 million, Filipino American are 2.4 million, Asian Indians are 1.9 million, Vietnamese Americans are 1.5 million, Korean Americans at 1.2 million, Japanese Americans at 1.1 million. Smaller subgroups together represent 1.3 million additional Asian Americans. (as cited in Smith, 2004, p. 191)

First generation Asian Americans who arrived first in the United States experienced hardship especially for the men who came from southern China for the Gold Rush in California in the late 1800s. The mistreatments that they received by white ethnic majority to this day in the eyes of many Asian Americans is mark as one of the darker aspects of nineteenth-century American history. The Chinese men came to California seeking gold and cheap labor working in farms and sugar plantations. However, their mission ended when Americans started to attack them and other foreigners out of California. Bergman (2005) wrote in her poem "The Chinese Exclusion Act of 1882," "How to escape exclusion, keep one step ahead of the tiger's teeth snapping at your heel" (p. 19). It was a bad time for Chinese immigrants indeed. According to Heriot (2006),

> Most studies of race during this period of American history focus on slavery, the Civil War, Reconstruction, and the failure of the federal government to promote and protect the civil rights of recently emancipated African Americans. In Chinese American history, the growth of the anti-Chinese movement which included labour disputes, violence, local state and federal laws enacted against the Chinese, and finally, the passage of the Chinese Exclusion Act in 1882 which prohibited the immigration of Chinese labourers for a period of ten years. (p. 716)

As a result, in 1882, the Chinese Exclusion Act was used to ban further Chinese migration to the United States. Although U.S. immigration policies historically limited entry of Asians into the Unites States, today, Asians with the proper documentation or visa can enter the U.S. freely. To promote more family unification, the U.S. allowed children of U.S. soldiers during the Vietnam War and their Indochinese mothers to move to the U.S. The Gold Rush crisis in California, to this day remains in the minds of Asian Americans. Their struggles to find success in foreign land reminded the world about the blood diamond civil war crisis that took place in Sierra Leone, West Africa, country ten years ago. The presence of diamonds in Sierra Leone brought bad news and bad people with bad intentions. They came to destroy once a peaceful, sober and easygoing country. The Chinese men who left their country to find gold in California

had good reasons to migrate to the U.S. and they were peaceful; however, Sierra Leoneans could not say the same for the diamond seekers who moved into Sierra Leone.

A large number of Asian Americans seems to flock to the metropolitan areas. Take for example area around Los Angeles, San Francisco, and New York City. These areas have the largest number of Asian Americans living proudly in the world's most culturally diverse cities. According to the U.S. Census Bureau (2006),

> Asian American population estimated there are currently 15,000,000 million Asian Americans living in the United States. They account for 5 percent of the over all population. Asian Americans population increases to 63 percent when compared to 1990, which makes this diverse ethnic group the fastest major racial/ethnic group. (http://www.omhrc.gov)

Asian American literature and film production were not popular once upon a time in the United States. This changed when non-Asian authors such as Pearl Buck shed light on this rich culture and brave Japanese American men and women who were living in the U.S. concentration camps. Many wrote autobiographies about their own lives and the suffering they endured. In 1955, C.Y. Lee, became the first Chinese to publish a book in Asian culture called *The Flower Drum Songs*. Today, Chinese and Japanese literatures can be located anywhere in the U.S. Take for example Amy Tan the author of *The Joy Luck Club*. She is a second generation Chinese from California who graduated from San Jose City College. She received national awards and notable books awards. Reading her book and watching the film helped me learn new information about Asian Americans.

A small number of Koreans migrated to the United States in the early years of the twentieth century to work in Hawaiian sugar plantations just like the Chinese. Like many immigrants, they came to the U.S. searching for freedom and the hope for a better life. Koreans and Japanese people encountered similar restrictions living in the United States. During World War II, the United States government declared Japanese American a risk to national security. It was a bad time because Japanese Americans were forced to relocate into concentration camps and many lost their personal pride, belongings and assets. In addition, in 1924, the Oriental Exclusion Act also played a major role in preventing almost all-Korean migration to this country. Today the U.S. and Korea have good immigration policies.

Early Asian groups were voluntary immigrants, but after the Vietnam War, many Southeast Asians were refugees. The circumstances that refugees endured before they arrived in America are different from voluntary immigrants. While immigrants choose to depart from their countries, refugees are forced to abandon their countries and families. As a group, refugees are more likely to be stressed with mental health issues, homesickness, culture shock, and fewer resources than voluntary immigrants.

Chinese Americans Family Dynamics

Chinese American family dynamics such as child rearing practices are very different when compared to other cultures. First generation Chinese Americans stick to their traditional ways of raising their children. Some have resided in the U.S. for many years and refuse to assimilate into American mainstream culture. They hold on to their customs, values, and behaviors instead of interacting freely and become more Americans. Chinese Americans view childrearing, as a mother's responsibility and the responsibility of close relatives. According to

Chan (2004), children are treasured, protected within a very loving, and predictable social environment involving both immediate and extended members (p.1-2).

Living in the U.S. provides Americans the chance to study with Asian American students, learn about how much they care about their education, respect for their elders, and authority figures. Like in many West African cultures, Chinese children often do not talk back to their parents rudely or look their elders in the eyes when communicating as a sign of respect and loyalty. Many stated that their parents pressure them to accomplish educational goals they could not accomplish in China. Some who are successful want their children to follow their footsteps and some are highly educated though language and cultural barriers have prevented them the chances to work in the fields in which they were trained. According to Louie (2004), interviewed with one second-generation Chinese American college student,

> My mom and dad kind of want me and my brother to become doctors to carry on the family business. My brother and I would say that the only professions in my mother's eyes that were worthy were either a doctor or a lawyer…Growing up, parents keep on saying, what are you going to do, doctor or lawyer? And when I was in high school, it was pharmacy school in particular. Parents push for something more practical, or applicable. (as cited in Kasinitz et al., p. 79)

First Generation Asian Americans

First generation Asian Americans who arrived in the U.S. in the 1960s were highly educated with little experience living in large urban areas. They carried their core family values with them when they moved to the U.S. such as work ethic, and higher academic achievement are highly honored in Asian Americans culture. Poor academic achievement is considered as bringing shame, embarrassment, and dishonor to the family. As a result, parents urge their children to work hard, they look over their shoulders, and they check on their academic progress. The parents feel highly obligated and responsible for their children's behaviors. Chinese, Koreans, Japanese Americans value family lineage with strong beliefs that the behavior of one person reflects upon and impacts both previous and future generations of the family. Chinese parents emphasize family support, authoritative parenting, conformity, and unique personal qualities. Nowadays, Asian Americans especially Chinese, Koreans, Indians and Japanese have highlighted themselves in the U.S. as the model minority in American society. Chan (2004) explains that the majority of Asian values focuses on family, harmony, education, and selected qualities as the basic rule for living. The family, for example, is the basic unit of society. (p. 1)

Asian American adolescents and young adults living in the U.S. are often facing cultural challenges growing up such as establishing their own identity, careers, and choosing a partner. Some do not speak their parents' native language or hang out in Asian American communities in order to assimilate in American culture. The fear of Asian youth losing their ethnic culture, language and having a good career is a serious concern among Asian American parents. A career in medicine or engineering is favored for most parents.

Generational differences and regional differences both contribute to the increase of out-marrying among young Asian Americans. Young adults' attitudes toward marriage and relationships also illustrate cultural differences towards their parents. Asian Americans with more traditional values believe in family pride, hard work, and family unity. They see marriage as a union between families instead of an individual decision that is based on love. Parents want their children to marry other Asians. For that reason, interracial marriages are not encouraged. An Indian friend from Bangladesh told the author of this paper that, more children of Indian-

American heritage are born to interracial couples than same-race couples. In addition, higher cross-cultural marriages for Japanese or Indian American women may be the result of preference for a more honest marriage over the traditional Japanese or Indian patriarchal family, and the importance of family continuity pressuring Japanese men to marry within their race and ethnic group. Young Asians with American values may have to overcome these challenges to find their individuality and identity.

Asian Family Structures and Gender Roles

The vertical family structure of patriarchal lineage and hierarchal relationships view the father as the head of the family and the men have power over women and children; this tradition continues to dominate Asian culture. Far East Asian societies such as those found in China, Korea and Japan often nurture men and women to hold different responsibilities and to abide by rules of conduct that stress social stability over individual rights. Household responsibility moves from father to son, elder brother to younger brother, and husband to wife. Women are expected to be passive and nurture the well-being of the family. Older men often lose their traditional social roles as elders who solved problems, adjudicated quarrels, and made important decisions due to language barriers and understanding of Western culture. Proper behavior for each sex is honor and respect. Boys are favorable over the girls because boys especially the oldest son may have the privilege to carry on their family name and perform family rituals.

When the author of this paper asked a Korean female friend about Asian family structures and gender roles, she stated that Asian-American families historically included split-household families, transnational families, extended families, nuclear families, and multiple nuclear families household are governed by men. In addition, when the author of this paper asked her about the legacy of male favoritism in Asian culture last week, she stated that,

> My older brother went to a private university in Boston and my father was so happy and proud of him. I had to go to a cheap community college in Brooklyn even though I had better grades than him. My father told me he did not have the money for both of us to go to a private school and I asked him why… Ok but you have the money for David not me right? I was so upset. In my family, this type of thing happens all the time so after few months I just get over it… When my younger sister got married last year to a Korean man, the husband's family wanted her to put aside her career that she worked so hard for to share the husband's family responsibility… include looking after the elderly in-laws especially when her husband was not around. She put up with it for few months with stress and anger after they married and then on her birthday, she ran away to another guy who was born in America. She hated it and advised me to be careful choosing a man.

As a group, Korean immigrants are highly educated though language and cultural barriers have stopped many to work in the fields in which they were specialized. Today, Koreans have their own small businesses such as fruits markets, grocery and beauty supply stores, dry-cleaning businesses, and liquor stores around neighborhood such as Flatbush, Canersie Brooklyn, and Flushing, a neighborhood in Queens. Some work long hours and take no vacations to sacrifice for a better future. As a result, today many Koreans own successful enterprises in New York and California.

38

Asians Americans Religions

Asian immigrants arrived in the United States with many religions, including Buddhism, Confucianism, Hinduism, Islam, and Christianity. Religion gave them a sense of hope and strength to overcome tough times. Going to church or mosques assisted them to feel comfortable communicating in their different languages, reunite with lost families and build meaningful friendships. The ethnic churches or mosques are a place Asians find emotional supports, rediscover their own culture, languages, ethnic identity, and meeting new people. Asians are already faithful Christians and Buddhists before they come to the U. S. and they see their lives as somewhat religious.

Social Workers Working with Asian Clients.

One of the joy of the social work profession among social workers is the chance to work with clients from different cultures. As a result, a social worker working with Asian American clients most be culturally competent, have good assessment and intervention skills to meet the client where he or she is at; he or she must have good knowledge about Asian people's way of life, and have the ability to incorporate social work values and ethics, and the impact of migration and immigration. An Asian American client with mental illness or HIV may seek traditional medicine instead of modern psychiatrists or HIV treatments. As a result working with such clients can be very challenging. Sometime not understanding what the client is saying may interpret as been disrespectful. In Japanese culture, a right hand shake is not encouraged while in other cultures it is accepted.

Moreover, the worker must acknowledge the under lying language barriers issues and traditional Asian rituals. Most of the elderly people have language barrier, English may be their second or third language. Therefore, they not only have unfamiliarity in dealing with the U.S. social and mental health services, and financial difficulties, they also cannot speak good English. Asking the client's family member to assist as an interpreter or translator can help the client greatly. Some mental health agencies have a staff with bilingual background to assist Asian clients with language barriers. Their cultural knowledge about America and view of social workers' roles are not the same as someone born and raised in Little Tokyo or Chinatown in New York City or California.

Many Asian American clients especially Chinese have mixed strategies for seeking social work services, such as receiving counseling from black market Chinese ancestor medicine after obtaining diagnosis from an American psychiatrist. Some stop case management services immediately after obtaining diagnosis and seek further help from other sources or black markets. A social worker providing services with this population should be able to see things from Asian Americans' perspectives, empathy with their shortcoming, encourage them with hope, and provide comfort within the therapeutic relationship to help them meet their needs of services. In addition, the worker do not have to be bi-culture to effectively serve Asian communities, however he or she must have what it takes to serve Asian families across language and cultural barriers.

Diversity in America nowadays is like a kingdom of heaven, it is wonderful and very important in American society. However, in the past American history have it painful memories especially for Asian Americans coming to the United States. Older Asian American generation may hold on to their old ways and travel from distance land, however, when a social worker value their tradition and cultural ways, they can find strength within themselves to trust the social

worker so that he or she can assist them overcome their challenges and reach their treatment goals.

References

Asian-American Families Family Structures and Gender Roles. (2010). In *Marriage and Family Encyclopedia*. Retrieved from http://family.jrank.org/pages/103/Asian-American-Families-Family-Structures-Gender-Roles.html

Barker, R. L. (2003). *The social work dictionary*, (5th edition). Baltimore, MD: NASW Press.

Bergman, Denise. (2005). The Chinese Exclusion Act of 1882. Monthly Review 57, 7, 19. Retrieved March 31, 2011, from ProQuest database.

Devore, W., & Schlesinger, E. G. (1996). Ethnic –Sensitive: Social work practice, (5th edition). Boston: Allyn and Bacon.

Kasinitz, P., Mollenkopf, J. H., & Water, M. C. (2004). Becoming New Yorkers: Ethnographies of the new second generation. Russell Sage Foundation, New York, New York.

Smith, T. B. (2004). Practicing multiculturalism: Affirming diversity in counseling and psychology. Boston: Allyn and Bacon.

Wong, K. S. (2007). Chinese immigrants, African Americans, and racial anxiety in the United States. *Pacific Affairs*, *79*(4), 716.

U.S. Bureau of the Census. (2006). Retrieved from http://www.omhrc.gov.

Edward Sesay is a doctoral student at the Wurzweiler School of Social Work, Yeshiva University in New York City. He has been working for The Bridge Inc, as a residential case manager at The Bridge Apartment Treatment Program, a psychiatric rehabilitation center in Washington Heights since 2007. He is a member of the National Association of Social Workers (NASW), an active member of the Social Action Committee at the Wurzweiler School of Social Work, and a member of the Golden Key International Honour Society.

In Search of My 'Real' Self, My Ontological 'I', and 'The Eastern Researcher' Through Journeying with Berger and Luckmann's "The Social Construction of Reality: A Treatise in the Sociology of Knowledge"

Bharti Sethi
Wilfrid Laurier University
Kitchener, Ontario, Canada

Abstract

This article is a conscious reflection of my 'Eastern' and 'Western' selves engaged in research with new immigrants in Brantford and Brant-Haldimand-Norfolk counties, a mid-sized rural/urban town in Ontario that is now experiencing unprecedented immigration. I use Berger and Luckmann's work in "The Social Construction of Reality: A Treatise in the Sociology of Knowledge" to clarify my own personal and academic values. Specifically, their critical analysis of the concepts such as 'Identity', 'Socialization', 'Roles', and 'Knowledge' raises questions for me about the validity and legitimization of my knowledge claims and praxis. The authors work challenges me to probe deeper into the process of newcomer integration. In the process of this enquiry I am able to dismantle my ideology(s), both as an immigrant and as a researcher and witness the dialectic dance of identity construction between 'self' and 'society'. I witness my 'self' and the 'other' not as binary selves but as twin selves. In other words, the 'other' though a separate entity is also a reflection of myself. In solitude I embrace the jewels in the womb of both my Western formed 'I' and Eastern formed 'I'.

With my ears attuned to the text, I listened keenly to Berger and Luckmann's 'The Social Construction of Reality' (1966). At first their voices hesitantly knocked on my castle of knowledge that I had constructed with an active participation of both my Eastern formed 'I' (my first 19 years in India) and my Western formed 'I' (the last 16-years in Canada). As I continued to listen intently, Berger and Luckmann's voices collided with my past enticing a bloody war between my Eastern formed 'I' and my Western formed 'I'. My castle of knowledge collapsed to the ground. This paradoxical conflict between these two 'I''s is by no means new. In the past 16 years, I have repeatedly struggled to locate my multiple selves -- a visible minority woman, an immigrant, a survivor, a researcher -- in contemporary Canadian society. These multiple identities allow me multiple reflections from multiple points of view. "Through multiple reflections from multiple points of view I am armed with alternate discourses to define myself. But each point of view is impure" (Ronai, 1995, p. 418, 419). My effort through this article is to share with other students how my journey with Berger & Luckmann (1966), in my epistemology course, offered me an opportunity to undertake a conscious reflection of my multiple identities.

From the onset Berger and Luckmann (1966) challenged me to delve deeply into the epistemological and ontological status of several concepts that I had previously habituated into my vocabulary. As a student specializing in the 'community and policy' stream of social work, rather than 'clinical work', I engaged in brief discourses about reflexivity primarily within the domain of 'insider/outsider role', 'self/other' or during discussions on 'ethical issues'. However,

it is only after diving deeply into this text that I witnessed *the movement* of concepts such as 'Identity', 'Socialization', 'Roles', and 'Knowledge' by means of my research with the immigrant population. These words were no longer static, frozen in my memory as an intellectual concept. I understood with full bodily force -- not just theoretically -- how my perspective on these concepts shaped my work as a scholar and as a researcher. Such reflexivity helped me to clarify my own values and to reflect on the validity and legitimization of my knowledge claims and praxis.

As I stood on the ruins of my fallen castle, it became clear to me that my location in Canadian society varies depending upon the extent to which my Eastern formed 'I' and/or my Western formed 'I' can participate in the social stock of knowledge. In Berger and Luckmann's (1966) words, "Participation in the social stock of knowledge thus permits the 'location' of individuals in society and the 'handling' of them in the appropriate manner" (p. 42). Elaborating on this dialectical process, the authors imply that an individual's social location will dictate how they are "handled". This epistemological insight into the dialectic between an individual's 'social stock of knowledge' and his 'social location' is very pertinent to my research with immigrants. In my Master of Social Work (MSW) thesis, *Exploring Newcomer Settlement and Integration in Brantford and Brant-Haldimand-Norfolk counties*: *Community-based Participatory Research (CBPR),* for example, I explored the gaps in services for newcomers to Brantford, and Brant-Haldimand-Norfolk counties. This is a mid-sized rural/urban town in Ontario that is now experiencing unprecedented immigration. I found that depending upon the immigration *status o*f the individual --refugee, landed immigrant, and so on-- his /her accessibility to government funded services varied. This finding confirmed my personal experiences. Over the fourteen years since I first arrived in Canada and finally attained my citizenship in August 2008, my immigration status went through multiple transformations - foreign student, foreign worker, non-status, landed immigrant, and Canadian citizen. These stages involved several policy areas and, depending upon my immigration status, my accessibility to government funded services varied. Each stage of settlement, dependent upon the level of personal and government support that was available to me, impacted my personal and professional integration in the host society. Based on this *professional knowledg*e and my *experiential* knowledge as a newcomer I was well aware that the *successful integration* of immigrants was contingent upon the individual's ability to access social programs and funding dollars. Nevertheless, I consider myself guilty of placing the burden of integration largely upon immigrants' shoulders; that is, in their abilities, educational and adaptation skills. Alas! Lost in my academic ambitions, I did not fully grasp a clear understanding of a complex issue of immigration integration. I will explore this issue further later in the text.

Berger and Luckmann's (1966) analysis of the relationship between 'role' and 'knowledge', 'institutions and knowledge', and the dialectic between 'objectively assigned' and 'subjectively appropriated' identity provided me with new insight into my role as a researcher researching *with* new immigrants. This insight was integral to my ontological transformation. Let me explain. These authors argue that an analysis of roles is critical in understanding the sociology of knowledge (or social construction of knowledge). Roles mediate the relationship between individual and society. Canada's knowledge-based immigration policy, for example, desires immigrants with specialized knowledge/skills that are conducive to the long-term economic growth of Canada (Finance Canada, 2006). One could argue that an immigrant's *role* will largely determine the quality of their socialization experience in a host society. For example, for a person who gains entry into Canada based on his/her professional skills that are in

demand in a particular host community, it would be easy for him/her to access society's specialized stock of knowledge. Such an individual is very likely to encounter positive socialization experiences. One such example would be of a physician who is offered a position in a hospital in Canada due to a shortage of doctors in that province. This individual may find it easier to adapt to the host community in comparison to another migrant who does not possess *Canadian employable skills.* This doctor is welcomed by the host community based on his/her skills, is most likely to be financially secure and develop friendships within the medical community. On the other hand, the 'unemployed' individual may be forced to collect social assistance. He/she could be in danger of typifications such as a *lazy immigrant* or an *immigrant draining the Canadian economy.*   This individual will most likely encounter negative socialization experiences even if he/she is highly skilled and makes every effort to find a job in his/her field of expertise.

Socialization signifies a high degree of symmetry or asymmetry between subjective and objective reality (and identity) (Berger & Luckmann, 1966). Since identity -- a key element of subjective reality -- is formed by a bidirectional social process between self and society, the understanding of the role of knowledge in the dialectic between identity and social structure is very important for analyzing immigrant integration. Let us imagine the abovementioned unemployed worker as a 'black' male. If the host society is not welcoming to 'black immigrants' this individual is in danger of being further marginalized due to his identity *type*. So, how does *this* new reality or identity – unemployed and black -- manifest in his consciousness? It is very likely to create an asymmetry between his subjective and objective reality. More importantly, what if the unemployed migrant's *role* carried an appendage of knowledge that was in demand and respected in his native country? How does he hold on to who he knows he 'truly' is in a new institution where he is routinely 'deskilled', 'devalued' and 'marginalized'? How does he find peace in working at survival jobs even though he knows that he is capable of much more? It is my contention that depending upon the individual's ability to subjectively detach from this 'reality' and not internalize this reality as 'his reality' it will influence the process of his identity formation. After all, "...identity is objectively defined as a location in a certain world...to be given an identity is to be assigned a specific place in the world" (Berger & Luckmann, 1966, p. 132).

Getting back to my earlier point on newcomer integration, undeniably, the access to community and social problems will impact newcomers' abilities to integrate within their host communities. However, newcomer integration is much more than one's ability to access community services or availability of culturally competent services. Referring to Butler, Watson (2002) argues: "Discourse serves as a means of social control and symbolically inscribes with meaning and significance and through this identity is maintained and sustained. There is no escape of linguistic construction" (p.510). In the knowledge-based economy, an 'unemployed' immigrant, even though highly skilled, is undesirable. His 'unemployed status' interlocked with 'immigrant status' makes him vulnerable to being branded as a 'lazy immigrant', or a 'stupid immigrant'. In this instance, it is very likely that the 'racial difference' becomes a marker of 'inferiority' and 'laziness' (Ahmed, 2002; Watson, 2002). Bannerji (1996) eloquently writes: "Expressions such as 'ethnics' and 'immigrants' and 'new Canadians' are no less problematic. They also encode the 'us' and 'them' with regard to political and social claims signifying uprootedness and the pressure of assimilation" (p.112). This process of clarification and ontological transformation provoked me to dig deeper and to try and dismantle my ideology(s), both as an immigrant and as a researcher. Berger and Luckmann (1966) illuminated the dark and

dangerous spaces of institutionalization. I am now able to see institutionalization not just as a lifeless organism but as an entity filled with human elements and boundless energy. It was with great discomfort that I acknowledged that over the last few years in particular -- as a researcher -- I was guilty of 'handling' newcomers within the Western paradigm of 'objectivity'. My experience in research has primarily been in community organizations that are grounded in Eurocentric principles. I am trained in academics in a western educational institute. At some point of my career I allowed my research activities to succumb to habituation and I became an 'institutionalized researcher'. A large part of my *self* had become identified with this institutionalized world even though I often found it oppressive. Mohanty, Russo & Torres (1991) point out that this institutionalization does not happen in isolation. I concur with these authors that as a woman of color in Canada, my epistemological lens is shaped by my social and political fabric, my colleagues, friends, professors, literature, films, and songs, among other things. Needless to say, the more I internalized the reified role of a 'researcher in a Western institute', the more I reduced the distance between my 'real self' and 'the role that I was playing'. I failed, for example, to question the taken-for-granted assumptions about immigrants who are unemployed. I did not ask, "How was the term *newcomer* constructed and, more importantly, what does this socially assigned typification mean?" What does newcomer integration *really* imply? And *who* benefits from it? This understanding further deepened my impression of activist work. I saw CBPR as a personal and professional commitment to challenge worldviews that propagate oppression and become an agent of positive change.

In solitude, I embraced the spirit of skilled newcomers who are de-skilled in Canada. Even though in the past I had refrained from weeping over the debris of their dreams, the stories of the men and women I encountered in my research had infringed upon my peace of mind. Perhaps it was because their stories mirrored my past undesirable typifications such as 'non-status immigrant', 'foreign worker', and 'maid', that I distanced myself from those stories. Indeed! I did not want to be reminded of my past just when my dream of attaining a PhD was beginning to develop deep roots in Canadian soil. After all, my *role* of a researcher gave me "an entrance into a specific sector of society's total stock of knowledge" (Berger & Luckmann, 1966, p. 77). I had become proficient at playing my 'role' and enjoying its privileges. That was the primary reason that I had never risked reflecting upon their lived realities. I wanted to run away from all the feelings that connected me to the participants. I was feeling guilty for succeeding. In the core of my being I was tired of fighting. I was feeling powerless. I found it safer to live in the paradigm of objectivity, statistical analysis, and sophisticated graphical representations of participants' realities rather than travel deeper and engage in the mind-body-emotion-spirit pedagogy that is integral to critical social work practice (Wong, 2004). I had forgotten who I was and where I came from. It took the *Other* to awaken my spirit. Finally I wept for my *self*, a newcomer who faced multiple oppressions in Canada and for the *other* – immigrants who face multiple oppressions every day. I saw my 'self' and the 'other' not as *binary* selves but as *twin* selves. In other words, the 'other' though a separate entity is also a reflection of my *self*.

Through deconstructing my multiple selves I found a glimpse of my *real self* in each of these *selves*; and acknowledged the jewels in the womb of both my Western formed 'I' and Eastern formed 'I'. In the process of this enquiry I glimpsed the deeper layers of newcomer integration and witnessed the dialectic dance of identity construction between 'self' and 'society'. This 'new' knowledge calls me to question the socially-constructed immigration documents that have historically dictated what is considered 'valuable knowledge. It places a responsibility upon me as a social worker and a researcher to challenge the immigration

discourse that reify race and legitimize its use to control immigrants. It is in dismantling my castle of knowledge that I found some clarification in the age old epistemological question, "How do I know what I know?" Discovery of self, after all is a journey and not a destination. Moving forward, I will anchor my castle in the wisdom of Mahatma Gandhi, "I want the cultures of all land to be blown about my house   but I refuse to be blown off my feet by any" (Prabhu & Rao, 1960).

References

Ahmed, S. (2000). Embodying strangers. In S. Ahmed *Strange encounters: Embodied others in post-coloniality* (pp.38-54). London: Routledge.

Bannerji, H. (1996). On the dark side of the nation: Politics of multiculturalism and the state of "Canada". *Journal of Canadian Studies*, *31*(3), 103-128.

Berger, P., & Luckmann, T. (1966). *The social construction of reality*. New York: Anchor Books.

Finance Canada. (2006). *Advantage Canada: Building a strong economy for Canadians*. Ottawa, ON: Finance Canada (Document F2-105/2006-3E).

Mohanty, C., Russo, A., & Torres, L. (1991). *Third World women and the politics of feminism.* Bloomington: Indiana University Press.

Prabhu, R.K., & Rao, U.R. (1960). *The mind of Mahatma Gandhi: Encyclopedia of Gandhi's thoughts*. Retrieved from www.mkgandhi.org/momgandhi/chap90.htm

Ronai, C. (1995). Multiple reflections of child sex abuse: An argument for a layered account, *Journal of Contemporary Ethnography*, *23*, 395-426. doi:10.1177/089124195023004001

Watson, N. (2002). Well, I know this is going to sound very strange to you, but I don't see myself as a disabled person: Identity and disability. *Disability and Society*, *17*(5), 509-527. doi**:** 10.1080/09687590220148496

Wong, Y. L. R. (2004). Knowing through discomfort: A mindfulness-based critical social work pedagogy. *Critical Social Work*, *5*(1).

Bharati Sethi is a PhD student at Faculty of Social Work, Wilfrid Laurier University. Currently, she is a recipient of the Vanier Canada Graduate Scholarship. She was also awarded the 2011 Graduate Honour Award, Inaugural Hilary Weston Scholarship (MSW), and the 2008 Annual student Membership Award of the Ontario Association of Social Workers (OASW). Her passion is researching issues that impact the lives of immigrants and their families in Canada.

Bharati Sethi, PhD student; Faculty of Social Work, Wilfrid Laurier University; Kitchener, ON, N2H 3W8; Contact Address: 113 Mary Street, Brantford, ON N3S 3B8; Tel: 519-758-5473 Email: bharatisethi@yahoo.ca

Guidelines for Submissions

In order to be considered for publication in *Perspectives on Social Work*, all submissions must meet the following criteria:

- The author must be a currently enrolled doctoral social work student.
- Only original work will be considered. Editors will consider work that has been published elsewhere or is currently under consideration on a case by case basis as long as it is the student's original work and has not been copyrighted elsewhere.
- Only electronic submissions are accepted. Submissions should be e-mailed as a Microsoft Word attachment to the following e-mail address: journal@sw.uh.edu
- Submissions for the featured articles should be 6 – 10 pages in length with not less than one-inch margins and 12-point font. Submissions for book reviews may be 3-5 pages. Submissions must be double-spaced. The recommended page limits exclude references and tables.
- If you plan to submit an empirical study with human subjects ensure there has been an IRB review and notate the approval in your paper.
- Submissions must meet APA guidelines (6th Edition) for text, tables, and references.

Feedback Guidelines

The editorial staff encourages thoughtful responses from readers focusing on scholarly debate and dialogue. Please send feedback to Journal@sw.uh.edu