

FOLLOW-UP STUDY OF ONCE-OFF INTERVIEWS WITH SOCIAL WORK CLIENTS

by

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I, **SHAHEDA BIBI OMAR** declare that the Dissertation *FOLLOW-UP STUDY OF ONCE-OFF INTERVIEWS WITH SOCIAL WORK CLIENTS* is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

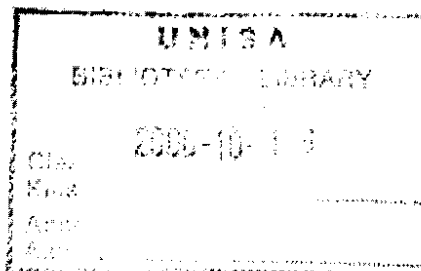
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ABSTRACT

A dearth in research exacerbates the lack of knowledge and information in respect of the needs and life view of the aged. Two studies were conducted in this population group with specific reference to the 'once-off interview'. Information was gathered using interview schedules focusing on therapeutic skills of social workers working within the system which cares for the aged. Results of a pilot study and an expanded study were compared in order to establish the inter-relationship between the needs of the elderly, their elemental experiences in line with Bloom's theory (1984), and the role of the social worker. Findings revealed that the majority of "discontinuances" after the first interview were because the needs of the elderly clients had in fact been met. The need for day care services, transport and the expansion of the 'home help' facility was highlighted to enable the elderly to retain their independence in the community

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KEY TERMS

Continuance
Discontinuance
Once-off
Client
Interview
Follow-up
First interview
Aged
Brief-therapy
Short term
Initial interview
Once-off

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CHAPTER ONE

INTRODUCTION, ORIENTATION AND OUTLINE OF STUDY

1.1 INTRODUCTION

There is currently a good deal of interest in the use of brief casework treatment from both a pragmatic and a theoretical point of view. On the pragmatic side, social workers are expected to be more innovative about ways and means of serving larger numbers of people more quickly and more effectively. On the theoretical side, they are pressed to re-examine basic assumptions, conceptual models, and operating principles which have guided traditional practice to ensure that conceptual tools are more responsive to changing social needs and commitments.

Systematic attention has increasingly been paid to the fate of many cases after intake or the so-called 'once-off interview'. It is common in most welfare agencies, that a large proportion of clients discontinue treatment during the intake process or after having had just one interview. Social workers often become concerned with these 'drop-outs' or 'discontinuers', as they are called, and often feel that they themselves have not been effective. What might in fact be true is that clients did get something that was valuable to them even after only one session.

This study aims to look at the effects of the 'once-off interview' by getting feedback from the clients as regards the following: Their reason(s) for not continuing treatment; whether or not the 'once-off interview' helped; if it did help, how it helped. If they followed through on the intervention, how they followed it through.

This study will be conducted by the researcher at JAFTA, the Johannesburg Association for the Aged. This is a private welfare organisation, which renders services in and around Johannesburg to people of all races over the age of sixty.

During discussions between the researcher and JAFTA, the organisation indicated a need to conduct a study on the 'once-off interview'. The organisation became interested in examining both the process and the outcome of the first assessment and counselling session because of increasing concern about the number of clients who fail to return for a second interview or follow-up interview. JAFTA indicated that it had a high case load and did not have the time required to conduct such a study itself. One of the main concerns of the agency was to ascertain if there is a problem with once-off interviews and if there is, to better meet the needs of the clients (the aged in this study) during that first interview. In addition, if clients' needs have been met, to establish how they have been met, so that other social workers could be given feedback and use it in their service delivery.

According to Huttman (1977), the elderly, like all other human beings, have basic common needs such as food, shelter, healthcare and opportunities for full growth and interaction with others. Furthermore, that because of the psychological, physiological and economic limitations among aged people, the elderly find some of these needs intensified, and above all unmet (Huttman, 1977). It is therefore the aim of this study to ascertain these unmet needs and make recommendations to address them, if possible.

1.2 ORIENTATION

1.2.1 Definition

- (i) **Continuance** is when a client continues to see the social worker beyond the initial interview. "In some studies, continuance has meant staying merely beyond the first interview; in others, it has meant staying more than four or more than five interviews" (Levinger, 1960:163).

- (ii) **Discontinuance** is when a client does not return to the agency after the first interview and the case becomes a 'once-off interview'.

One of the most pressing realities about clients in casework, psychotherapy and counselling is that they tend not to remain in treatment very long. Most studies show similar results: 20% to 60% of clients drop out of treatment after the first interview and up to 80% drop out before six interviews (Fischer, 1978).

Fischer (1978) postulated that, by and large, these dropouts occurred because the clients were not able to find the kind of help they needed or wanted.

The choice of research thus has its origin in the researcher's growing awareness that there may be a connection between what goes on in the first interview and the failure of the client to return to the agency.

Ripple (1957:87) has pointed out that "...continuance is not synonymous with 'use' of casework service - however, continuance is the necessary antecedent to use of service."

The study of client continuance and discontinuance does not merely reflect the dropout rate, but can also indicate the success in establishing the client-worker relationship. By continuing, the client could also experience the contact as helpful, and perceive the role of the social worker positively. By discontinuing, the client may perceive the contact as not helpful and could have perceived the role of the social worker as unhelpful; alternatively, the problem could have been solved after only one session (Ripple, 1957).

There appears to be little emphasis in practice on ascertaining the expectation and perception by the client of the helping role of the professional in the initial interview. It is therefore the aim of this dissertation to focus on those individuals

on the receiving end of social work and to evaluate how their needs have been met, or not met as the case may be.

1.2.2 Objectives

The research aims to fulfil two objectives:

- (i) To evaluate the performance of the social worker with regard to the quality of service (warmth, empathy and genuineness) which the elderly (clients) receive during the first interview and their reasons for discontinuance. Through the use of an interview schedule based on five elemental human experiences, as described by Bloom (1984), the researcher aims to demonstrate the utility thereof in individual client assessment, whilst providing information on the life view and social functioning of the aged, from a configurable-communication perspective.
- (ii) To confirm the need for individual client assessment in order to provide effective services to this target group. The knowledge obtained could be used in the subsequent development of programmes which can be implemented to meet the needs of the elderly in order to enhance their quality of life. The study will not provide such programmes, but will provide relevant recommendations.

1.2.3 Aims

The aim of this study is to explore and evaluate only the 'once-off interview', as it pertains to the elderly, and to evaluate the performance of the social worker with regard to

- (i) assessing the quality of service provided by the social worker during the first interview only, and
- (ii) Establishing reasons why a client does not return after the first interview.

1.2.4 Assumptions

The following assumptions were made:

- (i) The client's perceptions and expectations towards the social worker would influence their continuance.
- (ii) The elderly will require a great deal of support, whether it be social or professional.
- (iii) There is a lack of resources, or insufficient resources, to meet the needs of the elderly.

1.2.5 Research design and research instrument

The research design selected for this research is known as exploratory research. This type of design facilitates the discovery of potentially significant factors that may be assessed in greater detail and depth at a later stage, and with a more sophisticated type of research design. The design is suitable for this study, as there have been no recent studies conducted in this field, and little is known about the 'once-off interview'.

In view of this, the researcher will conduct two studies. A pilot project, which is more general and with a view to finding patterns of service, and a second study to establish precisely what is it that the respondents received during the once-off interview (based on the results of the pilot project).

For the purpose of this research, interview schedules will be administered to both samples.

1.2.6 Duration of the study

The researcher began researching JAFTA'S elderly clients from the beginning of February 1997 to the end of April 1997 (pilot project). The research data reflected

the situation as experienced by the elderly during this period. The second study was then conducted between November 1998 and April 1999, which reflected the needs of the elderly during that period.

1.3 OUTLINE OF THE STUDY

Chapter Two goes on to discuss all relevant literature pertaining to 'once-off interviews', and highlights the circumstances with which the client (the elderly) is faced. As this cannot be discussed in isolation, characteristics and expectations of both social worker and the client are also included.

Chapter Three describes the community to be researched as well as the procedures to be used in obtaining the data.

Chapter Four discusses the pilot study and its findings.

Chapter Five gives the research findings of the second study, while Chapter Six draws conclusions, highlights the strengths and shortcomings of the study, and makes recommendations for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 THE CLIENT

'Client' is now the preferred word in the caring professions. The reason is that it is closely allied to the word 'customer'. As a customer of a shop one has the right to

- (i) choose what one buys
- (ii) refuse to buy
- (iii) expect courteous, knowledgeable and prompt service
- (iv) complain
- (v) go elsewhere if one is not satisfied.

"All this should be equally true of people who are receiving care - hence the word client" (Rogers, 1990:18).

2.1.1 Asking the client

Asking the client whether he has been helped or not, or whether he is satisfied or dissatisfied with the services rendered by the social worker, is not as strange as it may appear. Today, cries for more client involvement are on the increase in order to elicit the client's perspective on social work. Thus, the client has the right to choose whether he wants the services, and hence has the right to decline further intervention if this is what he wants.

The usual case record in family and children's work consists of a narrative or summary description of the worker's activities and the activities of the members of the family. It is a record of the casework process, and accounting of activity. In only a few instances have the independent perceptions of clients themselves been

incorporated in the evaluation data. While it could be argued that client perceptions of services, which tend to be expressed in terms of satisfaction or dissatisfaction, or helpfulness and unhelpfulness, are not real criteria of effectiveness, such data nevertheless constitute an element of programme evaluation and are essential to the concept of accountability (Hoschino, 1973).

Although intake was researched in the Fifties and Sixties by Ripple (1957) and Levinger (1960), it would appear that social workers to have not benefited by it. Social workers are still faced with clients dropping out after the intake interview and without knowing the reasons behind it. Follow-up data on client situations subsequent to the termination of service is rarely collected systematically. The lack of interest in how clients fare is of increasing concern, as it would presumably be that kind of information which would be of value to agencies in evaluating their services. In an attempt to implement a directive from the Department of Welfare, the general idea four decades ago was that social workers should be trained in the principles of social work so that they would be able to work in a variety of settings and learn the specifics of the job. The latter did not materialise and the training institutions simply could not teach and prepare for every setting.

Although theoretical and ideological changes in the practice of social work to some extent account for the client playing a more active role in his relationship with the social worker and the social services, structural changes have also been influential. The advent of generic social work and the expectation that a social worker should take a mixed case load and be a 'jack of all trades', created a sense of unease and concern. For many social workers, their feelings of competence and effectiveness have been bound up with how knowledgeable and experienced they have been in a given field. Lack of specialisation is sometimes accompanied by feelings of inadequacy, even impotence.

"Often the 'expertise' of the social worker is called into question. But the increase in the number of social workers who believe that what the client has to say is

important has to be qualified by current moves towards professionalism in social work" (Wallace, 1981).

The evaluation research of the Sixties and early Seventies largely followed the group comparison experimental model borrowed from the natural sciences (Fischer, 1976). The aim of such research was to establish the effectiveness or ineffectiveness of social work by the use of control and experimental client groups, and dependent and independent variables by which the success or failure of social service interventions could be measured. With depressing regularity the results of these studies suggested that social interventions rarely led to 'success' in the form of client improvement (Fischer, 1976).

"Not only has professional casework failed to demonstrate it is effective, but lack of effectiveness appears to be the rule rather than the exception across several categories of client problems, situations and types of casework. In a proportion of psychotherapy studies, as many clients receiving professional services deteriorate as improve. The studies in this review show a parallel phenomenon" (Fischer, 1976:138).

Fischer remained convinced that these studies provided overwhelming 'proof' that social work was ineffective. Others, however, such as Wood (1978), began to explore new methods of evaluation. Wood believed that the old question, "Is social work effective?" was too general and implied many complex issues. The kinds of question that arose were: "What kinds of service are found effective amongst which clients in what circumstances?" Another criticism of the early evaluation research was that it was mostly experimental and rarely did it take into account how the client judged the effectiveness of social work. Wood commented as follows on the evaluation studies of interventions with delinquents:

None of the studies began with the adolescents' own perceptions of what their problems were and what help they needed. Rather, the researchers and practitioners involved in these studies appeared to start with their own theoretical and ideological orientations which they applied to their clients

like a magic formula, they did not explore and assess the problems being experienced by individual clients: instead, the professionals assumed that they know what ailed their young clients and what was good for them (Wood, 1978:437-456).

A resurgence of interest in qualitative research emerged as a result of criticisms of the experimental methods (Mayer & Timms, 1969). Qualitative research involves the investigation of the conditions under which social work interventions are or are not effective, and the close exploration and inspection of the meaning of social work to those who participate in it. By attempting to understand the client's perspective to a given situation, these researchers hoped to be sensitised to 'new' considerations: the influence of client expectations and the interaction between client and social worker (Mayer & Timms, 1969).

One does not assume, of course, that clients will always be able to supply the researcher with useful or enlightening information. In some instances, clients may be partially unaware of their 'real' feelings or their reasons for feeling as they do. Moreover, even if aware, they may be reluctant to reveal them. Finally, certain clients, for example severely disturbed ones, are unlikely to be good informants under any conditions (Mayer & Timms, 1969).

Despite limitations, the self-reports of clients should prove valuable. Whatever else might be said, clients are apt to know a good deal more about their thoughts, beliefs, experiences and reactions to treatment than do those who are trying to help them (Mayer & Timms, 1969).

The study of client opinion has become attractive and desirable (Mayer & Timms, 1969). It is they who directly experience the helping process and live daily with the results of that help. Only they can really say whether they are or are not better able to cope with their particular problem. Clients can also report what went wrong, if anything, and why they terminated. They can likewise report what more

is needed and what they did not receive or what they would like to receive. With the help of the social worker, they can tell their story (which in itself might be helpful in creating a new reality) (Mayer & Timms, 1969).

In the interviews with the ex-clients of agencies, Mayer and Timms (1969) found that the client expected an active rather than a 'dynamically passive' therapist, and advice rather than 'reflection'. They postulated that 'satisfied clients' received unexpected bonuses in the form of relief through unburdening, emotional support, guidance and enlightenment. The clients saw the worker as 'someone they could talk to', who was interested in them, trusted them and who lessened their shame. "Once the worker had given consideration to the client's needs, our evidence suggests that the client, not the worker, made the next move" (Mayer & Timms, 1969:111-112).

In this section it is important to take heed of the relevance of participatory research. "Participatory research is the collective generation of knowledge which leads to the planning and achievement of jointly set objectives. The objectives are often for political ends, but may also be for organisational change, project management, community development and personal growth, or any other objectives the participants decide upon" (Collins, 1999:2).

There has been a paradigm shift in the welfare system from a 'top-down' to a 'bottom-up' approach. Thus in order to evaluate the outcome of services, who better to ask than the recipients themselves. In this study it is the aged. Thus, this study has been a form of participative, person-centred enquiry with the elderly, rather than a study on the aged or about them.

2.2 THE INTERVIEW

The interview is the first contact between the client and the social worker. The initial interview, referred to in social work as the 'intake interview', is defined by Scherz (1951) as, a process in which the social worker utilises his/her skills in an attempt to understand and to meet individual and family needs, through the

medium of the establishment of a relationship. Thus, creating a channel of communication.

Scherz (1951) has also pointed out that cases are 'made' or 'lost' during this period. Usually clients that are 'made' are those that come back for social work services, and those that are 'lost' are those that do not come back after the first interview and become what is known as the 'once-off interview'.

Perlman (1957:18) regarded the aim of the intake process as being: "To engage the client with his problem and his will to do something about it in a working relationship with this agency, its intentions and special means of helpfulness."

Whether people have sought help voluntarily, or have been referred involuntarily, the manner or style in which social workers respond to their needs is important (Perlman, 1957). It is important because it is often on the basis of what happens between social worker and client during the help-seeking process that the client makes judgements about contact. These judgements can make the difference between a person deciding whether or not it is worthwhile continuing contact, and whether or not he feels he is going to be helped (Perlman, 1957).

2.3 FRAMEWORK FOR ANALYSING DISCONTINUANCE

There are several factors to be considered in exploring the clients' discontinuance after the initial interview: Characteristics of the social worker, and those of the client, both of which will be discussed in the next few pages.

2.3.1 Social Worker characteristics

2.3.1.1 Attitudes of worker and client (and how it affects the client)

Sometimes when a judicial court or other organisation with compulsory jurisdiction refers a client, the social worker's behaviour towards the client (and the client's to the social worker) will be different than when he is self-referred (Wallace, 1981).

It is of great importance to clients that the social worker is personally interested in, and concerned with, their well-being and being treated as a person and not just another case. Clients often emphasize how much they value a warm, accepting and empathic approach by the social worker. These attributes are equated with caring (Wallace, 1981).

It is important to clients that the social worker does not appear bored, and that he/she listens attentively to what the client has to say. Things like the social worker staring out of the window while the client is talking, keeping the client waiting, failing to apologise if the interview is interrupted by a phone call, breaking appointments at the last minute - all these have caused some distress amongst clients expecting a more personal approach. They have been interpreted not just as ill manners but also as a lack of concern (Wallace, 1981).

Social workers taking the time to listen when no one else would, can be interpreted by clients as acknowledging the worth of the individual. The importance of the social worker being non-judgmental in his responses and attitudes is often stressed, as this makes the client more relaxed and open to communication (Silverman, 1970).

Although the client appreciates warmth and empathy by the social worker early in the encounter, unless the social worker displays other qualities such as competence and knowledge, clients become dissatisfied (Silverman, 1970). Silverman has made somewhat similar observations of people with interpersonal problems attending a casework agency: "They were concerned that they were treated as people not cases, but this was not enough. The clients were not really looking for friendship but were perhaps describing the context in which they felt helped" (Silverman (1970:627).

Silverman made a distinction between 'helpful' and 'helping'. However sympathetic and concerned a social worker may be, it does not necessarily follow

that clients feel he will be able to help them. 'Helping' requires other attributes and actions than the ones just described. Clients are looking for more than a friend. They are searching for other things in their encounters - things related to the professional characteristics of the social worker. They believe professional competence and the ability to help are crucial if any degree of success is to be achieved (Silverman, 1970).

Attitude however can also be viewed from the client's point of view.

Levinger (1960) postulated that in order to benefit from the relationship, it seems that the client must be able to understand and accept the social worker's/counsellor's goals for the treatment. The client should have a realistic conception of the social worker's role and there should be a mutual positive attitude. It seems that 'continuers' are more able to co-operate and identify with the helper, while 'discontinuers' are less likely to co-operate (Levinger, 1960). One would hypothesize then, that the greater the potential for co-operation between client and worker, the more likely it is that the client will continue his interviews. It would seem that the responsibility to set the stage for this relationship would rest on the social worker.

2.3.1.2 Professionalism and ability to help

For some clients the ability to accept help depends on the social worker's practical experience, his accountability to his profession and his accountability to his client (Kadushin, 1972). This desire for experience is often related to the perceived necessity of the understanding of their problem.

If the relationship is positive, if there is a good feeling, a relaxed, comfortable, trustful, respectful, harmonious, warm, psychologically safe feeling between social worker and client, the social workers are more likely to be receptive to messages being sent.

If the relationship is negative, if there is bad feeling - hostile, defensive, uneasy, distrustful, disrespectful, discordant, psychologically threatening - between social worker and client, there is less desire and readiness to hear what is being said (Kadushin, 1972).

Empathy, congruence and warmth forms the basis of a social worker's relationship with the client. The relationship is a mechanism and a pre-condition to achieving goals. It should be supportive and empathic, and should work on an emotional level (Rogers, 1962). It should be characterised by objectivity and confidentiality. In addition, it should be structured, goal-orientated and time-limited in terms of session and process. The need to continue or discontinue by the client depends a lot on the relationship between the social worker and the client.

2.3.1.3 Accurate empathy

To sense the client's private world as if it were your own, but without ever losing the 'as if' quality - this is empathy. When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and voice meanings in the client's experience of which the client is scarcely aware (Rogers, 1957:99).

In line with his philosophy on the worth or value of the individual, Rogers (1962) pointed out that empathy is important even with inarticulate, confused or bizarre persons, where the therapist communicates that he is trying to understand. "It communicates the value I place on him as an individual. It gets across the fact that I perceive his feelings and meanings as being worth understanding" (Rogers, 1962:420).

Truax, Wargo and Silber (1966:501) extended on the concept of empathy. They believed that the therapist is an active role-player (listener, thinker and talker): "It involves both a sensitivity to what the patient is currently feeling or experiencing,

and the verbal facility to communicate this understanding in a language attuned to the patient's current feelings".

It can thus be stated that empathy is basic to communication and is a skill which needs to be consciously developed (by social workers and other help-giving professionals).

2.3.1.4 Non-passive warmth/acceptance/non-judgmental attitude

Rogers (1962:420) stated that

Growth and change are more likely to occur the more the counsellor is experiencing a warm, positive, accepting attitude towards what is in the client ... prizing him as a person regardless of his particular behaviour at the moment. It means that he cares for his client in a non-passive way. It respects the other person as a separate individual and does not possess him. This is an outgoing, positive feeling without reservations and without evaluations. It means not making judgements.

Truax et al. (1966:501) in turn had this to say: "It means an acceptance of what is rather than a focusing on what should be. It means a warm acceptance of the other person and his feelings and experiences without placing any conditions upon the warmth."

2.3.1.5 Self-congruence/genuineness of therapist

This involves an honest openness to experiencing within the therapist during the psychotherapeutic encounter. It means that there is no professional facade, no professional confessional screen. It means that the therapist is not denying feelings or experiences, that he does not hold himself aloof from a personal encounter (Truax et al., 1966:500).

Carkhuff and Truax (1965b) associated the concept of genuineness with therapist transparency. They viewed genuineness as requiring the therapist be a transparent,

real person in the therapeutic encounter, as a result of previous therapist self-exploration. The value of therapist transparency is postulated in terms of it providing a model to initiate.

2.3.1.6 Quality encounter for the first interview: warmth, empathy and congruence

Rogers (1962) spoke of the importance of a 'positive psychological climate' in the therapeutic relationship in facilitating constructive personality growth and change. The conditions which constitute this climate do not consist of techniques, knowledge, intellectual training, and orientation in a particular school of thought.

Rather, he said, they are feelings or attitudes which must be experienced by the counsellor and perceived by the client to be effective. He singled out the following as being effective: "The therapist's realness, genuineness or displaying congruency; a warm, sensitive, empathic understanding of the client's feelings and meanings and an unconditional acceptance of the client (unconditional positive regard)" (Rogers, 1962).

Fischer (1978) stated that a number of researchers, using variants of a similar approach, have demonstrated that continuance be increased and positive outcomes enhanced, when the initial contact with the client is devoted to 'structuring the mutual expectation of client and practitioner'.

Fischer recommended the drawing up of a contract between the worker and client to facilitate this. The core conditions of warmth, empathy and congruence are applicable in this structuring process (Fischer, 1978).

2.3.1.7 Ability to relate and communicate

The problems that frequently result from the separation between the worlds of the social worker and that of the client, increase social distance and limit empathy and understanding (Day, 1972). It seems evident that a social worker has to relate to a client by taking into account his expectations, class, colour, age, gender, values and beliefs.

Communication occurs on different levels. Lack of equilibrium or precarious equilibrium may be related to style of communication which has the effect of containing the anxiety of some members while leading to blurring of roles and confusion of identity for another member. Patterns of communication in families and between clients, and social patterns of communication in families and between clients and social workers have to be understood both in dynamic psychological and cultural terms. Failures in communication between clients and social workers may be due to unrecognised differences in cultural assumptions (Day, 1972:56-57).

Cross (1974:46) in turn, had the following to say in this regard:

Different social classes not only possess different patterns of family organisations but that, more importantly, the consequences of such differences for the management of emotions within the family tend to differ, with the working class tending to see in marriage a more or less convenient arrangement in which good marriage partners do not 'bother each other' unduly. A good husband, according to the value-ideas of the working class, does not 'bother' his wife unduly. Such value-ideas ensure that the management of emotions in the working class family is directed outside the conjugal unit whereas it is formally directed to the members of that unit among the middle class. Such value-ideas would intrude, undoubtedly, into psychiatric, matrimonial and social casework interviews where the problem under consideration relates to emotional ties within the home.

However important social class may be, the social worker needs to be aware of this in order to prevent it from intruding into the interview situation (Shyne, 1957). Such an inability would impair the communication between the social worker and the client.

Shyne (1957:231) postulated that "Differences between client and worker in social class may be a factor in their difficulty in finding a common ground."

Advocating an eclectic approach to casework practice, Fischer (1978:205) viewed empathy, warmth and genuineness as "... the core conditions for social casework, for an eclectic approach, or perhaps for any approach to interpersonal helping."

Rogers (1962) spoke of the importance of a 'positive psychological climate' in the therapeutic relationship in facilitating constructive personality growth and change. As mentioned previously, the conditions which constitute this climate, do not consist of knowledge, intellectual training, orientation in some school of thought or techniques. Rather, they are feelings or attitudes which must be experienced by the counsellor and perceived by the client to be effective.

Levinger (1967) suggested the concept of uniqueness of the client's problem and to show great effort to understand him and to be committed to helping him.

It seems evident that the use of basic social work skills such as empathy, acceptance and congruence can assist with differences between the social worker and the client. "The more the helper is perceived as motivated to assist the client, the more likely the client is to commit himself to continue the relationship and to allow himself to be influenced by the helper" (Levinger, 1967:47).

2.3.1.8 Social class

The social class interviewer is generally middle class in identification and orientation. The interviewee is frequently lower class. 'Lower class' and any of the other identifying labels that have been employed – 'low income', 'working class', 'the poor', the 'disadvantaged' – are vague and ambiguous. They tend to include diverse sub-groups which are distinguishable. There are differences between the well-organised poor and the disorganised, demoralised poor; between multi-problem families

that are overwhelmed by their situation, and more adequately functioning families with money problems (Kadushin, 1972:220).

The term 'lower class' refers to people who have lived under low-income conditions over a long period of time and as a result of this, they have developed a lifestyle, a set of values, a configuration of attitude and a repertoire of behaviour that is identifiable and characteristic (Kadushin, 1972). There are noted differences in the low-income group as regards their beliefs, attitudes and patterns of behaviour. There are persistently distinct differences in time-sense among the social classes; there is less concern with scheduling, with punctuality, with time-related regularity (Kadushin, 1972). Having said this, lower class groups will use the agency when the individual or family faces a crisis and they are likely to respond to the problem when it is causing maximum discomfort; whereas in middle class groups, anticipating problems is the norm. Lower income clients are apt to want immediate alleviation of discomfort rather than to work toward any elaborate long-range objectives. Consequently, once their limited goals are achieved, they may have little motivation for continuing the contact (Kadushin, 1972).

At the time of the next crisis, however, they may want to return; agency policy should make them easily welcome (Kadushin, 1972). Such a policy implies a willingness to be concerned with symptoms rather than with causes and a readiness to attempt to alleviate symptoms rather than eradicate causes. Each problem situation would be viewed as a distinct entity and there would be acceptance of the probability that problems would recur

To the lower-class client, the agency may represent a place of middle-class social workers who are in fact strangers (Kadushin, 1972). The lower-class client may be uneasy about his dress, language and conduct, uncertain about acceptability and anxious about doing the wrong thing (Kadushin, 1972).

Kadushin suggested that the social worker should be more ready to consider a home interview. The client is on his/her ground, in an environment in which the dress, language and conduct are appropriate.

The social worker and the client come into the interview with different pre-conceptions. Lower-class clients have usually experienced exploitation, indifference and rejection by the middle-class, and as a result have difficulty in developing a relationship of trust and confidence (Kadushin, 1972).

A lower-class client is more concerned with survival and basic needs, along the lines of Maslow's hierarchy of needs, and is not interested in a higher order need — self-actualisation (exploration of feelings and self-awareness) (Kadushin, 1972). Threats to sheer physical survival in the midst of pervasive physical deprivations take clear priority over concern with difficulties in personal relations. There is not much that social workers can do about solving the problems of poverty, lack of housing, lack of satisfying or well paying jobs, drugs in the streets and so forth. This also bears relevance to the elderly who also experience problems of poverty, inadequate housing, and loss of income and as a result turn to social workers to meet these needs. Often these needs cannot be met by the social worker, leaving the elderly very frustrated and sometimes even angry.

So, social workers try to help in the ways they think they can, mainly by exploration of feelings, attitudes, and understanding. They often redefine the situation so that they can help in the only way in which they are equipped to help (Kadushin, 1972). In the case of the elderly, by providing a shoulder to cry on, as it were.

Use of language also has a bearing on social class. One problem is simply a difference in word usage (Kadushin, 1972). Kadushin found that 'lower-class interviewees' (clients) responded more to their own internal imagery than to the questions posed by the interviewer (social worker). The interviewers tended to personalize and concretize their experience. Their accounts of their experiences tended to be rambling and disorganised and lacking a coherent focus. The

interviewer had to be much more active and controlling if focus was to be maintained and the interview purpose accomplished. The lower-class client tends to put less emphasis on a vocabulary of feelings; there is a preference for concrete rather than abstract propositions. The social worker and the client may speak the same language, but actually not understand one another. The language community of the social worker is not necessarily the language community of the client. There is no equivalence of meaning to many of the words they use in common (Kadushin, 1972).

As Kinsky (in Kadushin, 1972) pointed out, the lower socio-economic interviewee is never 'ill' or 'injured'; he is 'sick' or 'hurt'. He does not wish to do a thing, he 'wants' to do it. He does not 'perceive', he 'sees'.

Kadushin (1972) found that cross-class interviewing difficulties do not originate exclusively from the interviewee's side of the desk. If the lower-class interviewee is uncomfortable with the middle-class interviewer, the reverse may also be true. The interviewer is understandably more uneasy in those situations in which the interviewee's background is significantly different from his own. The social worker cannot fall back on the fund of shared experience to understand what the client is talking about and guide his judgements.

In contact with the unfamiliar, the social worker is understandably more anxious. The social worker may feel overwhelmed and depressed at the weight of environmental stresses and deprivation being experienced by the clients, and feel hopeless about his capacity to be of any help (Kadushin, 1972).

The class status difference reinforces the role status difference between interviewer and interviewee. The lower-class interviewee thus tends to feel more than ordinarily subordinate. The interviewer therefore has to make a deliberate effort to abandon some of her professional anonymity and come across as a human being. It is necessary to communicate an image of another fallible human being faced with similar problems. Because of the

initial social distance, which makes the interviewer more of a stranger than she would be to middle-class people, lower-class interviewees have more of a need to know the interviewer as a person before they can trust him as an interviewer. There is a need for 'self-sharing' - recipes, mutual problems in child rearing, helplessness in the face of defective appliances, etc. (Kadushin, 1972:228-229).

2.3.1.9 Race

Racial difference between interviewer and interviewee is another subcultural impediment to an optimally effective interview (Kadushin, 1972). The 'Black' (Indians, Africans and Coloureds) interviewee often presents the interviewer with differences in socio-economic background as well as differences in racial experience.

If trust, confidence and openness between participants are necessary ingredients for a successful interview, how can they be achieved in the face of the long history between the races in this country in which trust was exploited, confidence betrayed and openness violated? If Blacks feel paranoid in their mistrust of Whites (social workers), this is not pathology but a healthy reaction to a reality they have long experienced.

If understanding and empathy are crucial, how can the White interviewer, it is asked, imagine what it is like to live day after day in a society that only grudgingly, half-heartedly and belatedly (if at all) accords you the self-respect, dignity and acceptance that is your right as a person? (Kadushin, 1972). How can the White interviewer know what it is to live on intimate terms with early rejection, discrimination, harassment and exploitation? (Kadushin, 1972).

There is a good deal of speculation, but little empirical material, on the consequences of the worker's efforts to speak the language of the client as an expedient in reducing social distance. The general conclusion seems to hold that unless the worker can speak the language, the jargon, the argot of the client naturally and easily, unless it is genuinely his own language, the

attempt will come across as an insincere put-on. Assuming the language of the client in contrast to one's own is to risk 'coming on too strong'. Not only the phrasing used but also the style of delivery has to be natural to be accepted without ridicule by the interviewee. The efforts of a White, or even an educated, middle-class Black, to talk like a lower-class Black may sound forced and unnatural. It may appear patronizing and devious to the interviewee and generate contempt and suspiciousness at the interviewer's apparent attempts to con him (Kadushin, 1972:236).

2.3.1.10 Gender

Just as the variable of class and race overlap to determine interview interaction, so the variable of gender also determines interview interaction (Kadushin, 1972).

Kadushin stated that although the effect of gender of participants on the social work interview has not been studied, there has been some work on client preference as regards the counsellor's gender for vocational and personal problems. Prospective clients, both male and female, expressed a preference for male counsellors. Preference statements obtained after the counselling indicated that "clients who had preferred female counsellors before counselling were more likely to change after counselling than were clients who preferred a male counsellor" (Kadushin, 1972:467).

Generally, females are more accepting of personal counselling interviews than males and are likely to be more able to express feelings in interviews, irrespective of whether the interviewer is male or female (Kadushin, 1972). Kadushin stated that despite difficulties, a good relationship can and does transcend gender differences.

2.3.1.11 Age

Very often social workers are younger than many of their clients (Pincus in Kadushin, 1972). Cultural aspects of age differences may operate as barriers to effective interviewing. The aged are more susceptible to confusion in time period,

querulousness which stems from loneliness and repetitive reminiscing, all of which create hazards for efficient, effective interviewing. Pincus (in Kadushin, 1972) pointed out that reminiscing serves to reduce the age difference between the interviewee and interviewer. Reminiscences about past accomplishments also serve an expressive function. They reassure the interviewee that he was once more competent, more capable, than he is now.

The interviewer may have problems with his own feelings when working with aged interviewees/clients (Pincus in Kadushin, 1972). The problems of illness and the constant reminder of the imminence of death haunt such interviews. The older client is everyone's parent and the problem of the young adult in relation to an ageing parent is one that many interviewers face in their own lives. The social worker may feel a sense of futility and despair in response to what he regards as the limited resiliency and adaptability of the client.

Although it has previously been mentioned that social workers are usually younger than their clients, they can of course be older, when working with children for example (Pincus in Kadushin, 1972). Here, the social worker is faced with other problems. The child is still dependent on his parents and still has an intense affective tie with them. It colours his relationships with all adults and may present problems for the interviewer. Older children and particularly adolescents are peer orientated and reticent about communicating with adults. If the interviewer (social worker) is perceived as a parent surrogate, such resistance is likely to be a major barrier to an effective interview (Pincus in Kadushin, 1972). In general, then, the interviewer should clearly dissociate himself from the child's parents and teachers, and present himself as a neutral, friendly adult (Pincus in Kadushin, 1972).

2.3.1.12 Expectations

Expectations increase the possibility that individuals will distort the communication they receive. Thus they hear not only what they choose to hear/attend to, but what they expect to hear – whether the person said it or not.

The social worker's belief system comprises expectations that predispose him to hear certain responses (Kadushin, 1972). If the social worker hears the client say that he likes things neat and orderly, the psychoanalytically-orientated interviewer, associating certain personality traits with the anal character, is all set to expect a person to behave in some consistent manner, according to the pigeonhole to which he has been assigned. If a man is a doctor, one expects that he will behave as one. Individuals attribute to other individuals the attributes of the groups with which they are perceived to be affiliated, and tend to hear what they expect them to say rather than what they did say.

Because the interests, needs and previous experiences of the listener are crucial in determining the message which is actually received, no matter how it is sent, the interviewer must give active consideration to the listener's background and situation. This requirement is the source of one of the most frequently repeated aphorisms of social work practice wisdom: 'Start where the client is'. To ignore this precept is to risk ineffective communication (Kadushin, 1972:34).

2.3.2 Client characteristics

2.3.2.1 Client's perceptions of helpfulness of social worker

In exploring what people are looking for in their encounters with social workers, and the stages of intervention they prefer, two things are found to be crucial. For clients to feel that social workers are helpful people, the latter have to display certain qualities that are often personal in nature. But people require further 'proof' of social workers' helpfulness. Social workers must also display a willingness to take various forms of action based on their experience and knowledge. It is the combination of the *personal* and the *professional* styles of the social worker that influence the outcome of the interview (Wallace, 1981:18).

It would appear therefore that the 'social worker's helpfulness' is directly related to the social workers' empathy (Wallace, 1981). In empathic understanding, the

worker is demonstrating response to the latent as well as the manifest content of a client's communication. The social worker understands sensitively and accurately, the nature of the client's experience and the meaning this has for him, and he understands the client's world cognitively and empathically from the client's point of view. The social worker understands with, as well as about, the client and has the capacity to communicate this understanding to the client in words attuned to the client's feeling(s): He really hears what the client is saying, so the responses have an "I am with you" quality, fitting in with the client's meaning and mood (Wallace, 1981). If the social worker does not always understand, he is always sincerely striving to understand, to reach out and receive the client's communication.

In order to continue with the treatment, it is important to know how the client feels and what he thinks of the social worker on first contact (Wallace, 1981).

What does the client think is important once he actually meets the social worker. A number of studies have shown that people are more likely to evaluate this first contact according to the social workers' perceived 'personalities' rather than what the social worker actually does (Wallace, 1981:23).

2.3.2.2.1 Client's expectations of social worker

People coming into contact with social services hold differing views and expectations as to the nature of the personal encounter they will experience (Fischer, 1978). Many clients are afraid and confused largely due to their ignorance of the workings and functions of a social services department.

Nebulous and conflicting notions from referral agents and acquaintances of what can be expected, can contribute much to this confusion. Incongruencies and contradictions in the attitudes of previous professionals compound this further. Previous and ongoing help-seeking

experiences with welfare organisations may have been far from pleasant. Sometimes as a result of these experiences people feel a stigma attached in admitting to a formal agency that for one reason or another they have difficulty in coping with some aspect of their lives. This can give rise to expectations that are suspicious, resentful and even fearful. These experiences may result into two types of expectations. Either clients feel that their meetings with social workers are unlikely to be any more comfortable than their previous contacts with other workers, or they may view social workers as their last chance of getting help (Fischer, 1978:140).

2.3.2.3 Client's perception of problem

(i) Responsibility

Levinger (1960) found that when clients perceived their problems to arise within the family unit they were more likely to continue treatment, whereas clients who perceived others to be responsible for their problem were more likely to discontinue.

"It appears that in general discontinuers accept less responsibility for their problems than do continuers. The more the client sees his problem as internal rather than external, the more likely he is to continue treatment" (Levinger, 1960: 42-43). In this regard, it would appear that the client's perception rested on the principle of responsibility (who is responsible for the problem?)

It appears that clients very often do not see themselves as responsible for the problem; it is always others or the broader context that may be blamed (Levinger, 1960). It is easier to project blame rather than to accept it, and when others are blamed they will not respond to help by a social worker. However, when they begin to take responsibility for their behaviour, they are more likely to 'continue' and respond positively to the help offered by the social worker.

(ii) **Motivation (of client)**

Different paths to the interview suggest differences in levels of motivation to participate. Clients may even go beyond lack of motivation to positive resistance. They may see the agency as having no legitimate right to an interview with them and the scheduling of such an interview as an act of coercive authority. Initial motivation or lack of motivation is, however, a transient factor (Kadushin, 1972). While it is admittedly easier to get a successful interview started with an interviewee who is motivated to engage in the encounter, this is no guarantee of success. The client might lose his initial motivation during the course of the interview because of the way it progresses. Conversely, clients who come with very tenuous and limited motivation, may, and often do, develop the motivation to participate because of what goes on in the interview (Kadushin, 1972). There is empirical confirmation of these observations. Successful outcomes have been reported for interviews in which the interviewee was initially an involuntary participant; other studies have failed to show a clear relationship between high initial motivation and outcome of therapy (Kadushin, 1972:108).

The level of motivation would also differ from the 'lower-class' to that of the 'middle-class' who are usually more affluent and sophisticated and usually have a higher order need for 'self-actualisation' and thus are motivated in an interview situation (Kadushin, 1972). The lower-class on the other hand are poor and concerned with basic needs of survival (food and shelter). Their motivation is to alleviate discomfort, not to remain in the interview situation in the long-term.

Ripple (in Levinger, 1960) found that the client's 'drive to solve the problem' is positively related to his likelihood of remaining in casework service. The same report noted that continuers have more hope than discontinuers of resolving the problems they perceive.

Perlman (1957) in turn stated that the client's motivation will also depend on hope. If there is hope, this will enable the client to continue or persevere in the therapeutic situation.

(iii) **Capacity**

The interviewer is only half of the dyad and only partially determines the success or failure of the interview. The willingness and capacity of the interviewee to perform his role adequately is also an important determinant.

"Although the interviewer takes the responsibility for providing the psychological atmosphere in which a good relationship can be initiated, the interviewee has to have the capacity to engage in a relationship" (Kadushin, 1972:99).

'Capacity' in this context refers to the client's ability and willingness to participate in the interview. It would appear that 'capacity' and 'motivation' are inextricably linked and therefore one would find that in the lower-classes their capacity to engage in a relationship is limited due to class differences, as previously discussed (Kadushin, 1972).

However, the capacity of the social worker can be related to the resources the agency has, whether it be material or other, which the client needs. In some cases, the client's motivation may also be dependent on the capacity of the agency/social worker: if the client knows that the agency/social worker offers what he needs, he will be motivated to continue.

(iv) **Meeting needs/expectations**

The following is based on the researcher's experience in working with the elderly: Some clients do not return for a second interview because they feel that the initial interview helped them; or their expectations/needs have been met; or their needs have not been met and they do not wish to return for further counselling.

(v) **Problem identification/clarification**

Based on the researcher's experience, it would appear that in some cases, clients who drop out of a first session may well be making a considered decision based on their own perception(s) of the situation; that is, they may decide that a particular problem is not really a problem or not their problem. Once a client has

identified the problem, he may no longer see a need to continue, as having identified the problem may in itself have helped the client sufficiently.

(vi) **Appropriate Resource/Agency**

Similarly, clients may discontinue because of their perception of a particular social worker/agency. The elderly client may decide that this agency would not be able to assist, and thus discontinue. For instance, a client may require material assistance and the agency may only be able to offer counselling.

2.4 THE WORKER-CLIENT RELATIONSHIP

All new relationships begin somewhat tentatively. Clients perceive social workers as symbols of authority, with the power to influence them (Shulman, 1992). Clients often bring with them a wealth of past experiences with professionals, or stereotypes of helping professionals, referred to them by friends or family. The first session, therefore, is partly an effort to explore the realities of the situation. Encounters with people in authority usually involve risks, and clients will be careful to test/explore new situations before they expose themselves to these risks.

Ambivalent feelings are present in any new situation. The client's doubts about adequacy and competency are heightened, as are fear of the worker's expectations of him/her. The other side of the ambivalence, is the hope of receiving help. The two major questions on the client's mind, rarely spoken, are, 'What is this going to be all about?' and 'What kind of worker is this going to be?' (Shulman, 1992).

The urgency of these questions stems from the client's fear of the demands he feels will be made. The client may have certain anxieties about the worker trying to change him. The client's actions will be influenced by this suspicion until the two questions are answered. "Fear of feelings of dependency will be present until the client can see the helping person, not in the imagined role as the all-powerful authority doing things to the client, but rather as someone with skills, who will do things with the client" (Shulman, 1992). Even in those instances in which the

social workers deal with clients mandated to undergo treatment, as is often the case with the elderly, it is vitally important to acknowledge that it is the clients who will be in control. In the final analysis, the social worker must be seen to be helping the client to address his own issues and concerns (Shulman, 1992).

2.5 APPLICATION OF THE MODERNISATION THEORY TO OLD AGE

Cogwill and Holmes (in Baum & Baum, 1980) worked from many quantitative and qualitative observations regarding the fate of older people in industrial and pre-industrial societies. They developed twenty-two propositions, all of which show why modern societies necessarily have less time for their older people than did pre-modern societies, and why becoming old in modern society must amount to relative status deprivation. The two authors based their case on a few contrasting features in the organisation of society in pre-industrial and industrial forms.

Firstly, the pre-industrial and social order had relatively few roles and few differences among them (Cogwill & Holmes, in Baum & Baum, 1980). Secondly, in pre-industrial life, change was thought to be the exception, and continuity the rule. Society was thought to be fairly stable with each successive generation following many of the same customs of the previous one. In modern society, however, change is expected. Thirdly, most of the customs regulating social life in the pre-industrial order was based on traditions verbally transmitted by memory not machines, and by mouth not print. Simplicity of role structure meant applicability of what one learned in one sphere of life to another. Stability of role structure meant that one could learn by experience. Importance of tradition handed down verbally meant that one must rely for learning on those who have experience and wisdom, namely the elderly. Thus, pre-industrial societies generated considerable demand for older people because they had more of what society, or everyone, needed. Modern societies, which lack simplicity, stability and the centrality of a verbal tradition, have simply no comparable demand for the elderly. Thus they are often treated as redundant and consequently lose status (Stark, 1973). The aged generally have a more ambiguous status in modern society, which is particularly evident in the urban areas (O'Donnell, 1985).

The negative attitude of individuals and society towards the aged has adverse effects on the aged person's "self-image, his status, his self-respect, and his ability to continue to hold his own as a full member of society" (South Africa, Committee for social affairs on the socio-economic and spatial implications of ageing, 1988. Report: Pretoria: Government Printer. 169p. (P.C.1/1988). Chairman: H. Kruger). The greatest responsibility for the care of the elderly still lies with their children. They often struggle to cope with their own developmental tasks – the dilemma of coping with their children's demands, and the "empty nest" syndrome – thus they "have little energy left to invest in helping the ageing parent" (Kirschner, 1979:209). The 'family care' is usually rendered by the daughter. Various demographic and social changes have weakened this source of kinship caring network, examples being the declining birth rate, the deferment of parenthood and one-parent families, as well as the increased number of females in the labour market (O'Donnell, 1985).

In view of the above-mentioned factors, it is frequently not possible for the child to care for the parent in his own home.

2.5.1 The needs of the aged

Eales (1980:34-35) classified common needs of the elderly as follows:

Physical life support needs:

- Reliable and adequate income;
- satisfactory accommodation;
- effective health services;
- adequate other basic necessities, e.g. food, clothing, transport, warmth.

Intellectual, social, emotional and spiritual needs:

- Opportunities for being useful and valuable members of the family and the community;
- opportunities for the preservation of personal independence, identity and privacy;

- opportunities for close relationships and social interaction with kin, neighbours and community.

2.5.2 How the needs of the aged become problems

Economic and health limitations may mean that the elderly person has social adjustments to make (Huttman, 1977). Retirement from work or loss of spouse may cause a considerable drop in social interaction for the elderly person. He or she may have trouble in initiating new contacts and developing new friendships. The person thus withdraws from active participation in the community. Decreased social contacts may cause the person to voluntarily resign from life and even to stop caring for basic needs such as meals, cleaning the house, and proper medical care (Huttman, 1977).

According to Cilliers (in Eales, 1980), historically the basis of the present urban social structure was the traditional extended family system. If parents became infirm, as they grew older, they were cared for by their children – a responsibility which the children accepted and carried out.

The aged often approach their children with their medical, financial and accommodation planning problems. The adult children however are generally poorly equipped to cope with this blatant role reversal and the alteration to the relationship they have had with their parents (Schwartz, Snyder & Peterson, 1983).

The children often have little knowledge regarding senescence as well as of their parents' needs and functioning which significantly influence the children's often inappropriate perspective pertaining to their parents' future planning (Schwartz et al., 1983). Their limited knowledge and insight into the unique experiences of the aged can be related to their lack of personal experience, age difference and the cohort-specific variables that exist.

Caring for an aged and dependent parent can be an extremely isolating and lonely task. Greater dependency results in increased input from the carer who can become overwhelmed with the resultant development of a family crisis (Hofman, 1981). Social workers often have a limited role in helping carers, and are frequently only involved when the caring system has collapsed at which time crisis intervention is required (Hofman, 1981).

Hardie and Stewart (1978:95) confirmed that there is a need for professional intervention for the aged person and his family, as the latter is "too emotionally involved in the immediate relationship to be able to plan adequately". Although children do still care for aged parents, a large majority are no longer willing or able to assume this responsibility (Eales, 1980). As a result, an increasing number of aged persons are abused, 'abandoned', lonely and seen as a burden. In South Africa, issues concerning the youth and the economically active population have received much attention. This is not true as regards the elderly. Previously, it was possible for the elderly to be admitted to an old age home and this placement was subsidised by the State. However, this has since changed and now only frail care is subsidised. The government has indicated that it is the responsibility of the community and families to take care of the elderly within the community.

In economic and psychological terms, it is estimated that the cost of caring for a dependent elderly person is greater than that of caring for one below the age of 18 years (South Africa, Committee for Social Affairs on the Socio-economic and spatial implications of ageing. (Jan. 1988). *Report*. Pretoria: Government Printer P.C. 1/1988. Chairman: H. Kruger). This therefore creates a huge strain on the family and the State.

The International Year of Older Persons has initiated various programmes designed to

- improve the quality of older persons (improving access to basic services and improving the delivery of such services: health services, pension, transport and others);
- promote family and social integration, promoting older persons as volunteers and utilising their expertise;

- empower older persons to be full and equal citizens (promoting healthy lifestyles, preventing elder abuse, participation and representation in social structures); and
- develop appropriate and cost-effective community-based care programmes to enable older persons to stay in the community as long as possible (to age at home), for example through training older persons to care for other family members and training members to care for the elderly (Welfare Update, Newsletter of the Department of Welfare, December. 1998).

It is important that the aged population is viewed as having special needs, and its members should not be considered as "socially incompetent, nor classified as a group with "social problems; nor should the ageing process be classified as a pathology or a disease" (O'Donnell, 1985:137).

More than half the world's elderly live in developing countries such as South Africa (Welfare Update, Newsletter of the Department of Welfare, December, 1998). The latest census results show a growth in the number of the elderly in South Africa, with 7% of South Africans 60 years and older. It is estimated that more than 20 years will be added to the average life of an individual by the end of this century. If these years are not to be wasted, then policies must support older person's capabilities and value their contribution to development.

South Africa's new policy on ageing regards ageing as a normal phase of life that has its own significance and value to society. The guiding principle of the policy is that the elderly should be enabled to enjoy an active, healthy and independent life as part of family and community as long as possible.

For South Africa, the International Year of Older Persons provides us with an opportunity to make this policy a reality and realise its vision of a society in which older persons are fully integrated and acknowledged as a source of potential and expertise.

In poor communities in particular, older people make a critical contribution to the household, often as carers for children, people with disabilities and those affected by HIV and AIDS. The capacity of older people to continue to support themselves and to contribute to the well-being of those around them will make a crucial difference to prosperity and security in every country (Welfare Update, Newsletter of the Department of Welfare, December, 1998).

The benefits of ageing are hardly noticed but they include the wealth of skills and experience that older people bring to the work place, to public life and to the family.

A Bill designed to protect the elderly from abuse and to end racist admission policies at old age homes has been approved by the National Assembly and the National Council of Provinces (Welfare Update, Newsletter of the Department of Welfare, December, 1998). The Aged Persons Amendment Bill makes it a criminal offence to discriminate in admissions on the grounds of race, ethnic or social origin and colour. According to the Bill, there is a need for a home for the aged to reflect broadly the race composition of South Africa when determining eligibility for admission. Other provisions of the Bill:

- (i) Old age homes must set up management committees which include representatives of residents and staff, and which must deal speedily with incidents of abuse.
 - (ii) The Minister of Welfare may appoint "any designated body" to enquire into issues related to the rights of older people.
 - (iii) There must be prescribed minimum standards for homes of the aged, for their care, as well as treatment and admission criteria.
 - (iv) Measures must be taken to prevent, and deal with the abuse and neglect of aged persons and or persons disadvantaged by unfair discrimination
- Welfare Update, Newsletter of the Department of Welfare, Dec. 1998).

Minister Geraldine Fraser-Moleketi described the Bill as a significant step towards protecting vulnerable older people who were sometimes subjected to "the

most shameful acts of abuse". The abuse referred to here could be explained as abuse of pensions, physical assaults, humiliation and total indifference of the elderly by their family members (Welfare Update, Newsletter of the Department of Welfare, December, 1998).

Furthermore, the Minister stated that comprehensive new legislation to deal with issues affecting the elderly would be tabled in Parliament in 1999, which has been declared the "International Year of Older Persons" by the United Nations, with the theme "Towards a Society for all Ages". The year should be used as an opportunity to facilitate the beginning of a new deal for older persons (Welfare Update Bulletin, December, 1998).

In the Welfare Update, Newsletter of the Department of Welfare (April, 1999) the Minister stated: "Let us demonstrate our commitment to promote the well-being of older persons and the establishment of a fair and just dispensation ... and to make them part of our society". Older persons not only symbolised ties with the past, but were the bridge between the past and the future. They needed to be well looked after because "...they are a unique source of life experiences".

South Africa's new approach to ageing is holistic and positive, recognising ageing as a normal phase of life, and seeks to create an environment in which older people can make a constructive contribution to community life, without denying that older persons have special needs and have the right to be treated with dignity and respect. (Welfare Update, Newsletter of the Department of Welfare, December, 1998). As in other welfare services, the focus is on moving away from expensive models of care (such as old age homes, which cater for a minority) to making affordable models of community-based care.

The principle, which underpins such a move, is that old age homes should rather be regarded as frail care facilities which will only admit those persons in need of 24-hour care if no other options are available. It is worth noting that such facilities in reality cater for a small percentage of the country's elderly population. According to the most recent figures (1997), 721 such institutions in the country catered for approximately 42,300 elderly persons. The recent census however

indicated a total of 2,825 200 people over the age of 60. To develop minimum norms and standards for community-based care, several pilot projects have been finalised in the Western Cape, Mpumalanga and Gauteng. The results of these pilot projects are still being processed (Welfare Update, Newsletter of the Department of Welfare, December, 1998).

In view of what has been discussed, the evaluation of the 'once-off interview' could be seen as an important initial service in better meeting the needs of the elderly. Experience shows that clients are not all homogeneous. Different clients need different kinds of help. The problems of the elderly may be different to that of children, and therefore such a study should be used as an opportunity for better treatment and services.

2.6 SUMMARY

- (i) Continuers (in this study the elderly clients) show greater ability to respond to the helping person and a greater willingness to explore their problems. They are themselves responsible for their problems and are more motivated to attend to problem solving.
- (ii) Continuers may have a more positive relationship with the social worker. The client-worker relationship is an important factor in meeting the needs of the elderly client (therapeutic, material or other needs).
- (iii) The core conditions facilitating a positive therapeutic relationship are therapist warmth, empathy, congruence, and professional training, but not restricted to this training.
- (iv) Clients who have continued services are more able to co-operate, relate and identify with the helper, discontinuers are more likely to show resistance.

- (v) The impact of the ageing population has different social and economic effects in each society but there are many common characteristics which confirm that responding to the needs of the aged population could be one of the greatest social challenges for the remainder of this century (Hofman, 1981).

CHAPTER THREE

RESEARCH PROCEDURE

3.1 INTRODUCTION

This chapter gives an outline of the research procedure followed to achieve the research objectives. It also gives details pertaining to the population parameters and sample statistics.

This research is an investigation into the outcome of the 'once-off interviews' at JAFTA. One of the most pressing shortcomings that has been encountered by the researcher is the lack of recent studies being conducted in this field of study. The researcher therefore conducted two samples of study to address this shortcoming. A pilot study was conducted to ascertain general trends, and then the actual study was conducted which extracted from, and expanded on, the pilot study. This chapter gives a detailed description of the research method and the procedure which the researcher applied to conduct her study with the clients (the elderly). In particular, attention is paid to the research design, sampling and method of data collection.

3.2 PROBLEM FORMULATION

The need to have increased knowledge regarding the outcome of the 'once-off interview' with the aged and whether their needs were met, is the primary aim of the research. The aged population is increasing and at the same time the domination of the nuclear family organisation has resulted in the status of the aged becoming ambiguous, which is particularly evident in the urban areas.

As illustrated in an American parody, entitled "Psychiatry Victimizing the Elderly", hardly any group is more victimized and exploited than the elderly. In

fact, for many elderly people, life becomes a fate worse than death. Rather than being revered, cherished and respected, our senior citizens are too often dismissed as unimportant consequences. Not only are they warehoused in "homes" where they have little to do but wait for death, but their savings and assets are bled, their dignity is assaulted and their rights are violated (Citizens Commission on Human Rights, 1995).

"It is this assault and these violations that form the basis of this study. They are all too real and occur all too often among our elderly" (Citizens Commission on Human Rights, 1995).

By its very nature, ageing can be a difficult process, both for those who experience it and those around them. In more enlightened times, before the weakening of the family structure, the elderly were appreciated and cared for - certainly never abandoned. This is no longer true. Now, families and others are willing to place them in the hands of so-called experts. Too often in times of difficulty, the elderly turn to social workers for help. The lifeview of the aged consists of many variables and thus it was necessary to focus on specific aspects. One such aspect is discontinuance after only one session with a social worker.

3.3 RESEARCH DESIGN

3.3.1 Hypothetical-developmental knowledge

The lowest level of knowledge is hypothetical-developmental. On this level, a worker may seek to describe social phenomena in a qualitative manner for the purpose of developing general concepts into more specific measurable variables or generating more specific research (Grinnell, 1985:232).

According to Grinnell (1985) the basic strategy of this design is to thoroughly describe a single unit during a specific period. Any type of research method can be used in the cross-sectional case study (Grinnell, 1985). However, data is

typically obtained through observations in interviews and from available documents. The social worker seeks available documents pertaining to the phenomenon being studied (once-off interviews) and makes enquiries of key informants (the elderly clients themselves). The investigation under study (outcome of the 'once-off interview') has no hypothesis. In fact, a hypothesis can be developed and the above research design will meet this criterion (hypothesis researchability and conceptual translatability) and will therefore be used.

A client may terminate for numerous reasons:

- (i) He has not been helped
- (ii) He has been helped;
- (iii) It may not be the correct resource or organisation;
- (iv) He did not like the social worker or was not comfortable with her.

3.3.2 Research procedures and demographics

Exploratory research design procedures were used, as the lack of knowledge regarding the lifeview of the aged could only be counteracted by directly exploring a sample of this population. The researcher conducted two studies: a pilot study and an expanded study of respondents who discontinued after one interview. These samples were drawn from JAFTA. The research population was from the Johannesburg magisterial district. The elderly generally lived in this geographical area for an extended period, and chiefly live alone in their own houses (flats and sub-economic housing).

3.3.3 Method of data collection

An interview schedule was constructed by the researcher using the framework for analyzing discontinuance.

The schedule was composed of an initial sub-section containing identifying details. The sub-sections consisted of in-depth open and closed-ended questions regarding the characteristics, attitude and expectations of the clients, as well as the

relationship between the worker and the client, and the ultimate outcome. Semi-structured interviews with the respondents were proposed for the completion of the individual schedules. It was intended that each respondent would be interviewed once, with the interview not lasting longer than one hour, to optimise the respondent's attention span. This is the easiest type of interview to code, since all interviewees are asked exactly the same items in the same order. The exact wording of the items reduces the risk that the interviewer may introduce bias by the way the questions are worded.

These types of interviews also provide a higher degree of consistency in the nature of the data collected from one interview to another.

3.3.4 Method of sample collection

Subjects were selected on the grounds of 'client discontinuance' rather than 'closed by joint agreement' or 'terminated by worker'.

3.3.5 Respondents in the study

- **Pilot study**

Firstly, a pilot study was conducted with sixty (60) respondents who discontinued services after one interview at JAFTA over a period of three months (February 1997 - April 1997). The researcher did not draw a sample, as the total population of 60 'once-off interviews' was used. However, for various reasons only forty (40) respondents were able to participate in this study. Their responses and comments were recorded, ambiguous questions were identified, and appropriate grammatical and in-depth modifications were made.

- **Expanded study**

After the pilot study, another sample was randomly drawn from 'once-off interviews' for the expanded study. The sample consisted of thirty (30) respondents. The respondents in this study were interviewed between November 1998 and April 1999.

Initial telephonic and personal approaches were made by the researcher to each prospective respondent. They were informed of the purpose of the study, an outline of the contents of the interview schedule was verbally provided, and their participation was requested. Thereafter, a formal appointment to interview each potential respondent in his/her home environment was made. The researcher personally conducted one semi-structured interview with each respondent. During the interview she recorded the respondent's answers and comments on the schedule.

The researcher used a combination of both directive and non-directive interview styles. Whereas she closely followed the items in the interview schedule, she permitted the interviewee the latitude to discuss certain items in-depth. The process ensured that the respondents focused on the prescribed topic, but prevented them from feeling inhibited from expanding on their answers. The researcher managed to contact all the potential respondents. The problem of locating research participants has been mentioned and there are specific practical problems in locating community-based sample members.

Each respondent's answers and comments were tabulated according to the frequency distribution of each item. The measurements for the analysis of the gathered data included the summarisation of the collected data through tabulation, percentile distribution and measures of central tendency. Related interpretations of these results were also given.

3.4 SMALL VERSUS LARGE SAMPLES

The researcher decided to use relatively small population samples in this study based on her previous knowledge of the researched populations: Her experience had revealed that there would not be a vast variance in the populations in the significant variables.

In the researcher's experience, a small sample size has several advantages:

- (i) The sample size was small enough to allow the researcher to personally interview each respondent. This helped to ensure that there was a more consistent approach.
- (ii) It was not necessary to employ other interviewers who would need to be trained, motivated and monitored.
- (iii) The researcher was able to interview each respondent in his/her home environment, resulting in the respondents' feeling less stressed and able to convey more accurate, personal data.
- (iv) The researcher had the time to use a non-directive approach, which created an atmosphere in which the respondents were able to explore, assess and formulate their answers.

3.5 VALIDITY AND RELIABILITY

"The degree to which a measuring is doing what it is supposed to do and the degree to which it is free from error is called measurement validity and reliability" (Grinnell, 1985: 161).

3.5.1 Validity (Content validity)

The researcher used content validity. Content validity is concerned with the representativeness of the content (e.g. topics, items) of an instrument. To determine content validity, two questions are asked: Is the instrument (in this study the interview schedule) really measuring the concept one assumes it is? Does the instrument provide an adequate sample of items that represent that concept? Thus, the

concept being measured (follow-up study of the 'once-off interview') must be capable of definition and the data being gathered must be relevant to that concept.

Both prior to and after the pilot study, the draft interview schedule was given to the researcher's colleagues who are experts in research, casework, groupwork and community organisation in order for them to evaluate the content of the instrument (interview schedule). In addition, the researcher's supervisor identified deficiencies in the interview schedule used in the pilot study; this resulted in a more in-depth interview schedule for the second sample.

3.5.2 Reliability (test-retest)

The test-retest method has traditionally been used to ascertain reliability. As the term test-retest suggests, one way to estimate reliability is through repeated measurement. The interview schedule was used for a second time in another sample of respondents (the first time being the pilot study). If the scores from the two are similar or close, then the instrument would be considered reliable.

CHAPTER FOUR

PILOT STUDY

4.1 INTRODUCTION

Owing to the dearth of research in this particular subject, the researcher used two samples with a view to investigating the once-off interview situation at JAFTA.

The pilot study ascertained general trends upon which a further study was based.

This chapter will give an outline of the findings of the pilot study, and will describe the method of data analysis as well as findings from the interview schedules. The findings are depicted in graphic form and, where necessary, contingency tables have been used and then discussed. All graphs appear in Appendix A for ease of reference.

4.2 METHOD OF DATA ANALYSIS

Responses to the interview schedules were tabulated and then converted to percentages, while the data was analysed to provide descriptive statistics.

4.2.1 Descriptive data

4.2.1.1 Gender and marital status of client – Figure 1

Figure 1 details the number of interview schedules administered, together with the ratio of male (22) to female (38) respondents. In addition to this, it also gives the status of the clients as either “single” (22), “married” (14), “divorced” (10), or “widowed” (24).

4.2.1.2 Initiating contact/method of contacting client

When contacting the clients, telephonic attempts were made to contact all 60 participants; however, only 40 (66.7%) were reached, and appointments were made with all of them.

4.2.1.3 Racial groupings – Figure 2

The bar chart elucidates details of the composition of the different racial groups in the universal sample. Three Black individuals (5%), 47 White (78.3%), five Coloured (8.3%), and five Asian (8.3%)

4.2.1.4 Family constellation of household – Figure 3

The bar graph describes the family constellation of the various households. It shows that 25% were living with their spouse at the time of the first interview, 37.5% were living on their own, 12.5 % were living with their children, and 25% were living in an Old Age Home/Retirement Village.

4.2.1.5 Source of income - Figure 4

The pie chart gives a breakdown of the various sources of income of the elderly at the time of the first interview. It shows that 80% received state pensions, 8.3% received private pensions, and 11.7% were dependent on other sources of income. As can be seen, the majority of the elderly are dependent on government grants.

4.2.1.6 Source of referral – Figure 5

Figure 5 shows the sources of referral to the agency: 58.3% were referred by a friend or relative, and 16.7% by a professional. The remaining 25% referred themselves for professional help.

4.2.1.7 Resource involved in arranging first interview – Figure 6

Figure 6's doughnut chart indicates the resources involved in arranging the first interview: 25% of the clients contacted the agency, 16.7% were contacted by the agency, and 58.3% went for their first interview through an intermediary.

4.2.1.8 Reason for not interviewing client – Figure 7

Figure 7 explains that all the participants/respondents were not interviewed. Of the 20 people who were not interviewed, 35% could not be located, 15% refused to be interviewed and 50% had died since their 'once-off interview' held at JAFTA (February 1977 – April 1997).

4.2.1.9 Client perception of problem at the time of contact and at the end of the interview – Table 1

Table 1 compares the perceptions of the 40 clients at the time of contact with the social worker, and their perceptions at the end of the interview. These perceptions related to problems of "economic/material assistance", "interpersonal and intrafamilial conflict", and "personality-self". The ratio of what the clients perceived their problem to be remained unchanged during the course of the interview. Both at the time of contact, and at the end of the interview, 55% of the participants perceived their problems to be related to "economic/material assistance", 35% perceived "interpersonal and intrafamilial conflicts", and 10% of the respondents perceived "personality-self" to be the basis of their problems.

4.2.1.10 Client feelings towards the worker – Table 2

The participants were asked about their feelings towards the social worker. Table 2 shows that 25% of the clients liked the social worker very much, 50% merely liked the social worker, 20% thought the social worker to be 'okay' and only 5% did not like the social worker. Therefore, only a small proportion did not have favourable feelings towards the social worker.

The participants were then asked to rate how they perceived the social worker felt about them. These results mirrored exactly those given in the first question: 25% of the clients thought that the social worker like them very much, 50% thought that the social worker merely liked them, 20% thought that the social worker thought that they were 'okay' and only 5% thought that the social worker did not like them.

These would appear to reflect a very strong projection by the clients, of their own feelings, onto the social worker. For example, where a client liked the worker very much, he believed that the worker liked him very much; if a client liked the social worker, he/she believed that the worker liked him. This 'liking' entails fostering a positive therapeutic alliance between worker and client, thus enabling the client to feel accepted and understood.

4.2.1.11 Client perception of whether worker is helpful or not – Figure 8

Figure 8 indicates that 69% of the clients considered the worker helpful, whereas 18% did not consider the worker to be helpful. In addition, 13% did not know if the worker had helped them. These results suggest that the majority of the participants felt that they had been helped, and therefore did not have a need to come back.

4.2.1.12 Client perception of the worker – Figure 9

The clients' perceptions of the social worker are shown in Figure 9: 62% found the worker to be warm and friendly, and 32% found the worker to be merely friendly; only 5% perceived the worker as mechanical. This data indicates that the majority of the participants experienced the worker positively.

4.2.1.13 Client perception of worker competency – Figure 10

Worker competency was also highly rated by the clients: 92.5% of the clients perceived the worker as knowing what he/she was doing, and only 7.5% thought

that the worker did not know what he/she was doing. The majority therefore found the worker to be competent.

4.2.1.14 Client expectations of the worker – Table 3

The results in Table 3 show that 55% expected the worker to listen to them, 10% expected the worker to make suggestions, and 35% expected the worker to act on their behalf and make arrangements. More than half, therefore, merely expected the worker to be attentive and listen to them.

4.2.1.15 Worker performance/what she did – Table 3

Table 3 also describes what the worker actually did during the interview (according to the client): 55% found that the worker did listen to them, 25% found that the worker made suggestions, and 20% found that the worker made arrangements on their behalf.

The results indicate that the clients' expectations of being listened to were met by what the worker actually did. The clients' expectations of the worker making suggestions to them were exceeded by 15%. However, only 20% of the clients found that arrangements were made on their behalf, as opposed to the 35% who expected this outcome at the outset.

4.2.1.16 Client expectations of worker – Table 4

Table 4 shows the clients' expectations of the worker's behaviour towards him/her and his/her problem. The results showed that 42.5% expected the worker to be concerned and understanding, 50% expected the worker to behave in an interested manner, and be willing to help, and 7.5% of the clients were unsure and did not know how they expected the worker to behave towards them and their problem.

4.2.1.17 Client perceptions of the worker - Table 4

Table 4 also shows the clients' perceptions of the worker's actual behaviour towards him/her and his/her problem: 32.5% perceived the worker as being concerned and understanding, 60% perceived the worker as being interested and willing to help, and the remaining 7.5% viewed the worker as not being very interested in them and their problem.

These results indicate that the majority of the clients saw the worker in a favourable light, and as willing to help.

4.2.1.18 Worker's understanding of client's problem – Figure 11

Figure 11 illustrates very clearly that the worker seemed to understand the client's problems: 92% of respondents indicated that the worker understood their problem and also made it clearer. The remaining 8% did not know whether the worker understood their problem or did not.

4.2.1.19 Clients' opinion on whether they received help – Figure 12

The pie chart highlights the clients' opinions on whether or not they received help from the worker. These results show that 75% of the participants felt that they had received help, with only 25% feeling that they had not received the help they were looking for.

4.2.1.20 The attitude of clients' family and friends – Figure 13

Figure 13 shows the attitude of the clients' families and friends with regard to the client having made contact with the agency. The graph indicates that 77.5% of significant others approved of the contact, with 22.5% expressing no opinion.

4.2.1.21 Outcome of clients' problem at the end of the interview – Figure 14

Clients were then asked to indicate the outcome of their problem at the end of the interview. Fifty per cent (50%) viewed the outcome as favourable, and that their problems were addressed, 20% no longer had a problem, and 5% saw their problem as being much better. A further 5% saw their problem as a little better, and 10% felt that their problem had remained the same. Only 10% felt that their problem had become worse. These results indicate that 80% of the clients experienced a favourable outcome, albeit in different degrees, and therefore that the majority of clients were helped.

4.2.1.22 Reason for not returning to the agency – Figure 15

The main reasons for clients not going back to the agency were evaluated, and their results are reflected in Figure 15. Fifty five per cent (55%) of the clients did not go back because their problems had been solved in the first session; 25% could not get the kind of help they wanted, and 20% were unable to go back due to illness, frailty or becoming immobile. These results show that more than half of the clients were helped, and therefore did not require another interview.

4.2.1.23 The effect of the 'once-off interview' – Figure 16

The effects of the 'once-off interview' are shown in Figure 16. The results show that 55% of the clients found the interview to be very helpful, 25% found it helpful, 10% found it not so helpful, and the remaining 10% found that this 'once-off interview' was unable to help them. Eighty per cent of the participants found the 'once-off interview' to be helpful in one way or another.

4.3 DISCUSSION

Prior to commencing with the expanded study, the researcher studied literature on the 'once-off interview', social worker characteristics, quality encounter for the first interview, ability to relate and communicate, client characteristics, the worker-client relationship, and the modernisation theory to old age. From the literature study, it became apparent that the core conditions facilitating a positive

therapeutic relationship are warmth, empathy, and congruence. The literature also suggested that continuers may have experienced these core conditions with the social worker, while discontinuers may not feel positive towards the worker.

After studying the relevant literature, the researcher elected to use structured interview schedules in order to evaluate the outcome of the 'once-off' interview. The researcher administered these questionnaires/interview schedules on her own. Some of the (aged) respondents identified for the study had died, others had moved without a forwarding address, and some refused to cooperate with the researcher. This influenced the number of interview schedules completed.

The questionnaires/interview schedules were interpreted, and the researcher was able to test the five assumptions she had made.

4.4 ASSUMPTIONS

4.4.1 Perceptions

The researcher made the assumption that the clients' perceptions towards the social worker would influence their "continuance". This proved to be incorrect, as the majority of the clients discontinued after the once-off interview although they had positive feelings towards the social worker. Only 5% did not like the social worker.

The clients' perceptions of the social worker's feelings towards them indicated that 95% experienced positive feelings from the social worker, and this once again showed that 'continuance' did not depend on how they experienced the social worker. Although the clients experienced these positive feelings, they discontinued because their needs had been met in that one session.

4.4.2 Helpful

The next assumption of the worker being helpful indicated that only 18% did not consider the worker to be helpful, and that 13% did not remember. Thus, discontinuance by the majority of the elderly indicated that they were helped, and found the worker helpful. They, therefore, did not have a need to continue further interviews with the social worker.

4.4.3 Competency

As regards the social worker's competency, the majority of clients viewed the worker as competent (92.5%). This also confirmed the fact that whatever problem they brought to the social worker was addressed, and their needs were met.

4.4.4 Expectations

Regarding clients' expectations of the worker, more than half the respondents expected the worker to listen to them, and this expectation was met by what the worker actually did. The fact that they were listened to, indicated that the worker was with them (they felt understood, and experienced the warmth and empathy). These clients' needs and expectations were thus met and the clients did not have a need for continuance.

4.4.5 Outcome of problem

The majority (80%) of the elderly experienced a favourable outcome of their particular problem, albeit in different degrees. This indicated that whatever their problems/needs were, they were met, and this resulted in discontinuance of further therapeutic intervention. Amongst the minority who were not helped were the frail who could not return for further help due to their immobility.

Finally, it would appear that only a minority did not feel happy about their circumstances, while a majority definitely indicated that their discontinuance was

directly related to their needs having been met/feelings satisfied with the worker in that once-off interview.

4.5 CONCLUSION

The pilot study proved a useful springboard for the expanded study which was conducted a few months later. The findings of the expanded study will be shown in Chapter Five.

CHAPTER FIVE

RESEARCH FINDINGS: EXPANDED STUDY

5.1 INTRODUCTION

This chapter outlines the research findings of the expanded study. The researcher describes the method of data analysis and the findings from the interview schedules. The content of the sections and sub-sections generally follow a similar order to that of the questionnaire and interview schedules (Appendix B) in the pilot study and in the expanded study. The second interview schedule was modified and is based on the findings from the pilot study. The findings of the expanded study are depicted in graphic form and, where necessary, contingency tables have been used and then discussed.

The results are discussed in accordance with the following: The worker's approach (based on warmth, empathy and genuineness) to the client, supported by Rogers (1962), Fischer (1977a) and other related literature.

In addition, the results are discussed in accordance with Bloom's (1984) perspective of the ageing process, as well as in accordance with comparative contributions from related literature.

5.2 ANALYSIS

30 out of 40 respondents were interviewed.

(i) Initiating contact

Telephonic attempts were made to contact all 40 participants, however, only 30 (75%) were reached, and appointments were made with all of them.

(ii) Gender and marital status of client

<u>Single</u>	<u>Married</u>	<u>Divorced</u>	<u>Widowed</u>
7	8	3	12
<u>Male</u>		<u>Female</u>	
11		19	

(iii) Race groups that were interviewed

<u>Black</u>	<u>White</u>	<u>Coloured</u>	<u>Asian</u>
2	20	7	1
6.6%	66.6%	23.3%	3.3%

(iv) Family constellation of household

- (a) 8 were living with their spouse 26.7%
- 15 were living on their own 50%
- 7 were living with their children 23.3%
- (b) 9 owned their own apartments 30%
- 17 lived in subsidised accommodation (apartments owned by JAFTA) 57.7%
- 4 lived in other rented accommodation 13%

(v) Source of income

- 22 received state pensions 73.3%
- 5 received private pensions 16.7%
- 3 were dependent on other sources 10%

(vi) Source of referral

- 19 referred by a friend/relative 63.3%
- 5 referred by a professional 16.7%
- 6 referred by self 20%

(vii) Resource involved in arranging first interview

25 clients contacted the agency	83.3%
2 were contacted by the agency	6.7%
3 through an intermediary	10%

(viii) Reason for not interviewing client

4 unable to locate	10%
2 refused to be interviewed	5%
4 had died	10%

(ix) Worker considered helpful

24 - Yes	80%
6 - No	20%

In what way was the worker helpful?

10 - assisted with the problem	33.3%
6 - actively listened	20%
8 - willingness to assist	26.7%

In what way was the worker not helpful?

4 - did not assist with the problem	13.3%
1 - did not listen	3.33%
1 - unwillingness to assist	3.33%

(x) Feelings towards the worker - liked the worker

27 - Yes	90%
3 - No	10%

What did you like about the worker?

18	- warm and approachable	60%
7	- genuine	23.3%
2	- neutrality	6.67%

What didn't you like about the worker?

[0	- cold and aloof]	
[0	- unfriendly/indifferent]	
3	- judgemental		10%

(xi) Do you think the worker liked you?

26	- Yes	86.7%
4	- No	13.3%

What do you think the worker liked about you?

6	- very cooperative	20%
12	- willingness to explore options	40%
6	- ability to take control of the problem situation	20%

What do you think the worker did not like about you?

[0	- uncooperative]	
1	- unwilling to explore options		3.3%
5	- helplessness		16.7%

(xii) What did you expect of the worker?

19	- listen to me	63.3%
2	- make suggestions	6.67%
2	- act on my behalf	6.67%
6	- assist financially	20%
1	- to give advice	3.33%

What did the worker do in the interview?

22	- listened to me	73.3%
5	- made suggestions	16.7%
3	- acted on my behalf	10%
[0	- assisted financially]
[0	- gave advice]
[0	- don't know/unsure]

How did you expect the worker to behave towards you?

19	- concerned and understanding	63.3%
11	- interested, willing to help	36.6%
[0	- don't know/unsure]

(xiii) How did you perceive the worker behaved towards you?

8	- concerned and understanding	26.7%
20	- interested, willing to help	66.7%
2	- don't know/unsure	6.7%

(n) Did the worker understand your problem?

24	- worker understood and made it clearer for me	80%
4	- worker did not understand	13%
2	- don't know/unsure	6.6%

(xv) Do you think the worker was willing to listen to you?

26	Yes	86.7%
4	No	13.37%

If yes

In what way - all the yes responses were indicative of the worker being in touch with the aged person's (respondents) feelings and needs, hence

showing compassion and sensitivity towards them. Also, all attention was focused on them and their problems

If no

The 'no' responses were significantly lower than the 'yes' responses. The aged persons felt that the social worker rushed through the interview

(xvi) Do you think the worker was really interested in your problem?

26	Yes	86.7%
4	No	13.3%

If yes

In what way? The worker moved at the pace of the client and remained focused on the aged person's needs.

If no

In what way? The respondents explained that the social worker asked far too many questions without maintaining eye contact or staying with their feelings.

(xvii) Did you perceive the worker as competent?

27	- knew what she was doing	90%
3	- didn't know what she was doing	10%

(xviii) What is your opinion on whether or not you were helped?

22	- I received help	73.3%
5	- I did not receive help	16.7%
3	- not sure	10%

(xix) **What was the attitude of your family and friends with regard to your contact with the agency?**

9	- approved	30%
1	- did not approve	3.3%
15	- were not aware of the contact	50%
5	- no opinion	16.7%

(xx) **What was the outcome of your problem at the end of the interview?**

21	- outcome favourable	70%
4	- outcome unfavourable	13.3%
5	- just the same	16.7%

(xxi) **Do you think the outcome was related to the worker's attitude**

23	Yes	76.7%
7	No	23.3%

If yes

Please explain - the worker's behaviour (warmth, empathy and genuineness) all contributed to the client feeling better at the end of the interview.

If no

Please explain - although the worker's attitude was positive, she was not able to assist with specific problems such as material assistance (payment of rent, medical bills and provision of food).

(xxii) **Would you say this 'once-off interview' was helpful?**

24	Yes	80%
6	No	20%

If yes

In what way?

9	- problem solved	30%
8	- referred to the appropriate resource/agency	26.7%
7	- felt understood	23.3%
[0	- received material assistance]

If no

In what way?

2	- problem unresolved	6.6%
2	- did not receive material assistance	6.6%
1	- no referrals to other resources were made	3.3%
1	- did not feel understood	3.3%

(xxiii) Can you identify any other reason(s) which prevented you from returning for further help?

10	- lack of transport	33.3%
4	- absence of day care facility for frail spouse	13.3%
7	- ill/failing health	23.4%
9	- other	30%

(a) **If other**

Please explain.

4 out of 9 respondents received assistance from their children; 3 moved into subsidised accommodation, and 2 of the respondents' spouses had died, (which resolved their initial problem).

(xxiv) Ageing and Health

In order to effectively research this age group, post, preset and future life stages needed to be acknowledged. To this and various questions regarding health, communication, relationships, and other factors, were included. The rationale for this is explained in 5.9.

The respondents were asked whether they had experienced any special health problems since the onset of old age.

TABLE 1**RESPONDENTS' HEALTH PROBLEMS**

Number of Medical Conditions	No.	(%)
No medical conditions	0	0
One medical condition	4	13.3
Two medical conditions	9	30
Three medical conditions	7	23.3
Four medical conditions	5	16.7
Five medical conditions	3	10
Six medical conditions	2	6.7
TOTAL	30	100

TABLE 2
BREAKDOWN OF DISEASES AND INJURIES

Diagnosis	No.	%
Arthritis lower limbs	9	30
upper limbs	4	13.3
spine	1	3.3
Cancer	2	6.7
Cardiac failure/Angina	6	20
Cerebrovascular problems	4	13.3
Circulation problems	5	16.7
Depression/Anxiety	12	40
Diabetes	6	20
Fractures	3	10
Gastrointestinal disorders	11	36.6
Gynaecological/Prostate problems	4	13.3
Hearing loss (significant)	3	10
Hypertension	13	43.3
Insomnia	10	33.3
Myocardial infarction	3	10
Neurological dysfunction	2	6.7
Ophthalmic problems	5	16.7
Respiratory abnormalities	4	13.3
Osteoporosis	2	6.7
Urinary – frequency	2	6.7
Incontinence	4	13.3
Retention	0	0

Table 2 gives a breakdown of the diseases and injuries of a degenerative nature, e.g., arthritis, cardiac failure, diabetes, hypertension, as well as other diseases related to the ageing process. Although the respondents had illnesses, they were still able to live a relatively independent lifestyle within the community. Depression is one of the most common psychiatric disorders in the elderly, affecting 20% - 30% of individuals (Gillis, Elk, Trichard, Le Fevre, Zabow, Joffe & Van Schalkwyk, 1982; Potocnik, 1989). There has been a similar finding in the research. It has been postulated by Hanley and Hodge (1984) that although the incidence of depression may be higher, it is not often/always diagnosed by the general practitioner.

The aged persons in this study displayed strong coping skills and outstanding perseverance in managing his/her limitations. This is confirmed in the research, and it is noted that although the respondents had illnesses they were still able to live a relatively independent lifestyle within the community. Depression is one of the most common psychiatric disorders in the elderly, affecting 20% - 30% of individuals (Gillis, Elk, Trichard, Le Fevie, Zabow, Joffe & van Schalkwyk, 1982; Potocnik, 1989). There has been a similar finding in the research. It has been postulated by Hanley and Hodge (1984), that although the incidence of depression may be higher, it is not often/always diagnosed by the general practitioner.

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Ophthalmic problems	5	16.7
Respiratory abnormalities	4	13.3
Osteoporosis	2	6.7
Urinary – frequency	2	6.7
Incontinence	4	13.3
Retention	0	0

Table 2 shows that aged persons suffer more from chronic illnesses and less from acute illnesses. This finding is in line with Butler and Lewis (in Bloom, 1984) who stated that approximately 86% of the aged population have chronic conditions which decrease their coping skills to varying degrees.

5.3 COPING CAPACITY

This research has indicated that the aged person in this study have been able to develop coping mechanisms with the use of community support or resources. The aids used by the respondents are presented in Table 3.

TABLE 3
USE OF MEDICAL APPLIANCES AND MEDICATION

Description	No.	%
Incontinence pads	3	10
Medication	30	100
Walking stick/Walking aid	9	30
Wheelchair	1	3.3

The respondents used a variety of aids to maintain and enhance their well-being. The use of medication was particularly high, with 100% of the sample being maintained on regular medication. A similar study conducted in America (Kimmel, 1974) revealed that the aged population generally spent three times more on medication compared with the population under 65 years old. In this study human assistance enabled 50% of them to cope and remain within the community, as indicated in Table 4.

TABLE 4
HUMAN ASSISTANCE RENDERED IN ACTIVITIES OF DAILY LIVING

Nature of assistance	No.	%
Assistance with bathing	4	13.3
Assistance with household chores	3	10
Assistance with shopping	3	10
Assistance with visits to the hospital	5	16.7
TOTAL	15	50

JAF TA provided these supportive services by the Home Helper who is trained to render these services and would receive a nominal fee for her services (R6.30 for two hours). This service thus enabled many of the aged persons to cope with their chronic health problems while retaining a certain level of independence in the community.

5.4 COMMENTS ON AGEING AND HEALTH

The repondents' overall reduced functioning and chronic illnesses appeared to have a direct influence on their lifestyle. The respondents generally provided the researcher with detailed information pertaining to how the elemental human experience of ageing and health (time and growth) affected their lives. They also described the human supportive services which enabled them to cope.

The respondents' physical and psychological conditions appear to be in line with the patterns found amongst the geriatric population in a study by Muir, Gray and McKenzie (1986). The respondents appeared particularly concerned with their loss - of short-term memory. The incidence of depression which was common also appeared to be of concern to the respondents. They also felt that their peers did not display an understanding of their suffering and it was something that they never

shared or discussed. The cultural socialisation amongst the elderly/aged towards self-sufficiency could possibly be an influencing factor.

5.5 COMMUNICATION

Although the ageing process may be accompanied by many psychosocial losses, the verbal capacity remains usually intact, unless the aged person is afflicted with a speech/hearing impediment and has suffered profound psychological deprivation (Bloom, 1984). In addition, an individual's verbal skills appear to increase with age, until advanced old age, when decreased vision and hearing contribute to its decline (Bloom, 1984).

5.5.1 Patterns of communication

The respondents were asked whether they believed that their present communication patterns had changed compared with those of their younger years. Table 5 displays their responses.

TABLE 5
RESPONDENTS' ASSESSMENT OF PRESENT COMMUNICATION
PATTERNS

Quality of pattern	No	%
No change	4	13.3
Communicate less	18	60
Communicate more	2	6.7
Content is less serious	4	13.3
Content is more serious	2	6.7
TOTAL	30	100

Thirteen per cent of the sample suggested that there had not been a marked change in the quality or quantity of their verbal communication since reaching old age. The

respondents' reference to more or to less serious orientation of communication content appears to be related to life events as well as to personality issues. The overall impression was that although their communication had not deteriorated with age, their patterns of communication had certainly changed.

5.5.2 Communication opportunities

The respondents were asked about their present communication opportunities, that is with whom they now communicate. See Table 6.

TABLE 6

RESPONDENTS' ASSESSMENT OF COMMUNICATION OPPORTUNITIES

Persons spoken to	No.	%
Other aged persons	14	46.7
Children and step-children	7	23.3
Grandchildren	5	16.7
Other relatives	3	10
Staff/Home helper	1	3
TOTAL	30	100

5.5.3 Comments on communication

The respondents indicated that communication remains an integral part of their daily living. The majority of the respondents indicated that the quality of their communication had been affected by their failing health, both physically (hearing deficits and memory loss) and psychologically. The respondents also indicated that they felt most understood by, and could identify with, their own age group (other aged persons) and therefore found themselves talking the most to this group.

The importance of communication was emphasised by Bloom (1984:115) in paraphrasing Descartes, "I communicate and am communicated to, therefore I am".

5.6 LOVE AND RELATIONSHIPS

Love is defined as "a communication pattern characterized by very high perceived positive and reciprocal reinforcement between the parties involved, resulting in persisting growth of the system common to them" (Bloom, 1984:137). Bloom thus goes beyond the romantic notion of love and sees it as affecting human relationships on all levels.

In a marital relationship, the spouses become increasingly dependent on each other and with the death of one partner, the remaining spouse becomes increasingly isolated and lonely, with relatively few support systems to provide the help and caring that was previously provided.

5.6.1 Significant relationships

Of the respondents, seven (23.3%) had never been married, eight (26.7%) were still married, three (10%) were divorced and twelve (40%) were widowed.

The sample showed that eight respondents (26.7%) were still living with their spouses, sixteen (53.3%) were living on their own, and six (20%) were living with their children.

The respondents who had never been married (23%) described an emptiness and loneliness and yearned to have had children. The married respondents (26.6%) reported that their marital relationships had been close and meaningful. The divorced respondents (10%) also yearned for companionship and support which they did not receive in their failed marriages, and were ambivalent about their children's feelings. The widowed respondents (40%) reported a high degree of isolation and loneliness and that their children showed little concern. The married

respondents indicated that they received love/affection from their spouses and this same group reported having received the attention from their children as well.

5.6.2 Relationship with children

The respondents were asked how they viewed their relationship with their children.

TABLE 7

QUALITY OF THE RELATIONSHIP WITH CHILDREN

Response	No.	%
Favourable	14	46.7
Unfavourable	9	30
Not applicable (no children)	7	23.3
TOTAL	30	100

TABLE 8

CHANGE IN AMOUNT OF CONTACT WITH CHILDREN

Amount of contact	No.	%
Decreased contact	9	30
Increased contact	14	46.7
Not applicable (childless)	7	23.3
TOTAL	30	100

Tables 7 and 8 correspond with one another, as the quality of the parent-child relationship and the amount of contact that is retained in this relationship correlate. The fourteen respondents (46.7%) reported increased contact, and nine respondents (30%) reported decreased contact. The respondents explained that they had a greater need for practical assistance as compared with other aspects of support. The need for emotional support was seen by the respondents as having a relatively low priority and this can possibly be related to the aged person's reluctance to express the need for emotional support to their children. It would

appear that it is easier to say, "Help me with something", instead of, "I need to be loved and wanted".

5.6.3 Respect

Respect is the "first component of love in old age ... respect for what one has been, for what one currently is, and for what one may become. It involves respect from others, and self-respect" (Bloom, 1984:154).

The respondents were asked whether they perceived that they were treated as respected persons in their old age.

TABLE 9
DISPLAY OF RESPECT BY OTHER PEOPLE

Respect present/not present	No.	%
Respect displayed	21	70
Respect not displayed	9	30
TOTAL	30	100

The majority of the respondents felt that their life experiences were given consideration and, as a consequence, that they and their opinions were respected. The minority (30%) felt that they did not receive the respect they ought to. Their explanation was that old age is accompanied by greater dependency and degeneration, and as a result may demand more of others, friends, children and relatives. Old age is therefore not always welcomed by them.

5.6.4 Dependency upon children and others

The respondents were questioned as to whether they felt that they were dependent upon their children and significant others.

TABLE 10

RESPONDENTS' DEPENDENCY UPON OTHER PEOPLE

Relationship	No.	%
Children	13	43.3
Family members	6	20
Friends	2	6.7
No dependency recorded	9	30
TOTAL	30	100

TABLE 11

RESPONDENTS' REACTIONS TO FEELING DEPENDENT UPON OTHERS

Reaction	No.	%
Beginning to accept situation	4	13.3
Dislike the dependency	6	20
Having problems in adjusting	10	33.3
Feeling dependent is not problematic	1	3.3
No dependency recorded	9	30
TOTAL	30	100

5.7 CHANGE IN LIFESTYLE

Old age is accompanied by many losses and changes. Thus, the aged person is often forced to make changes and adjustments, and the use of specific mode of adaptation helps to determine the ultimate quality of the adjustment.

5.7.1 Changes experienced

The respondents were asked to indicate if their lifestyle had changed and if so, to identify the change.

TABLE 12

CHANGES EXPERIENCED IN OLD AGE

Lifestyle	No.	%
No change	-	
Change	30	100
TOTAL	30	100

TABLE 13

TRAUMATIC CHANGES EXPERIENCED IN OLD AGE

Type of change	No.	%
Death of children	2	6.7
Death of friends	6	20
Death of spouse/partner	12	40
Declining health	10	33.3
Decreased activities	28	93.3
Loss of employment	30	100
Change in accommodation	20	66.7

The type of traumatic change experienced in old age is enormous and has important implications for social work intervention.

5.7.2 Comment on change and adaptation

The internal losses (e.g. physical and mental decline) and external losses (e.g. employment) that are concomitant with the onset of old age were evident in the views expressed by the respondents. The social work input to assist these clients in their adjustment process was expressed by Bloom (1984:181) as "The general task of many helping professionals is to improve their clients' adaptations to their relevant environments, which may involve changes in the individual, the environment, or both".

5.8 DEATH AND DYING

The reality of death usually has a profound impact on members of the aged population as they are regularly exposed to the death of their contemporaries.

5.8.1 Contemplation of own death

Nineteen respondents (63.3%) responded that they thought about their own death.

They were then asked to estimate the amount of time they spent on the issue of their own death. The results are shown in Table 14.

TABLE 14
TIME SPENT ON THE ISSUE OF OWN DEATH

Estimated occurrence	No.	%
Regular	6	20
Intermittent	8	26.7
Rare	4	13.3
No occurrence recorded	12	40
TOTAL	30	100

As regards whether their death was a source of worry to them, eighteen respondents (60%) responded in the affirmative, and twelve (40%) reported that it was not a source of worry to them. These respondents were further requested to provide the source of their concern, and the results are reflected in Table 15.

TABLE 15
RESPONDENTS' REASONS FOR BEING CONCERNED ABOUT THEIR DEATH

Reasons provided	No	%
After-life experiences	4	13.3
Manner of death	12	40
No concern expressed	14	46.7
TOTAL	30	100

Sixteen respondents (53%) described the areas of concern, which they ascribed to the pain, reduced coping skills and dependency to which they already had been vicariously exposed through the experiences of their spouses, peers and other aged persons.

The respondents were requested to provide details of whether they had made any practical arrangements pertaining to their death. Nineteen respondents (63%) had not made arrangements and eleven (36.7%) had made certain arrangements, the details of which are shown in Table 16.

TABLE 16
RESPONDENTS' PRACTICAL ARRANGEMENTS PERTAINING
TO THEIR DEATH

Arrangements made	No.	%
Funeral arrangements	3	10
Funeral insurance	2	6.7
Living Will completed	4	13.3
No preparation undertaken	19	63.3

The large percentage of the respondents (63%) who had not undertaken any preparation, indicated that they were not concerned what happened after their death. However, six respondents indicated that their children would take care of it and the remaining eleven respondents (37%) were not interested in any further discussion around the subject. This correlates with the research of Kalish and Reynolds (1976:226) in which only one-fifth of their research populations had, for example, completed wills.

5.8.2 Comments on death and dying

The research indicated that the aged persons did not spend most of their time thinking about death. The impression conveyed was that the respondents were more focused on living or perhaps that some of them were in denial. The

psychological preparation for this life event follows five stages according to Kubler-Ross (in Bloom, 1984). The first stage is denial which she refers to as "Not me!", and it may be that an element of this stage is the basis for the respondents' lack of preparation for death.

The stereotype of the aged persons using most of their free time thinking about their impending death was clearly refuted by the above results, with a relatively small percentage of the research groups indicating that preparations had been made for this life event. Elwood (in Bloom, 1980:363) stated that "Death has replaced sex as a forbidden topic in modern day culture." This could have had an effect on the results but with the research groups' personal experiences of death, more open communication was possible. The impression was that the respondents were more intent upon living with the result that dying receded into the back of their minds - this was particularly reflected in the study.

5.9 CONCLUSION

As mentioned, in order to effectively research this age group, it is essential that the past, present and future life stages are given acknowledgement. Bloom's (1984) theory gives equal importance to all life stages and is thus a most appropriate basis when researching the aged population. The common experiences that all individuals have, that is the elemental human experiences, are realistically related to the aged population. When formulating the research, the respondents' status of people whose flexibility has declined and who have slowed responses, was taken into account. A consequence of the above is the limited nature of the literature study. Bloom's (1984) configural-communication perspective forms the foundation of the study and thus the need to present a meaningful synopsis of this perspective received prominence.

The respondents' physical and mental functioning generally displayed signs of decreased competence and this affected their social functioning; however, the other elemental human experiences also had interrelationships which had a direct impact upon the respondents' view of old age. Bloom (1984) emphasizes that old

age is not an illness. However, the present study's findings confirmed that ageing and disease are intertwined in a complex manner. There is a mutual relationship between these two factors, with disease hastening the ageing process and age rendering the person more vulnerable to disease, especially of a degenerative nature. The presence of a relatively minor degree of chronic disease can adversely affect the aged person's functioning to the extent that it has a negative impact upon the other elemental human experiences. The research members in this study generally revealed changes in physical functioning, strength and energy. The respondents also identified how the ramifications of their chronic disease had adversely restricted their lifestyle, for example they were no longer able to participate in certain activities. In order to evaluate whether the needs of the aged were being met, the researcher had to identify those needs which had to include the ageing process.

Chapter Six concludes the study with a discussion of the study in general, as well as the strengths and limitations, and recommendation for future research.

CHAPTER SIX

RESEARCH CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

The research aimed to fulfil two objectives. The first objective was composed as follows:

To evaluate the performance of the social worker with regard to the quality of service (warmth, empathy and genuineness) which the elderly (clients) received during the first interview and their reasons for discontinuance. Through the use of an interview schedule based on five elemental human experiences, as described by Bloom (1984), the researcher aimed to demonstrate the utility thereof in individual client assessment, whilst providing information on the lifeview and social functioning of the aged, from a configural-communication perspective.

The results provide comprehensive information on the above topic as demonstrated by the social worker's characteristics (warmth, empathy and genuineness) and attitude towards the aged respondents. This was also demonstrated by the exposition of the elemental human experiences in Chapter Five. Detailed information was elicited from the aged respondents regarding their therapeutic encounter with the social worker as well as their present, past and future experiences. Bloom (1984) emphasised that when undertaking planning and implementation of preventative and remedial interpersonal services from a configural-communication perspective, the relationship between the biological dimension and social ecology must always be considered. In the lifestyle that the respondents of the research group reflected, they revealed the existence of this relationship. A theme that was demonstrated throughout was that the respondents did not want to become a burden on their families and thus welcomed the services provided by JAFTA.

From the perspective of the elemental human experiences explored, the results gave a comprehensive picture of the functioning of the middle and lower socio-economic class, urban, English-speaking, Black, White, and Coloured aged living either in subsidised, rented or owned apartments or still regarded as community-active.

The research results were generally positive. The majority of the elderly did not return after the first interview as their needs had been met. The elderly also described having experienced positive feelings towards the social worker as a result of the social worker's favourable responses towards them. In this way, it was clearly shown that they discontinued due to the fact that their needs had been met after only one interview.

Most of the elderly indicated that they were helped by the social worker, emotionally and physically (provision of appliances and home help services) and thus that their needs were met. A small proportion discontinued after the first interview due to the fact that they required material assistance, which the social worker was unable to provide.

In addition, the elderly described the social worker as competent, interested, and willing to assist them with their problems. The elderly's expectations of the social worker illustrated that they expected the worker to listen to them and that these expectations were met by what the worker actually did. They indicated that they were listened to, thus validating that the social worker was 'with them' (they felt understood and experienced the warmth, empathy and genuineness of the social worker). This provided confirmation that their needs were met and that therefore they did not have a need for continuance.

Only a small proportion indicated that their needs were not met. Among those were the frail who did not return due to their immobility, and those who specifically needed material assistance which they could not get.

The findings of the expanded study are very similar to the findings of the pilot study. Both studies revealed that a majority of the elderly indicated that their

discontinuance was directly related to their needs having been met - feeling satisfied with the social worker. In this way, support for the services provided by JAFTA was garnered.

Furthermore, it is believed that the respondents had generally made a constructive adaptation to the changed circumstances of their latter years. This could be related to their experience of social security in their particular environments. In line with Maslow's hierarchy of needs, the majority of the respondents' safety and security needs, as well as love and a sense of belonging. The lower order or primary needs were generally assured. There was a lesser fulfilment of the two higher-order needs of self-esteem and self-actualization; however, the potential was frequently present.

All the respondents appeared to be more or less satisfactorily accommodated and reasonably well-adjusted despite the current life stresses associated with this life stage, such as significant decline in health and energy levels, as well as the experience of retirement and bereavement. Although the respondents' physical functioning was not as they would have liked it to be, they did not allow their lives to be totally restricted by their disabilities. They were still able to live a relatively independent lifestyle within the community. The common incidence of short-term memory loss and depression seemed to be of concern to the respondents. Despite this however they displayed strong coping skills and perseverance in managing their limitations. They highlighted the significance of human assistance (social worker and services provided by her) which enabled them to cope and remain within the community.

Their independent lifestyle (living on their own) resulted in their displaying greater dependence on the social worker, family and significant others. A majority of the respondents used a friend as a confidant (shared common experiences and needs) because they were able to identify with someone of their own age group, while a minority used their children to fulfil this role. The respondents thus indicated that their communication patterns had certainly changed during the ageing process. Although the respondents had a need for emotional support, their focus was more

on practical assistance and found it easier to express this need as opposed to "love me, want me".

The majority of the respondents felt respected. The respondents also indicated that the ageing process is accompanied by enormous losses, and thus the role of the social worker has been and will always be, very valuable.

The second aim of the research was to confirm the need for individual client assessment in order to provide effective services to this target group.

The knowledge obtained could be used in the subsequent development of programmes aimed at individual, group and community psychosocial needs. The study did not aim to submit such programmes, but to provide relevant recommendations.

In performing assessment interviews, Mortimer (1986:56) confirmed that, "It is most important to use the elderly themselves as first hand informants."

The researcher aimed to illustrate the need for comprehensive client assessment. The social worker is required to be sensitive with regard to when the social work interviewing techniques may require modification to accommodate the clients' needs. Mortimer (1986) stated that in situations of loss or illness, a social worker may need to reach out by touch, tactile stimulation. Sometimes use of physical gestures or even speaking louder if necessary, helps to make the respondent understand.

Accurate information gathering and identification of the clients' needs is essential, as it has a direct influence on the direction of further counselling and meeting the clients' needs. The interview schedule aimed to present a comprehensive picture of the respondents' past and present functioning, and support systems which are important factors in ensuring that it is a meaningful social work assessment tool.

The need under investigation determines the manner in which the schedule is used. It is possible to extend relevant items/sections on the schedule in order to provide a more comprehensive account. For example, if an assessment is required to establish whether an aged person is coping within the community or not, the time and growth aspects may receive greater prominence. This information would provide the social worker with an overview of the client's health and present coping skills, and whether the client would be able to retain his independence in the community.

It is possible that although the social worker would have wanted to get more involved with the client (elderly), the client in fact sets the pace and determines the frequency of the contact, as well as other factors. In view of welfare programme writing (business programme) one must acknowledge the fact that the aged are satisfied with brief, supporting encounters.

6.2 STRENGTHS OF THE STUDY

The pilot study was very general and served to highlight shortcomings. It provided an opportunity for a more in-depth study, and highlighted the plight of the elderly in that there are definite and necessary needs which are not being met. It also indicated that the study did not include the elemental human experiences of the aged, which then enabled the researcher to include this in her follow-up study and emerge with a more comprehensive study and consequent findings.

- The expanded study explored specific needs and deficits in the life of the elderly.
- In addition, it was able to identify what services were necessary and the importance of the continued delivery of these services (home helping scheme and loan of medical appliances).
- The study also confirmed that the above services would enable the elderly to retain their independence in the community, without becoming a burden to the state.

6.3 SHORTCOMINGS OF THE STUDY

Several limitations regarding this research should be borne in mind when considering its application to practice:

- (i) Some clients were unwilling to participate.
- (ii) Some clients were unable to participate due to illness; for example, Alzheimer's disease, dementia, suffering a stroke, and death in some cases.
- (iii) Some clients had moved, leaving no forwarding address (unable to trace).
- (iv) Agency records were brief, in some cases not outlining the therapeutic intervention/plan of action (provided by the social worker).
- (v) The study was limited to the first interview only and the social worker's therapeutic effectiveness could have varied in later interviews.
- (vi) The type of clients that were interviewed was not controlled (other than the exclusion of floridly psychotic clients).
- (vii) This is a retrospective study, which means that the respondents were asked to go back in time and recall their earlier feelings, perceptions and experiences. It is quite possible that the passage of time affects the accuracy of their recall, more so in the elderly (some clients forgot whether the social worker was of help or not; or in what way the intervention helped; or in what way they would have liked to be helped).
- (viii) The interviews were conducted at the respondents' homes and lent itself to disturbances and interruptions: friends visiting, radio, television, and the presence of grandchildren.

6.4 RECOMMENDATIONS

The increase in the aged population together with the aged person's status in the nuclear family emphasizes the need for effective planning for this population group. The initial need of the social worker to render an integral service to the elderly in order to enable them to retain their independence in the community is evident. However, the individuals have to be assessed prior to devising appropriate individual, group and community programmes.

6.4.1 The social worker in the community

The use of the research interview schedule for the follow-up study on the discontinuance of clients after one interview, has been illustrated as an effective means of information gathering, which has provided the social worker with a framework for the counselling process.

6.4.2 The social worker in the organisation/agency

The social worker has the task of helping the client to maximize his potential. It has been illustrated that the research interview schedule is a meaningful assessment tool for the social worker to use as his initial point of departure. The social worker plays an invaluable role in assisting the elderly with the adjustment process (as the findings have indicated).

6.4.3 Suggested programmes

As a result of the research findings, the following programmes are recommended:

- (i) The respondents revealed that they found comfort from their own age group (confidant). This positive aspect could be extended through the development of a group support programme for the elderly - implementation of groupwork. The respondents shared some important information with the researcher, and groupwork could be a useful method for the members to come to terms with the ageing process.
- (ii) Casework assistance should be continued, as the elderly felt that this was perhaps their only opportunity to be heard. It could also assist them with working towards a more positive view of their life stage.
- (iii) Service centres for respondents who participated in a more active lifestyle should be established. This would also enable them to interact with other elderly (share common needs).
- (iv) A day-care facility was a strong need. Such a facility would provide relief for the more healthy spouse to have 'time-off'.

- (v) The lack of transport was also identified as a need. This prevented the elderly from pursuing further help. It is suggested that assistance with transporting the elderly to hospitals, clinics, collecting their pensions and to other resources be provided by welfare organisations.
- (vi) There is a need to increase community awareness regarding the lifeview of the aged, through workshops and adult education lectures, with special focus on the roles of their children and the community.
- (vii) There is a need to continue with the 'home-help service' in order to enable the elderly to retain their independence (not become burdensome to family).
- (viii) The research results revealed that the aged still had the potential to make a significant contribution to society. They could assist with imparting of knowledge and wisdom to adults and children. They could also assist in providing emotional and physical support to children and grandchildren in alleviating the modern day plague - stress.

6.5 CONCLUDING REMARKS

There is much focus on other members of our community, for example the children. All members of our community are worthy of attention in an effort to bring about changes where necessary. The aged in our society are however neglected and it would be a sacrilege to spend so much time, love, energy, and effort in raising children, only to have those same individuals thrown on a heap and forgotten by society when they become old.

This is the International Year of the Older Persons, and it is this researcher's hope that sincere focus will be on meeting the needs of the elderly.

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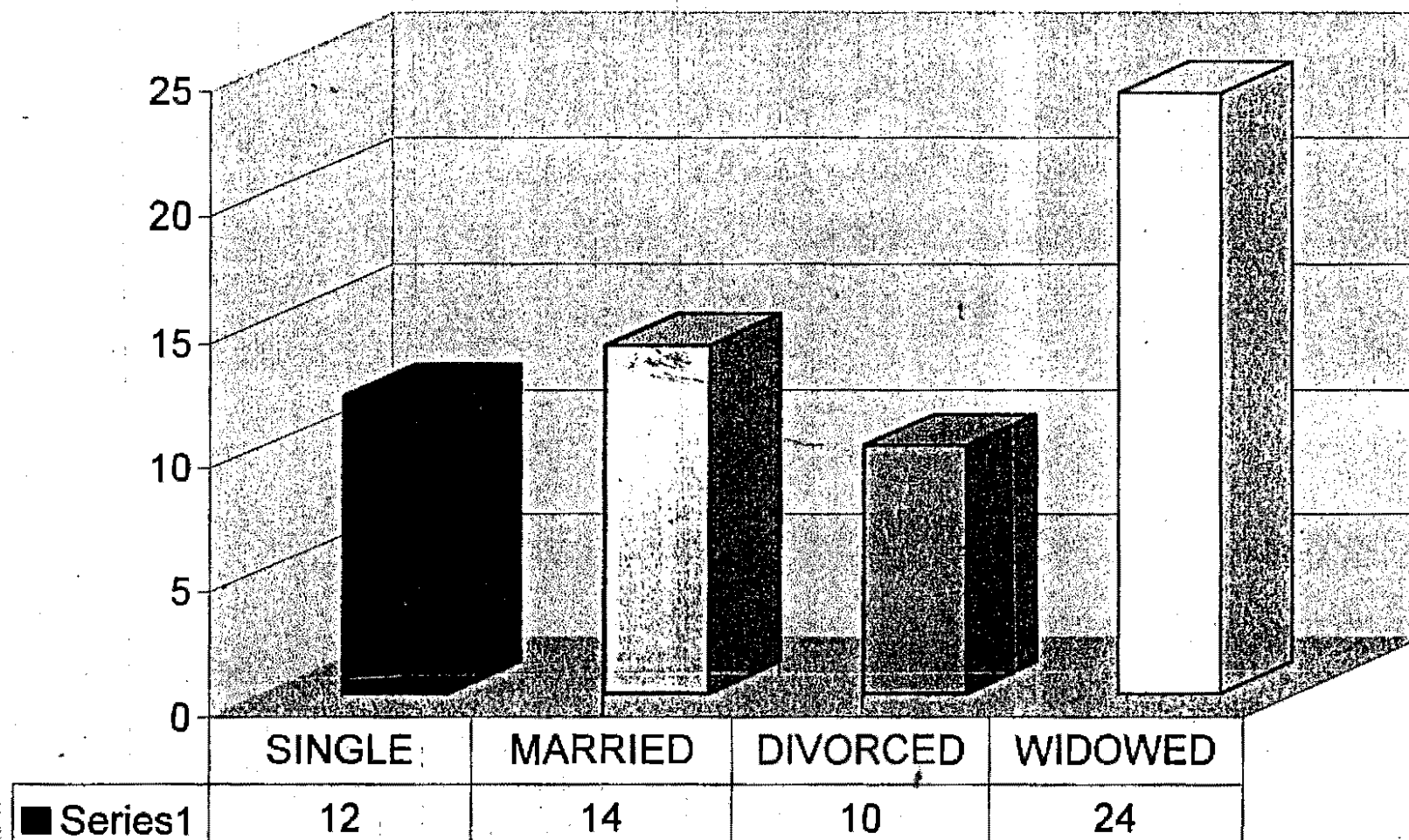
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APPENDIX A.

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Status of Client (22 Male:38 Female)



APPENDIX A.

FIGURE 1

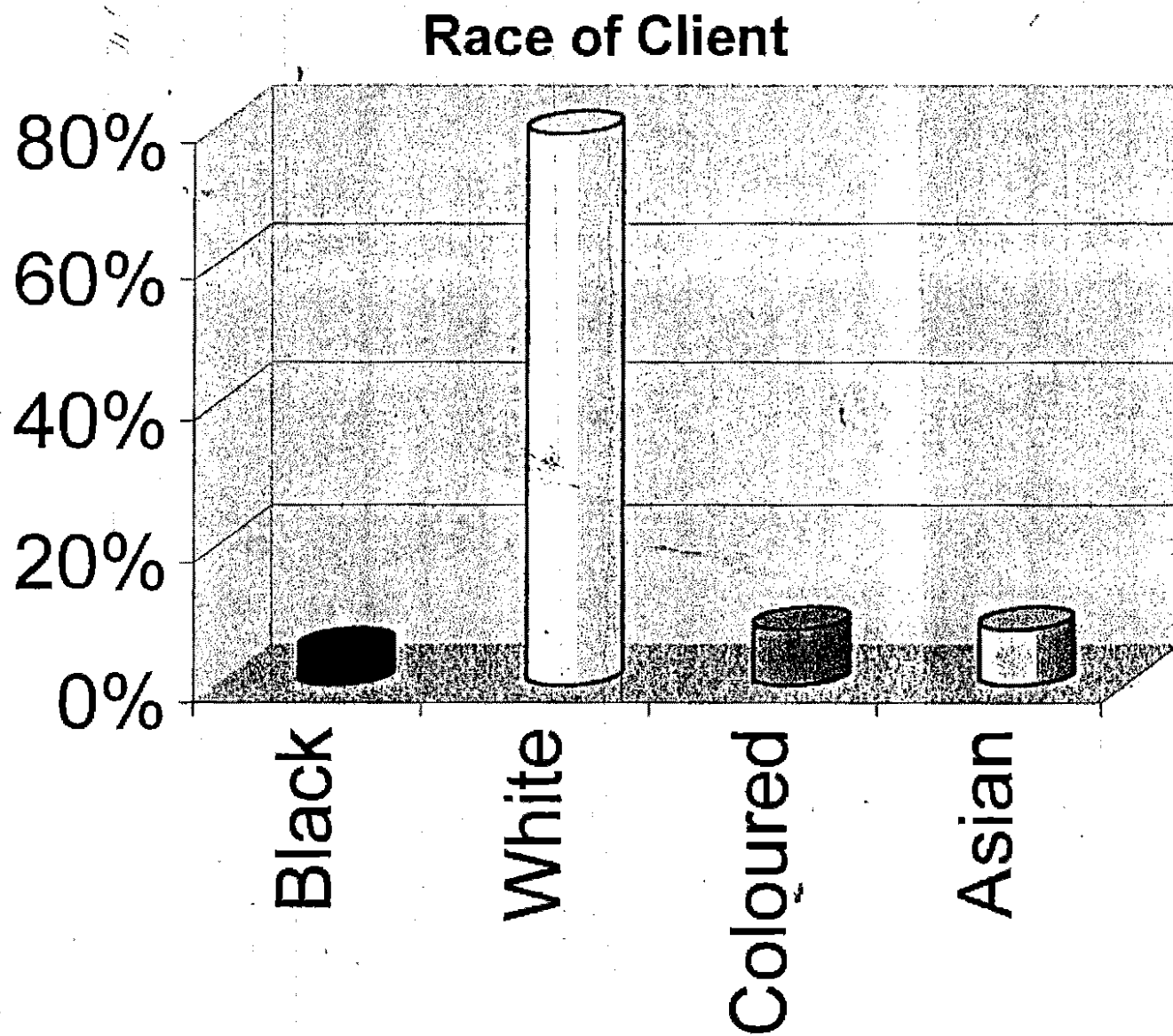


FIGURE 2

Family Constellation of Household

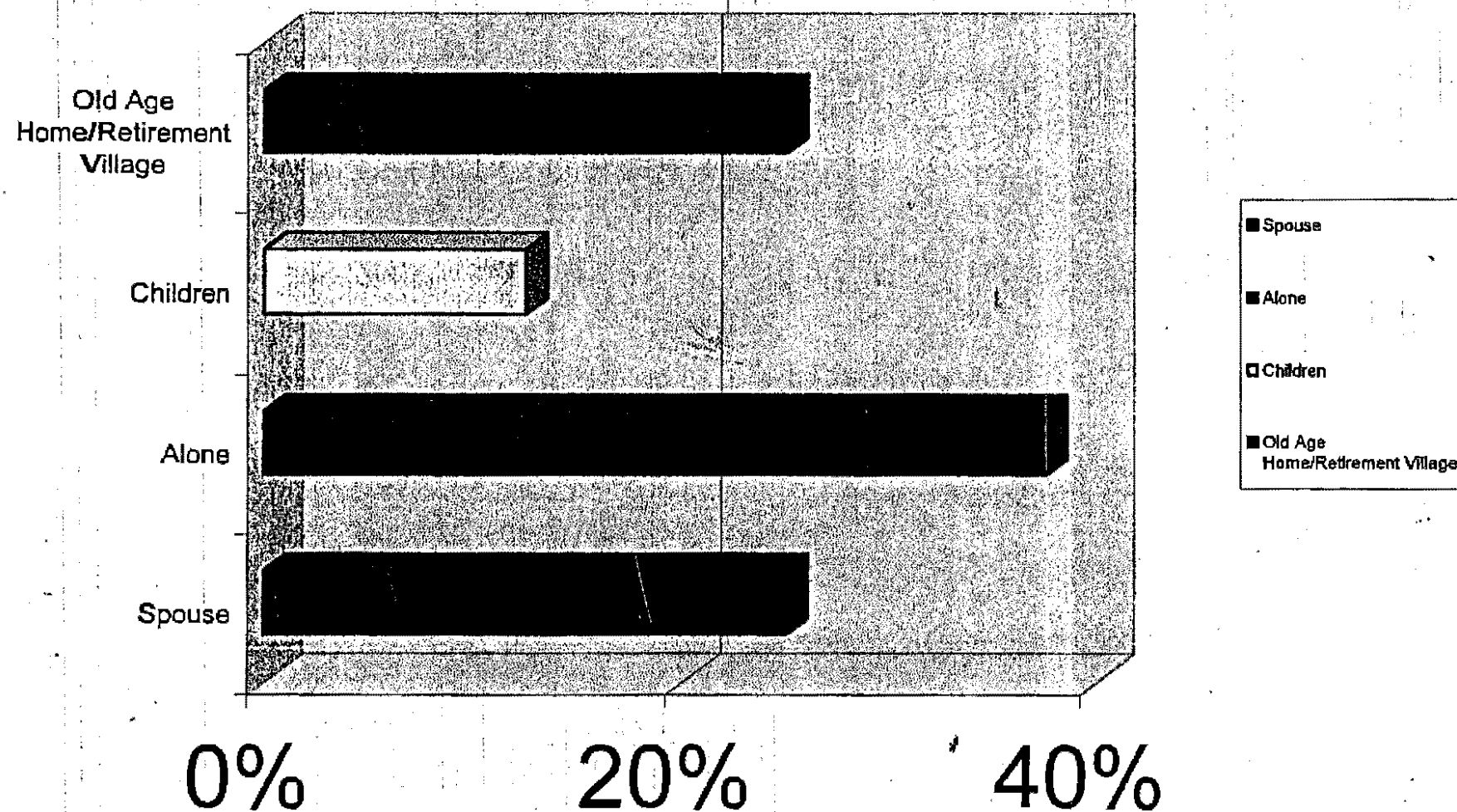


FIGURE 3

Source of Income

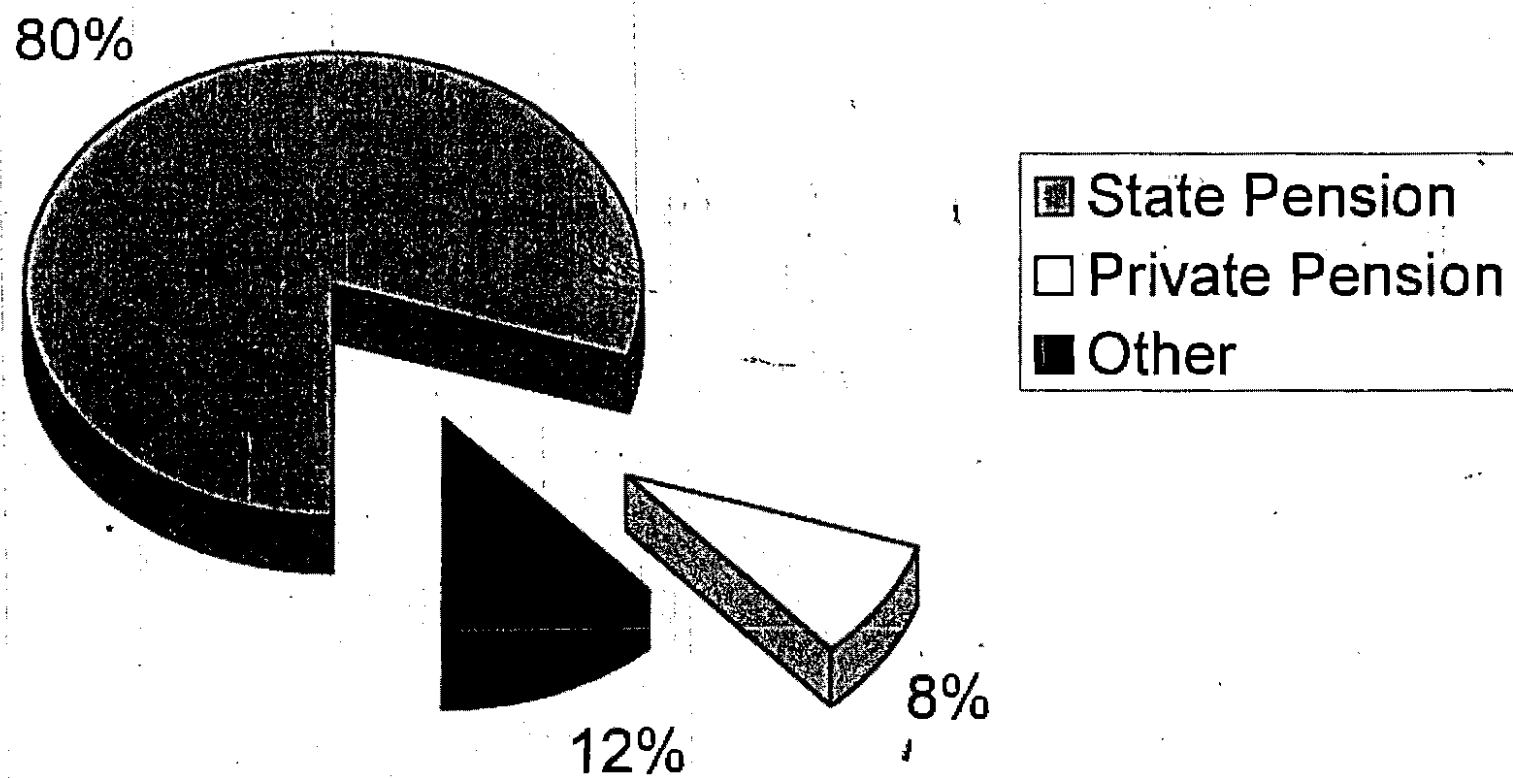


FIGURE 4

Source of Referral

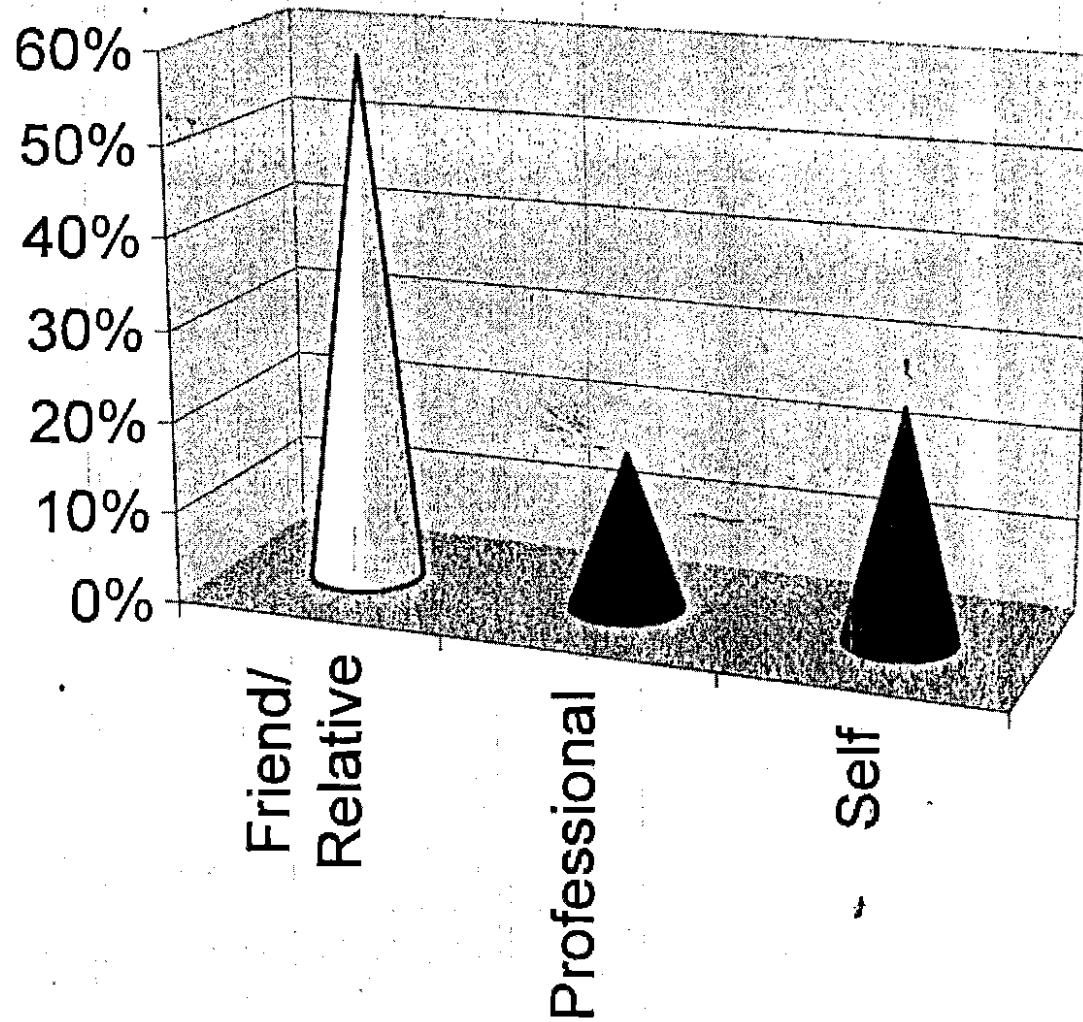


FIGURE 5

Resource Involved in Arranging First Interview

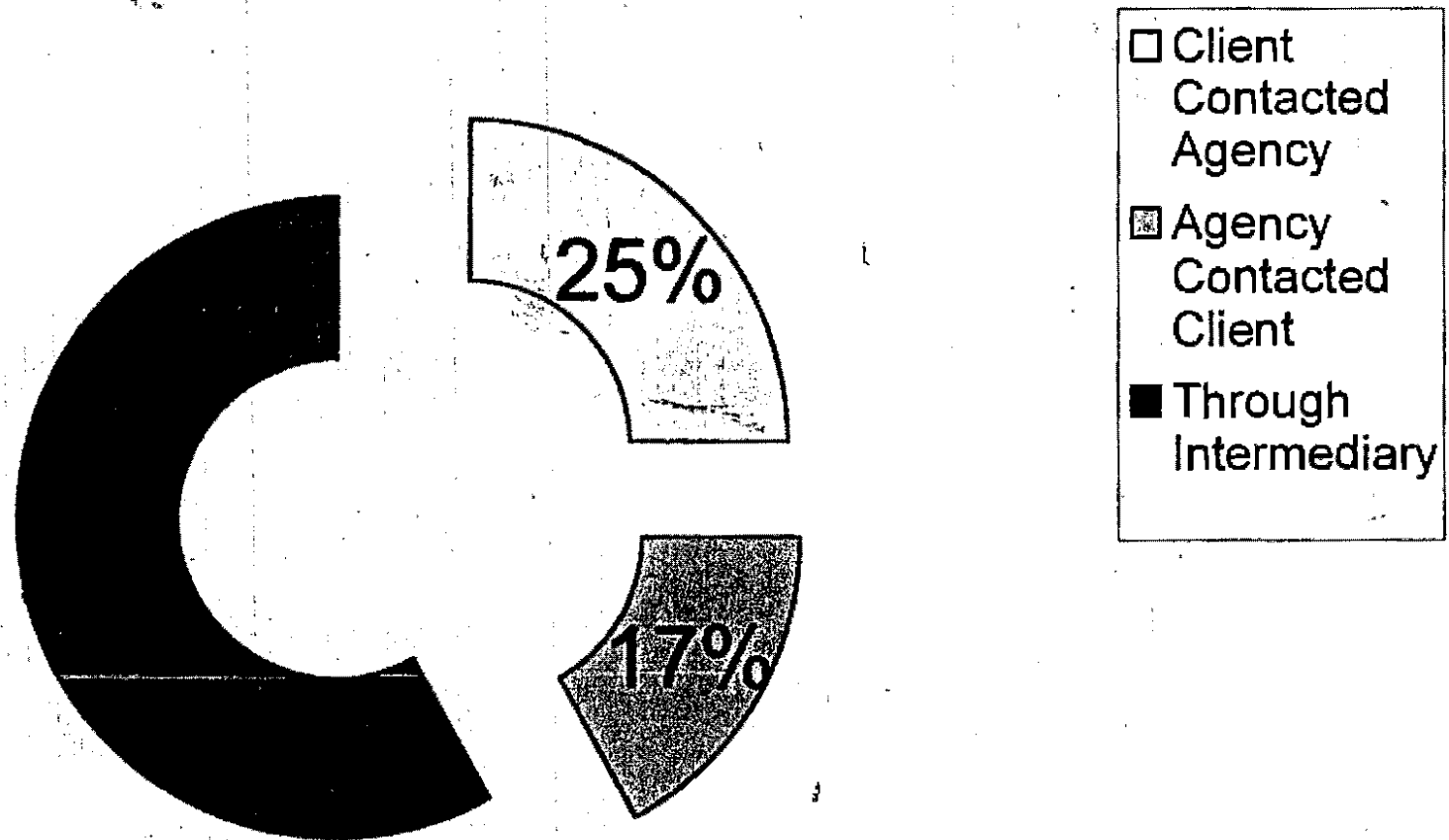


FIGURE 6

Reason for Not Interviewing Clients

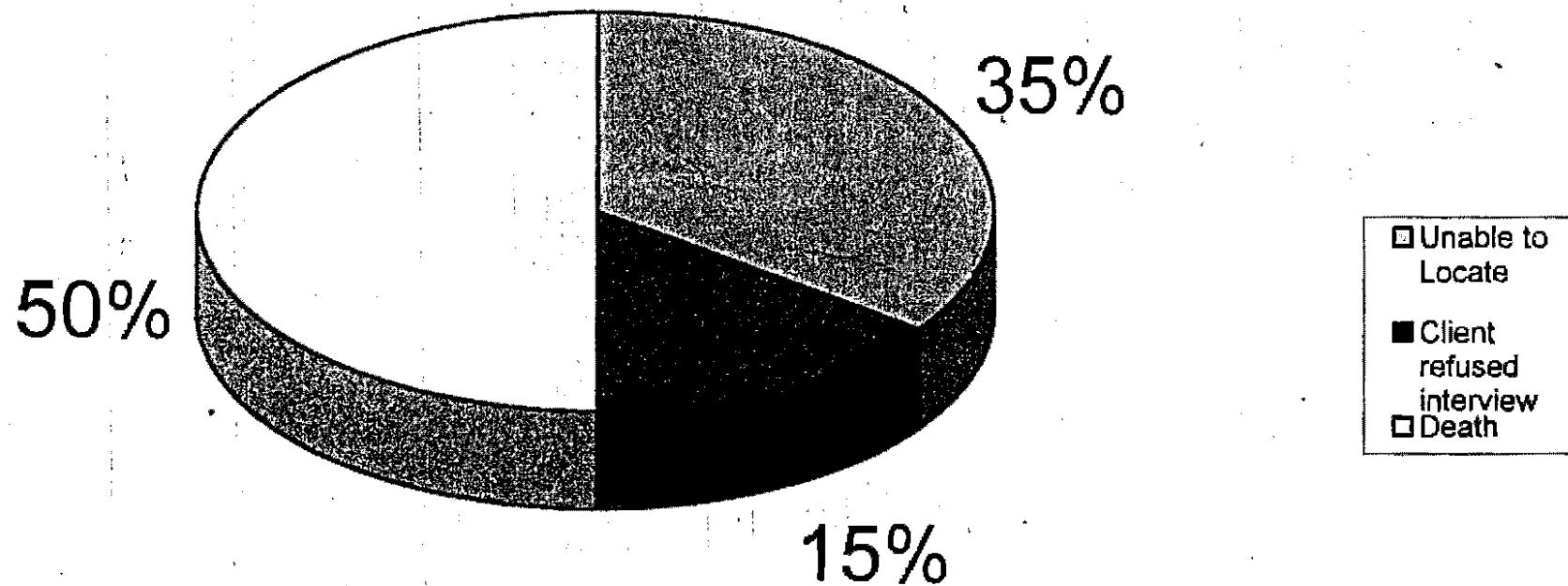


FIGURE 7

	Economic/ Material Assistance	Interpersonal and Intrafamilial Conflict	Personality - Self
Perceived Problem at Time of Contact?	55%	35%	10%
Perceived Problem at End of Interview?	55%	35%	10%

TABLE 1: CONTINGENCY TABLE FOR QUESTIONS 10 & 11

	Liked Very Much	Liked	Thought OK	Did Not Like
Did You Like the Social Worker?	25%	50%	20%	5%
Do You Think the Social Worker Liked You?	25%	50%	20%	5%

TABLE 2: CONTINGENCY TABLE FOR QUESTIONS 13 & 14

Did You Find Worker Helpful?

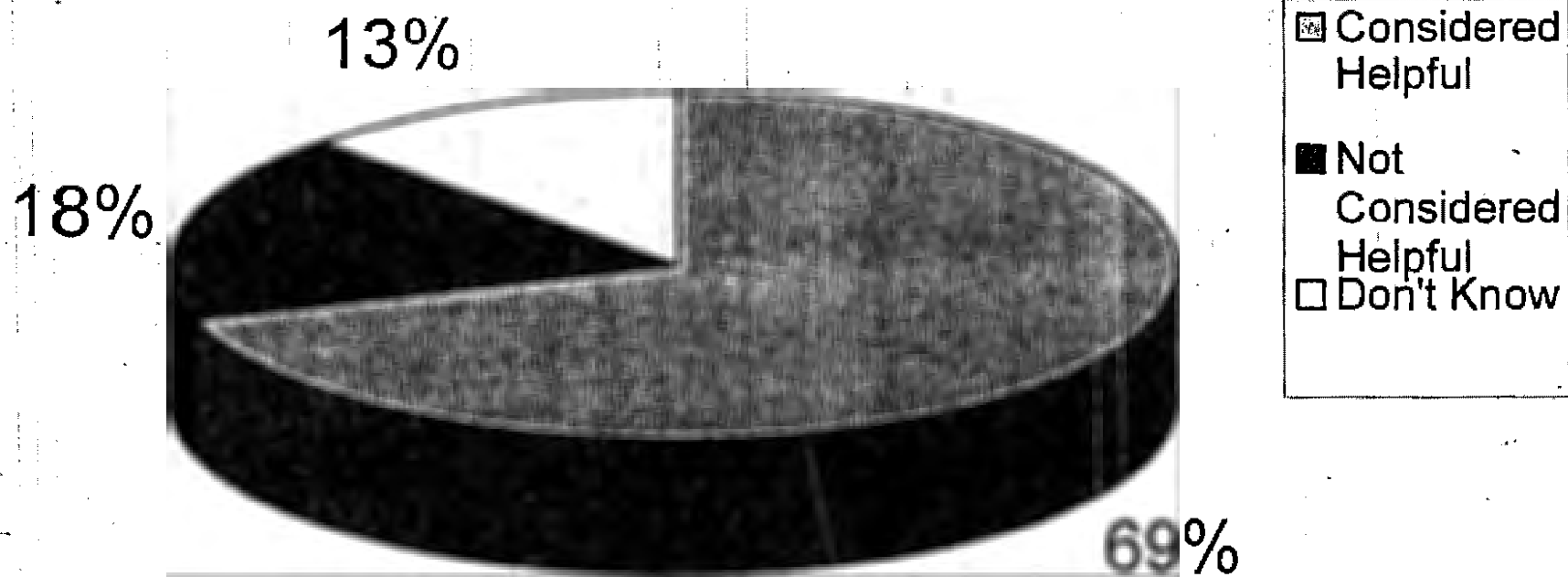


FIGURE 8

Perceptions of Worker

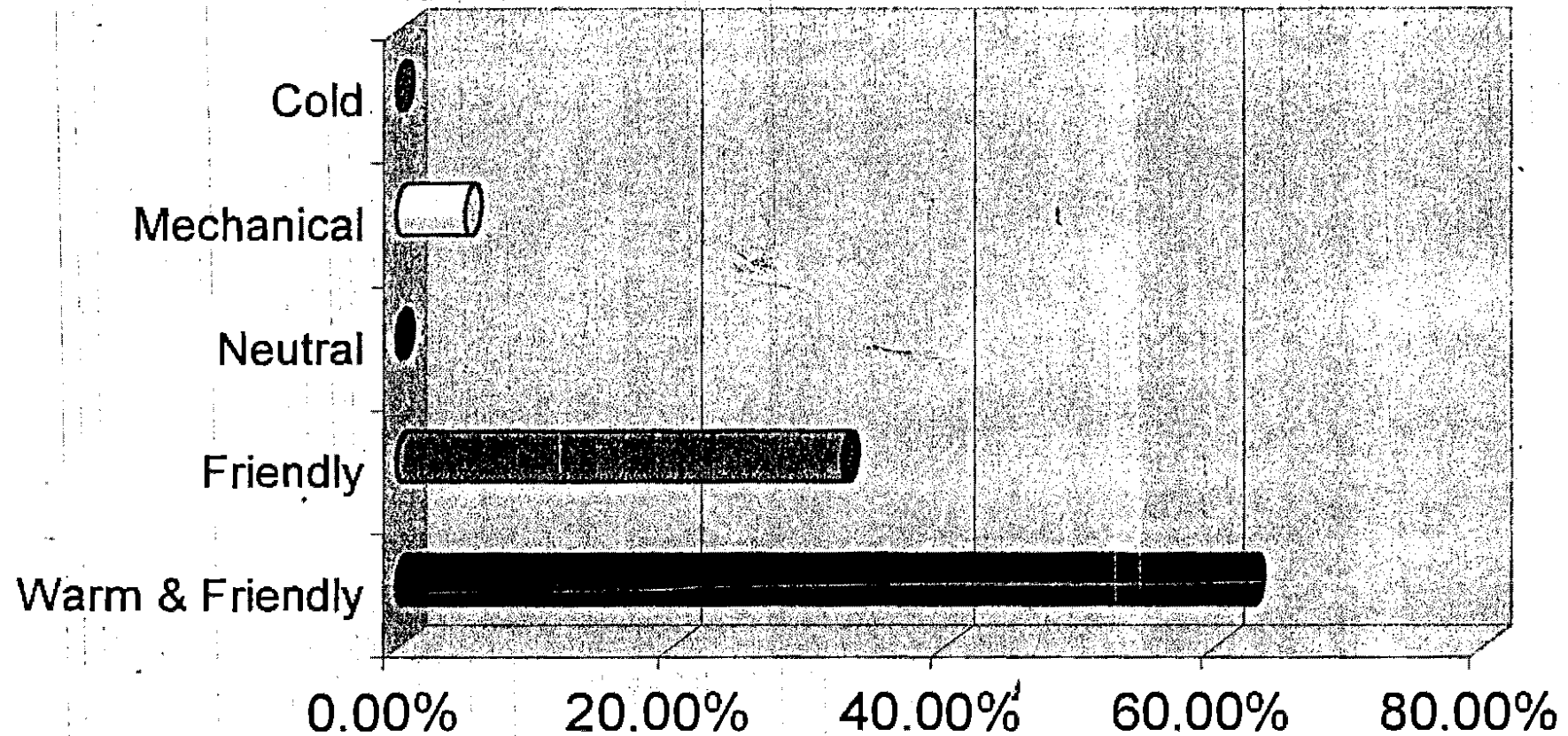


FIGURE 9

Worker Competency

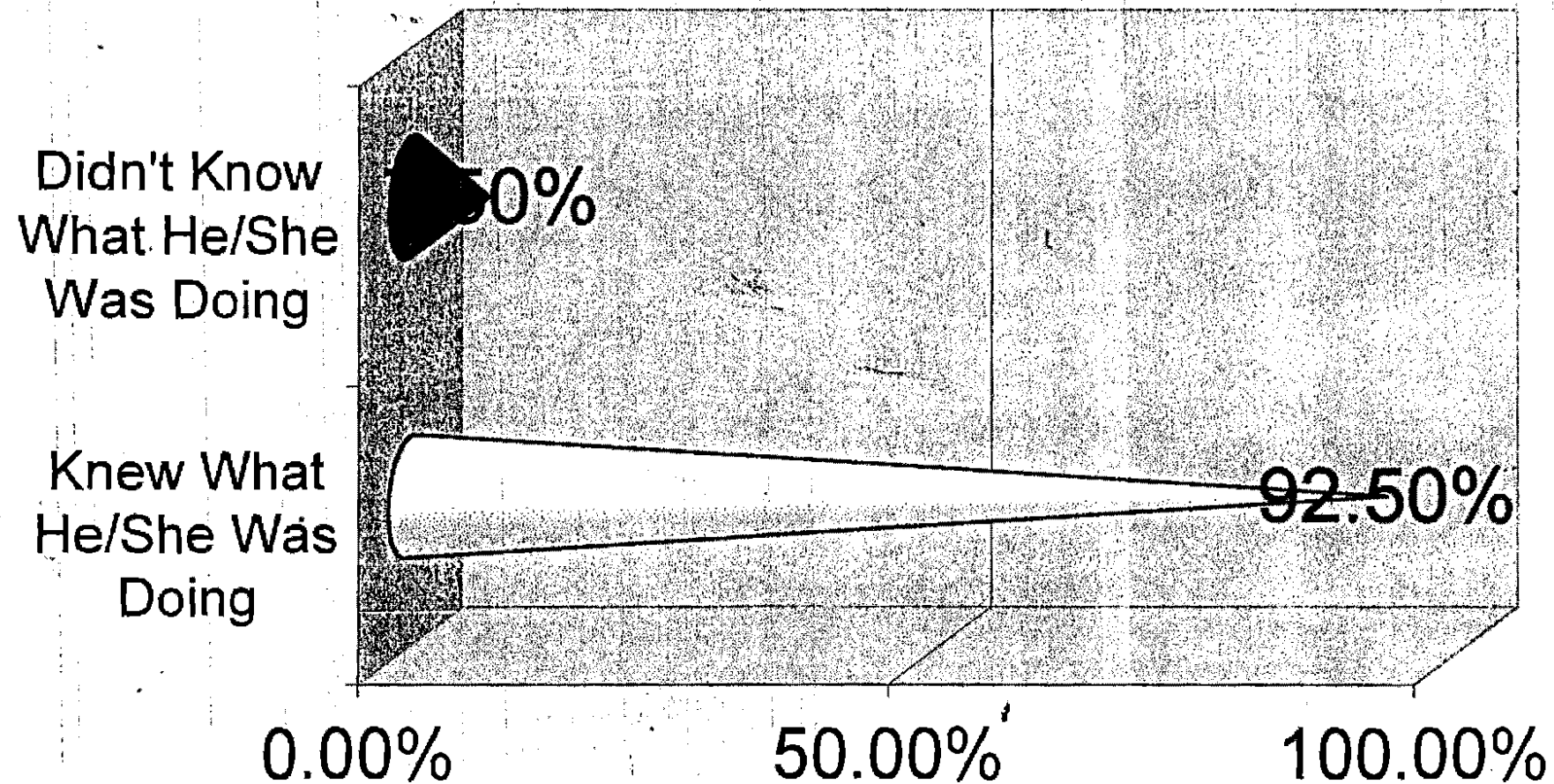


FIGURE 10

	LISTEN TO ME	MAKE SUGGESTIONS	MAKE ARRANGEMENTS
WHAT DID YOU EXPECT OF WORKER?	55%	10%	35%
WHAT DID WORKER DO IN INTERVIEW?	55%	25%	20%

TABLE 3: CONTINGENCY TABLE FOR QUESTIONS 16 & 17

	CONCERNED & UNDER- STANDING	INTERESTED, WILLING TO HELP	NOT VERY INTERESTED	DON'T KNOW
EXPECTED BEHAVIOUR OF WORKER TOWARDS YOU & YOUR PROBLEMS	42.5%	50%	---	7.5%
PERCEIVED BEHAVIOUR OF WORKER, TOWARDS YOU & YOUR PROBLEMS	32.5%	60%	7.5%	---

TABLE 4: CONTINGENCY TABLE FOR QUESTIONS 19 & 20

Did The Worker Understand Your Problem?

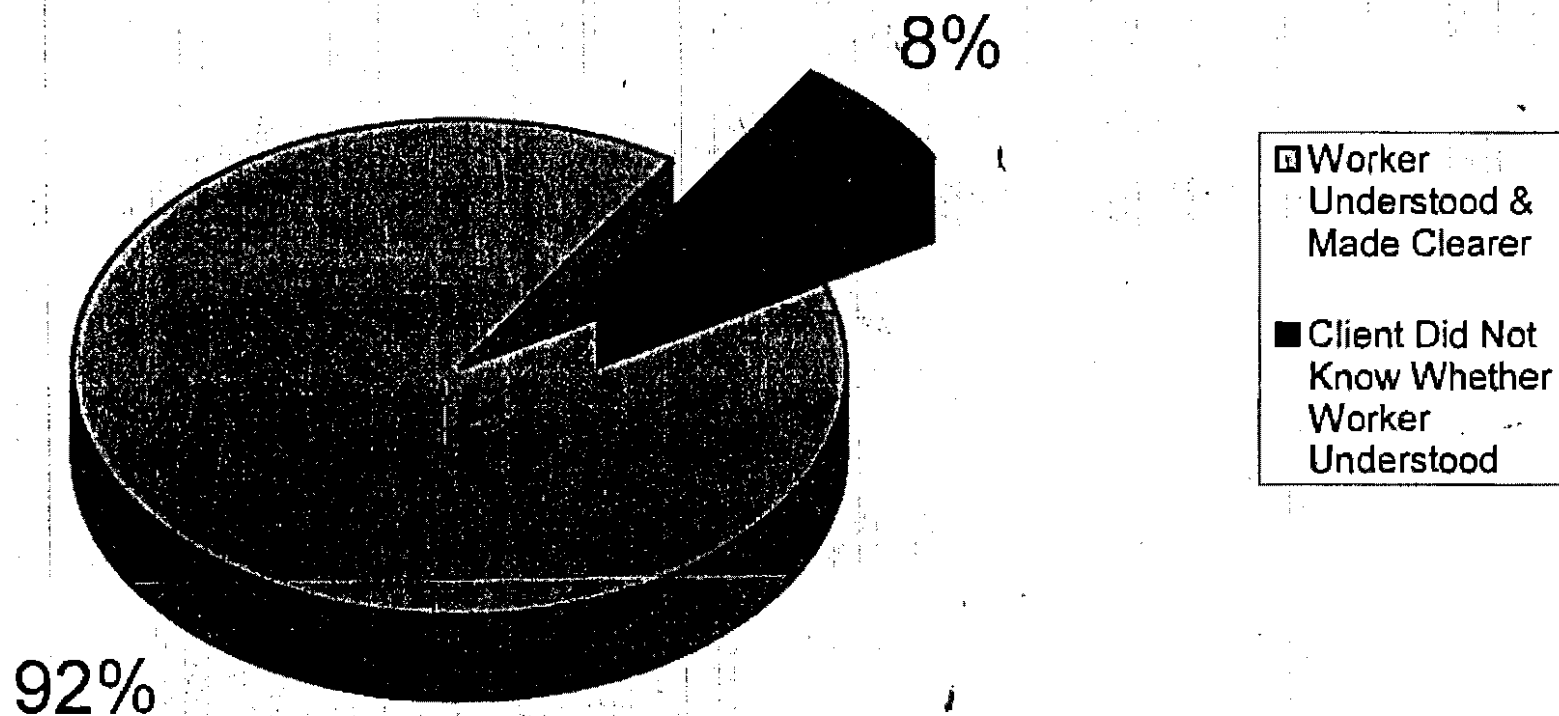


FIGURE 11

Client's Perceptions of Help Received

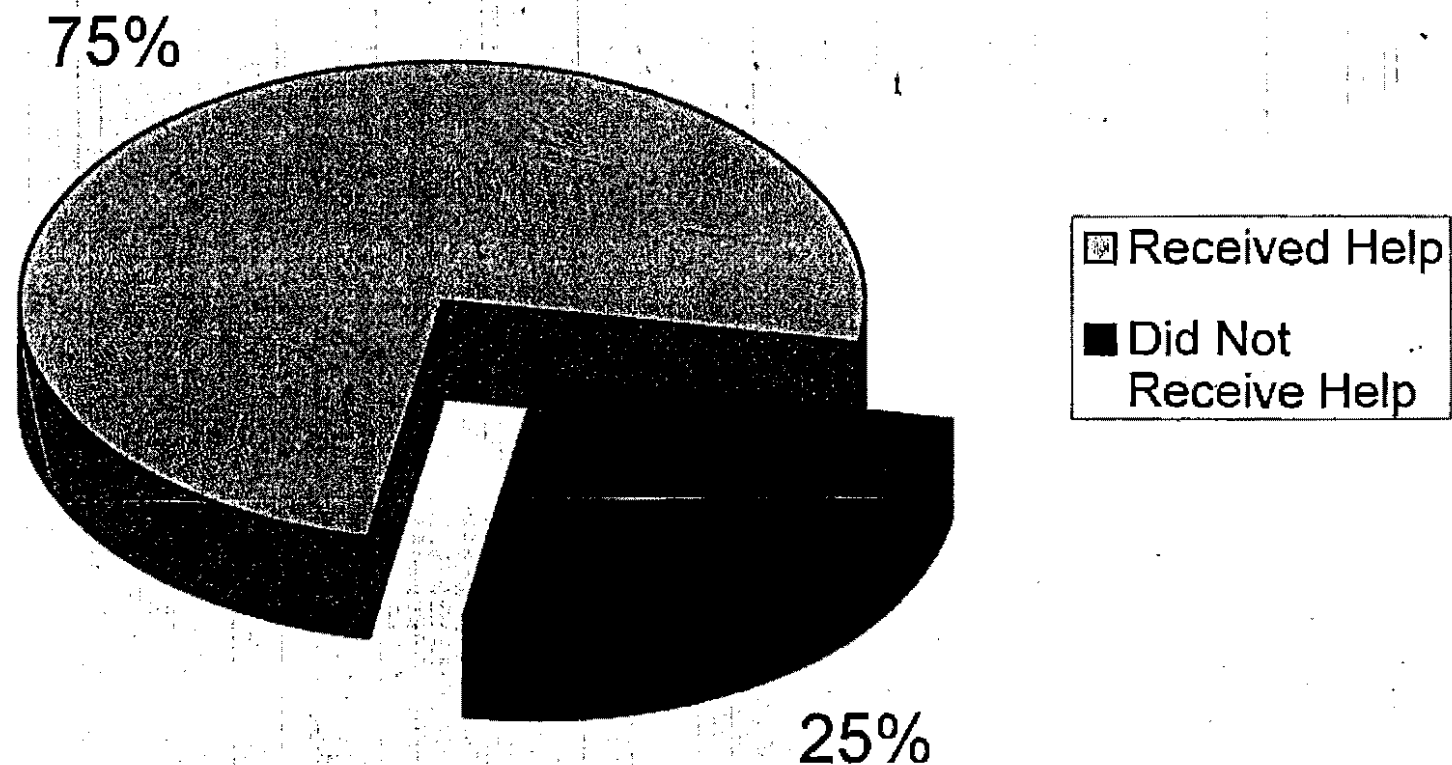


FIGURE 12

Attitude of Family & Friends to Contact With Agency

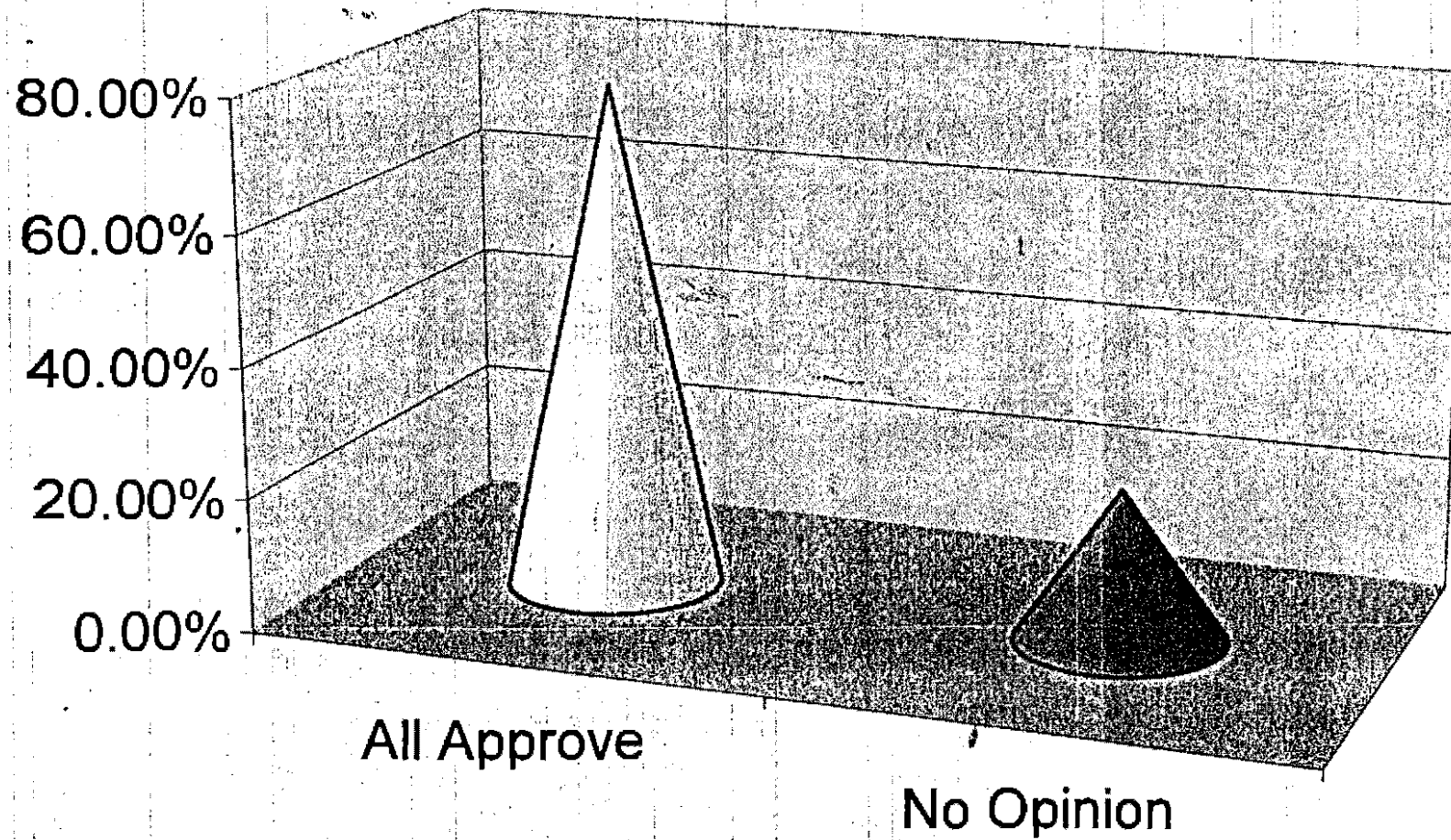


FIGURE 13

Outcome of Problem At the End of the Interview

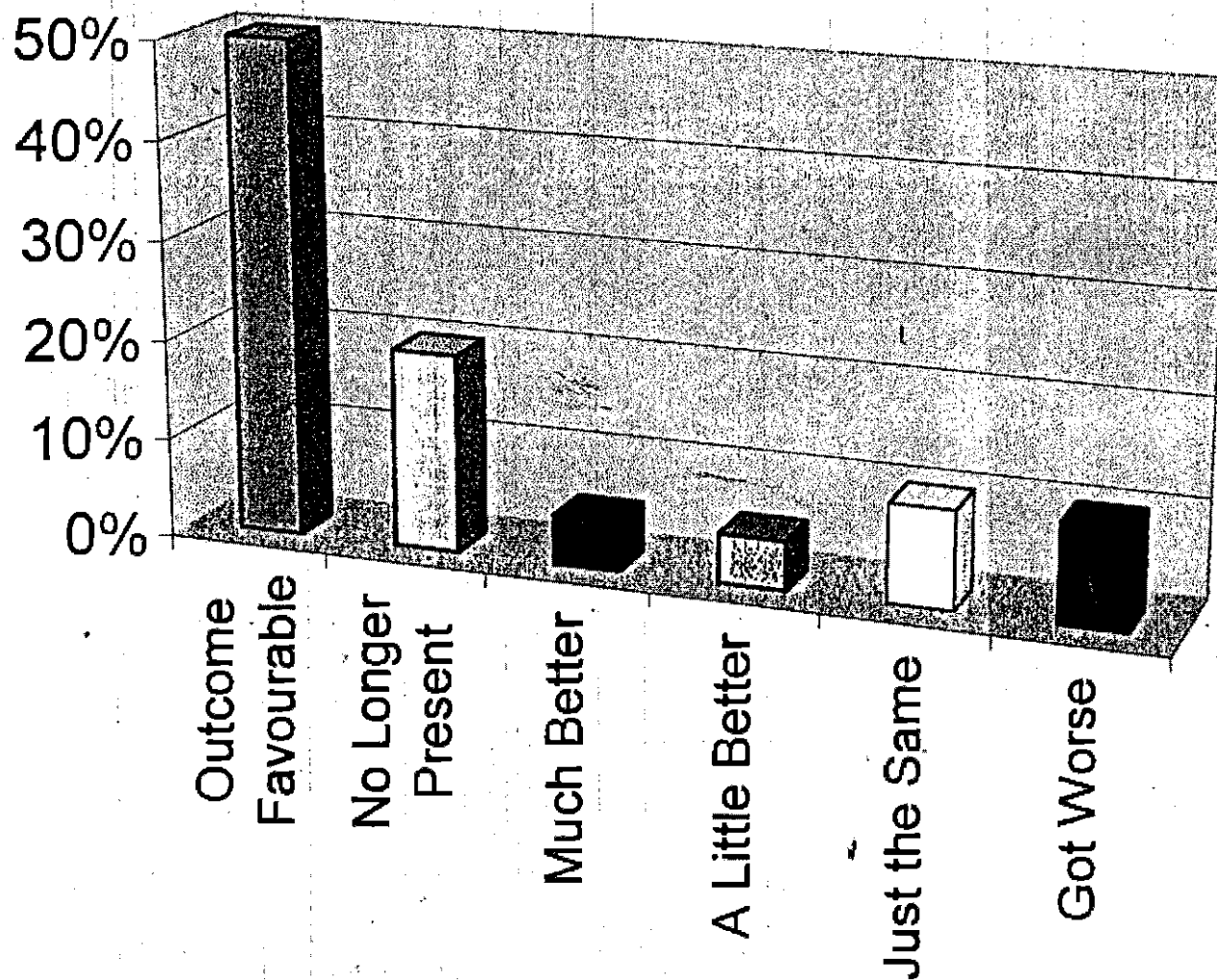


FIGURE 14

Main Reason For Not Going Back to the Agency

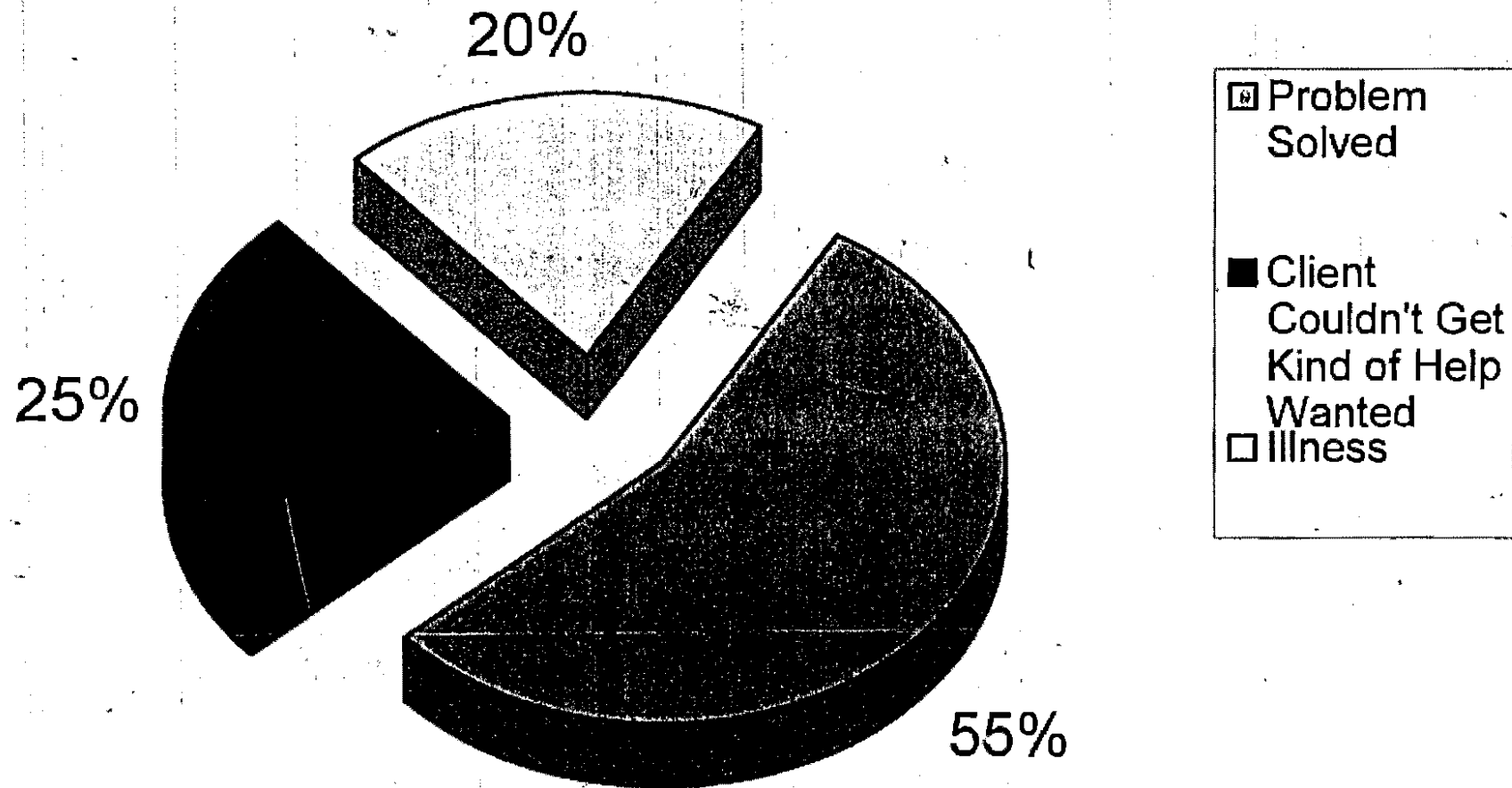


FIGURE 15

Effect of Once-Off Interview

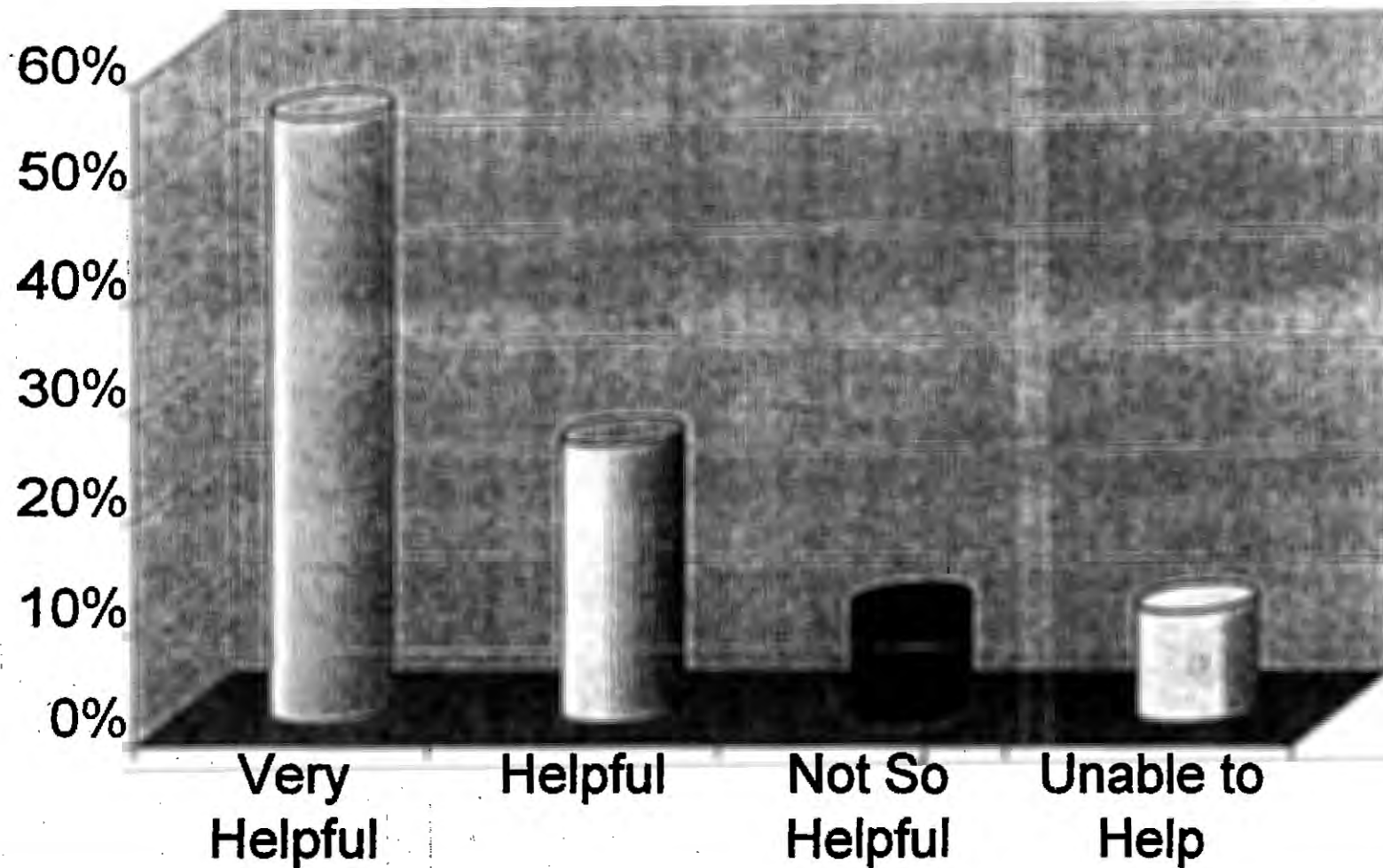


FIGURE 16

APPENDIX B

INTERVIEW SCHEDULE

The following interview schedule covers basic descriptive information regarding the sample and those factors on which differences can be found between the favourable and unfavourable outcome of the 'once-off interview'.

1. GENDER AND STATUS OF CLIENT

Single Married Divorced Widow

2. METHOD OF CONTACTING CLIENT INTERVIEWED

1. Telephone
2. Letter
3. Unannounced
4. Appointment

3. RACE OF CLIENT

1. Black
2. White
3. Coloured
4. Asian

4. FAMILY CONSTELLATION OF HOUSEHOLD

1. Living with spouse
2. Living alone
3. Living with children
4. Living in an Old Age Home/Retirement Village

5. SOURCE OF INCOME

1. State pension
2. Private pension
3. Other

6. SOURCE OF REFERRAL

1. Friend/Relative
2. Professional
3. Self

7. RESOURCE INVOLVED IN ARRANGING FIRST INTERVIEW

1. Client contacted agency
2. Agency contacted client
3. Through intermediary

8. REASON FOR NOT INTERVIEWING CLIENT

1. Unable to locate
2. Client refuses interview
3. Death
4. Other

9. DID YOU FIND THE WORKER HELPFUL?

Yes

☐

No

☐

9.1 IN WHAT WAY WAS THE WORKER HELPFUL?

1. Assisted with the problem
2. Actively listened to me

9.2 IN WHAT WAY WAS THE WORKER NOT HELPFUL?

1. Did not assist with the problem
2. Did not listen to me
3. Unwillingness to assist

10. DID YOU LIKE THE WORKER?

Yes

☐

No

☐

10.1 WHAT DID YOU LIKE ABOUT THE WORKER?

1. Warm and approachable
2. Neutral/non-judgemental

10.2 WHAT DID YOU NOT LIKE ABOUT THE WORKER?

1. Cold and aloof
2. Unfriendly/indifferent
3. Judgemental

11. DO YOU THINK THE WORKER LIKED YOU?

Yes ☐ No ☐

11.1 WHAT DO YOU THINK THE WORKER LIKE ABOUT YOU?

1. Very cooperative
2. Willingness to explore options
3. Ability to take control of the problem situation

11.2 WHAT DO YOU THINK THE WORKER DID NOT LIKE ABOUT YOU?

1. Uncooperative
2. Unwilling to explore options
1. Helplessness

12. WHAT DID YOU EXPECT OF THE WORKER?

1. To listen to me
2. To make suggestions
3. To act on my behalf
4. To assist financially
5. To give advice
6. Don't know/unsure

12.1 WHAT DID THE WORKER DO IN THE INTERVIEW?

1. Listened to me
2. Made suggestions
3. Acted on my behalf
4. Assisted financially
5. Gave advice
6. Don't know/unsure

12.2 HOW DID YOU EXPECT THE WORKER TO BEHAVE TOWARDS YOU?

1. Concerned and understanding
2. Interested, willing to help
3. Don't know/unsure

13. HOW DID YOU PERCEIVE THE WORKER BEHAVE TOWARDS YOU?

1. Concerned and understanding
2. Interested/ willing to help
3. Don't know/unsure

14. DID THE WORKER UNDERSTAND YOUR PROBLEM?

1. Worker understood and made it clearer for me
2. Worker did not understand
3. Don't know/unsure

15. DO YOU THINK THE WORKER WAS WILLING TO LISTEN TO YOU?

Yes ☐ No ☐

16. If yes

In what way?

If no

In what way?

16. DO YOU THINK THE WORKER WAS REALLY INTERESTED IN YOUR PROBLEM?

Yes ☐ No ☐

(a) **If yes**

In what way?

If no

In what way?

17. DID YOU SEE THE WORKER AS COMPETENT?

1. Knew what she was doing
2. Didn't know what she was doing

18. WHAT IS YOUR OPINION ON WHETHER YOU WERE HELPED?

1. Received help
2. Did not receive help
3. Not sure

19. WHAT WAS THE ATTITUDE OF YOUR FAMILY AND FRIENDS WITH REGARD TO YOUR CONTACT WITH THE AGENCY?

1. Approved
2. Did not approve
3. Were not aware of the contact
4. No opinion

20. WHAT WAS THE OUTCOME OF YOUR PROBLEM AT THE END OF THE INTERVIEW?

1. Outcome favourable
2. Outcome unfavourable
3. Remained the same

21. DO YOU THINK THE OUTCOME WAS RELATED TO THE WORKER'S ATTITUDE

Yes ☐

No ☐

(a) **If yes**

Please explain

.....

(b) **If no**

Please explain

.....

22. WOULD YOU SAY THIS 'ONCE-OFF INTERVIEW' WAS HELPFUL?

Yes ☐

No ☐

(a) **If yes**

In what way?

Problem solved

Received material assistance

Referred to the appropriate resource/agency

Felt understood

(b) **If no**

In what way

Problem unresolved

Did not receive material assistance

No referrals to other resources were made

Did not feel understood

23. CAN YOU IDENTIFY ANY OTHER REASON(S) WHICH PREVENTED YOU FROM RETURNING FOR FURTHER HELP?

1. Lack of transport
2. Absence of day-care facility for frail spouse
3. Ill/failing health
4. Other

(a) **If other**

Please explain

.....

.....

.....

24. AGEING AND HEALTH

With the onset of old age your body may have displayed some changes. This section covers issues relating to this topic.

24.1 HAVE YOU HAD ANY SPECIAL HEALTH PROBLEMS SINCE TURNING 60 YEARS?

Yes ☐ No ☐

(a) **If yes**

Specify type and disease (e.g. arthritis, incontinence)

24.2 HOW DO YOU COPE?

25. COMMUNICATION

People communicate in different ways as they age.

25.1 DO YOU THINK THAT YOU HAVE CHANGED IN YOUR COMMUNICATION PATTERNS?

Yes ☐

No ☐

(a) If yes

Specify in what way

.....
.....

25.2 WHOM DO YOU TALK TO NOW?

.....

26. LOVE AND RELATIONSHIP(S)

This is a very special feeling and is experienced in different ways.

26.1 DOES ANYONE SHOW ANY AFFECTION OR LOVE TOWARDS YOU?

Yes ☐

No ☐

If yes: Specify

If no: Specify

.....

26.2 HOW IS YOUR RELATIONSHIP WITH YOUR CHILDREN?

26.3 HAS YOUR CONTACT CHANGED SINCE REACHING OLD AGE?

Yes ☐

No ☐

If yes:

Please explain:

.....

26.4 DO YOU FEEL THAT YOU RECEIVE RESPECT AS AN AGED PERSON?

Yes ☐

No ☐

If yes

Please describe:

If no

Please describe:

26.5 DO YOU FIND THAT YOU ARE DEPENDENT UPON YOUR CHILDREN AND OTHERS?

If yes

On whom?

If no

27. CHANGE IN LIFESTYLE

Ageing is usually accompanied by many changes in lifestyle

27.1 HAS YOUR LIFESTYLE CHANGED?

Yes ☐

No ☐

If yes

In what way?

If no

In what way?

28. DEATH

Although death can occur at any stage, the aged person(s) thinks more often about it.

28.1 DO YOU THINK ABOUT YOUR DEATH?

Yes ☐

No ☐

If yes

To what degree/extent?

If no

To what degree/extent?

28.2 DOES YOUR DEATH WORRY YOU?

Yes ☐

No ☐

If yes

In what way?

If no

In what way?

28.3 Have you made any plans? (e.g. funeral, policy, will)

Yes ☐

No ☐

If yes

Specify what:

If no

Explain: