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THE LIBERATION HEALTH MODEL

Theory and practice

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Introduction

In this chapter, we cover the principal theoretical and practical sources of the liberation health social work model and provide an overview of general liberation health social work methods and practices with an emphasis on clinical work. We end with a brief summary of liberation health and related radical social work resources.

Sources of liberation health theory

Liberation health theory draws from three different conceptual frameworks and practices: Paulo Freire and popular education, liberation psychology, and the radical social work tradition in the United States.

Paulo Freire and popular education

Paulo Freire was a Brazilian educator and theorist best known for his book, *Pedagogy of the Oppressed* (1998). In the 1950s, Freire initiated a national literacy program, supported by the Catholic Church and a number of community organizations in the Brazilian state of Pernambuco for the urban and rural poor. In developing the program, Freire was particularly influenced by a grassroots organization called Catholic Action, a coalition of university students and workers teaching low-income, illiterate community members to read, write and organize themselves in order to play a more active role in Brazilian society. During their meetings, Catholic Action members would discuss ongoing problems, seek to identify their roots causes, and develop action plans to address identified problems (Castano, Castano, and Paulo 1993; Freire 1974).

Freire began working with Catholic Action to help them expand the literacy campaign. Through their efforts in the field, they discovered that many of the individuals with whom they were working shared a fatalistic attitude toward their lives, believing that it was impossible to change their individual circumstances and resigning themselves to their situation or "fate" in society (Castano, Castano, and Paulo 1993). As a result, Freire and Catholic Action decided to use the literacy campaign to do more than just encourage reading and writing; they wanted to challenge and help transform the social consciousness of Brazilian workers.

To do so, Freire and his colleagues further developed the Catholic Action method of seeking to identify the problems that workers were experiencing, to analyze the root causes of these problems, and then to act to change the situation. They soon discovered that when workers started to talk, analyze and act on the problems in their communities, they began to free themselves from their fatalism, challenging both internal voices of passivity and the negative messages they had received from society about themselves (Freire 1974). This new method of promoting literacy and empowerment was enormously successful. After Freire and his colleagues were able to teach 300 illiterate sugarcane workers to read in just 45 days, the Brazilian government decided to replicate the model, sponsoring thousands of "cultural circles," programs for the development of literacy and critical consciousness. Through his work with these cultural learning circles, Freire further developed his conceptual framework and methods, which are known today as "popular education" (Freire 1974; Torres and Fischman 1994).

Popular education seeks to mobilize and organize people, with the goal of creating popular power (Freire 1974). Many of the components of Paulo Freire's framework are extremely relevant for liberation health theory and practice, with the concept of "knowledge" being seminal. For Freire and his colleagues, the concept of "knowledge" is an historically determined social construct. Both knowledge and the methods used to teach it are not neutral; on the contrary, they are the product of specific historical moments and reflect the ideas and beliefs (worldview) of definite social groups.

In general, the dominant modes of education in a society largely reflect and teach the worldview of the dominant class. The people who exercise social power define what "knowledge" is, and that "knowledge" serves to promote their interests and reinforce their power. Freire believed that what students are traditionally taught and how they are traditionally taught it under capitalism (what he called the banking concept of education) served the political agenda of the capitalist class (Bartlett 2005; Freire 1970).

Freire proposed a completely different framework for education, starting from his distinction between individuals as "objects and subjects" (Freire 1970, 1974). Freire distinguished between an object-like experience and a subject-like experience of life. "Subjects" were people who believed they could act upon the world; they generally had high levels of self-efficacy, causal importance and positive self-concepts. Subjects not only had critical skills for influencing the institutions that exercised control over their lives, they also sought out opportunities to exercise these skills (Freire 1996, 1998).

Objects were people whose experience of life was one of being acted on by others. The less control that individuals believe they have over their lives, the less confidence they have in their ability or likelihood of changing them, the more these individuals will experience the world as "acting on" them. For Freire and his colleagues, the kinds of knowledge people received and the ways they were taught it were major influences on their self perception as subjects or objects (Freire, 1970, 1974, 1996, 1998).

Drawing on his experience with Catholic Action, Freire put forth the idea that students as much as teachers need to be the subjects of the learning process, just as they needed to be the *subjects* of their own destinies. Moreover, students and educators need to be equal participants in the learning process. In this way, the educational process develops as a continuous dialogue between educators and learners. Freire argued that the goal of education is to liberate the learners/students from their external and internal oppression and to render them capable of changing their lives and their societies. Through ongoing open dialogue about their lives, through posing problems and challenging themselves to develop solutions, students develop a critical consciousness of themselves and their world. This educational method Freire called "reading the world" (Belkin Martinez 2004; Castano, Castano, and Paulo 1993).

"Freedom or Liberation is acquired by conquest, it is not a gift ... it must be pursued constantly and responsibly." "'Conscientization' or critical consciousness ... is daring to perceive social, political, and economic contradictions and to take action against the oppressive elements of reality" (Freire 1970: 35).

Methods and practice of popular education

Although Freire was not a social worker, he has had a significant influence on social work practice. In her article "Paulo Freire, Neglected Mentor for Social Work," Rebecca Hegar reports that a review of the literature (social work abstracts and social science citation index) yields more than 300 articles about Freire, including 18 articles directly related to social work practice (Heger 2012). Some of the topics discussed in these articles include the implications of Freire's work for social work practice with the homeless community (Kline, Dolgon, and Dresser 2000), in the healthcare field, (Aambo 1997) and for developing empowerment-oriented practice (Breton 1994).

This influence on social-work practice is particularly remarkable given the highly theoretical nature of much of Paulo Freire's writings; some critics have charged that his ideas are devoid of practical applications and specific techniques (Belkin Martinez 2004; Castano, Castano and Paulo 1993). Freire was reluctant to develop a specific methodology. He believed that each practical experience with each group of learners was different and that the role of educators was to develop their own activities and techniques with the people with whom they were working. However, he did employ

a "method" for facilitating dialogue and consciousness raising. While he was not the only one writing about these methods, he is the educator most closely associated with the popular education movement. (Torres and Fischman 1994).

Among the most important elements of the practice of popular education that have influenced the development of the liberation health social work model are the following:

- First, an individual's lived experience and more importantly, the collective experience of a group (previous experience or previous knowledge) is the beginning basis for their "education" process. Freireian work emphasizes the shared experiences of the learners/subjects as a group rather than privileging the individual experience (Freire 1974, 1998).
- Second, although Freire was critical of developing specific methods to practice, most Freireian educational processes includes three basic steps: (1) seeing a problem as experienced by learners; (2) analyzing the root causes of the problem; (3) developing an action plan to address the problem.
- Third, "reading the world" involves learners reflecting critically on their experiences and knowledge; in order to challenge taken-for-granted assumptions and myths about the world, to "demystify existing forms of false consciousness" (Torres and Fischman 1994: 82).

Liberation psychology

Ignacio Martín-Baró, a Latino social psychologist and Jesuit priest who was born in Spain but spent most of his adult life in El Salvador, is considered the father of liberation psychology (Burton and Kegan 2005). Starting in Latin America, the liberation psychology movement later spread to Europe and North America. In particular, it found important adherents in Ireland, with its complex history of colonial and post colonial legacies (hooks 1993; Fanon 1967; Moane 2010).

Martín-Baró was critical of traditional theories of psychology and what he saw as their limited view of the causes of psychological problems. In particular, he believed that these theories failed to recognize and address the nexus between psychological problems and structural injustice. Familiar with the theories and practice of liberation theology, he sought to apply its insights to the creation of a new psychology. In his most famous work, *Writings for a Liberation Psychology*, Martín-Baró rejected the idea of an impartial, objective psychology and wrote that the root causes of oppression lie in structures, political, economic, cultural, and the worldviews that underlie and reinforce oppressive social conditions (Martín-Baró 1994). The effects of these structures and worldviews are internalized by subordinate groups (internalized oppression) and reinforce their lived experiences of deprivation, violence, poverty, and stress.

The goal of liberation psychology, like Freire's popular education movement, is to transform both the individual and society (Martín-Baró 1994). Martín-Baró described this process as the "breaking of chains of personal oppression as much as

the chains of social oppression" (Martín-Baró 1994: 27). In her review of liberation psychology literature, Geraldine Moane, an Irish psychologist, notes the similarities between liberation psychology, feminist psychology, and the community psychology movement; all three theories of practice focus on oppressive socio-political conditions as major factors which contribute to psychological problems and all three emphasize empowerment and personal/social transformation as the goals of intervention (Moane 2003).

Building on Freire's understanding of the historical connection between personal problems and dominant worldview messaging, Martín-Baró called for a liberation psychology which would be focused on de-ideologizing knowledge and taken for granted assumptions. Like Freire, he emphasized the importance of "critical consciousness." Liberation psychology would help people to understand how their personal problems were directly connected to the institutions and social practices of the societies in which they lived and to the ideologies associated with them (ideas around race, class, gender, consumerism, individualism, competition, and sexual preference, for example) (Belkin Martinez 2004; Burton and Kegan 2005; Martín-Baró 1994; Montero and Sonn 2009).

Moane argues that understanding how oppressive messages become internalized into an individual's personality or psyche is a crucial element in the connection between social conditions of oppression (racism, classism, sexism etc.) and psychological patterns of oppression.

"Psychological patterns such as a sense of inferiority or helplessness that are associated with oppression clearly have their origin in social conditions of powerlessness and denigration … Such psychological patterns act as barriers to action and are part of what maintains oppression … Thus liberation must involve transformation of the psychological patterns as well as the social conditions associated with oppression" (Moane 2003: 92).

Methods and practice of liberation psychology.

Like popular education, liberation psychology seeks to ground itself in the "lived experience" of each group or community. As such, liberation psychology interventions will look different depending on the specific contexts of each group/community.

Moane (2003) and her colleagues utilize the person in environment/ecological model (Bronfenbrenner 1979; Trickett 1996) as a framework to identify the oppressive social conditions at the macro/cultural/institutional level that influence an individual's personal problems: (1) violence; (2) political exclusion; (3) economic exploitation; (4) control of sexuality; (5) cultural control; and (6) fragmentation. Any one of these patterns or experiences can adversely impact psychological well-being; in combination, they can create significant problems in the lives of those who are experiencing them (Moane 2003).

Liberation psychology practice involves addressing the psychological damage associated with oppression and empowering people to work to bring about

change; Moane identifies change opportunities or liberation psychology practice opportunities at three levels: (1) facilitating personal development aimed at transforming patterns of internalized oppression and building strengths; (2) enabling individuals to work together in groups and communities; and (3) socio/political action: "accompanying" people and groups to take action to bring about change (Moane 2003).

Liberation psychology recognizes that many people may not be ready to engage with these opportunities until they have built up resources, skills and experience. A liberation psychology practitioner begins with the client's lived experience, and through dialogue and reflection, helps the client to develop a deeper and broader analysis and the confidence and skills necessary to do so (Belkin Martinez 2004; Freire 1974; Moane 2003).

Liberation psychology practice interventions might include supporting a client in developing the confidence to speak up at a meeting or helping a client obtain support from community groups or systems. At the political level, it might involve supporting a client's involvement in a particular movement for change (Belkin Martinez 2010; Moane 2003).

This understanding of the process of overcoming the psychological consequences of oppression is in keeping with Kieffer's (1984) developmental view of empowerment. He highlights the importance of allowing individuals and groups to "be in the driver's seat" around developing strategies for change. Other psychological frameworks which identify the connections between personal, interpersonal, and sociopolitical factors and psychological empowerment, or what Martín-Baró would call liberation, are the work of Morrow and Hawxhurst (1998) and Zimmerman's model of the components of personal empowerment (self-esteem, efficacy and capacity development) and collective behavior and action (Zimmerman 1990, 1995). Key to liberation psychology practice is the concept of solidarity with clients. Like Freire's learner/teacher, the liberation health practitioner is not the expert "treating" the client. Comas-Diaz, Lykes, and Alarcon (1998) talked about the concept of "accompanying" clients on their journey to liberation. Like Martín-Baró, they were critical of the role of a traditional psychologist and the stance of professional power and privilege/expertise. This concept of "accompanying" involves standing alongside people and working with them collaboratively.

The work of Rhea Almeida and her colleagues at the Institute of Family services in New Jersey is another example of a liberation psychology practice model. Almeida developed a "cultural context framework" which "presents clinical strategies that connect relational healing and liberation from the oppressive patterns that structure all institutions in our society, including communities, educational institutions, religious organizations workplaces, and families" (Almeida, Dolan-Del Vecchio, and Parker 2008: xiv). "Clients" or community members are engaged in a therapeutic process that involves self-reflection, worldview deconstruction, critical consciousness, solidarity, social education, and social action.

Radical social work/rank and file movement in the United States

"The profession of social work has never been able to rid itself of the ambiguity of hovering between an archaic individualism and a possibly radical collectivism" (Marvin Gettleman, in Reisch and Andrews 2002: 1). From its origins, the social work profession has mirrored the larger society's debates on the etiology of social and psychological problems and the most appropriate methods to address these problems (Ferguson 2009; Reisch and Andrews 2002). In their outstanding book summarizing the history of radical social work in the United States, Reisch and Andrews (202) outline the origins of the social work profession and the longstanding tension within the profession between an individually focused "case based" approach and a community/social action focus. Similar to its British counterparts, the dominant model of social work upon its inception was to provide relief or charity to the poor. Charity organization society social worker Mary Richmond, author of the book *Friendly Visiting Among the Poor* (1899), was instrumental in developing the "scientific case method" approach to "helping" the poor. Harkening back to the English Poor Laws and the concept of the "deserving poor," the scientific case method assessed the need for charity or aid, again distinguishing between the deserving and undeserving poor. As the profession further developed, the scientific case method was further refined to help social workers identify individual problems and design behavioral interventions (Ferguson 2009; Reisch and Andrews 2002; Richmond 1906).

In the context of this dominant model, a rich tradition of alternative social work community practice emerged, the most famous examples being the settlement house movement, of which Jane Adams' "Hull House" is the most well known. Settlement houses were not only concerned with helping immigrants integrate into American society and to adopt dominant US cultural values; their social workers also labored alongside immigrants to challenge inadequate working conditions and address other public health and safety issues. They did so recognizing the potential strength of low-income groups to identify mutual needs and achieve common goals (Reisch and Andrews 2002).

The writings and practice of Bertha Capen Reynolds helped to deepen and expand this community involvement tradition in US social work. At the start of her career, Reynolds worked as a psychiatric social worker with a focus on individual casework. However, through her ongoing practice with individuals, Reynolds came to believe that "society, not the client was pathological" (McQuaide 1987: 276). As Marxist theory began to inform her worldview, she started to question the relevance of social case work, wondering "will social work be the opiate of the people … providing palliatives for a degree of misery that might become dangerous to the prevailing social order … If the community is dominated by those who rule for exploitation, then social case work which serves the community would execute the designs of the ruling class and victimize clients" (Reynolds 1973: 126). She even questioned whether individual casework should be set aside until "a just social and healthy order is achieved" (Reynolds 1973: 123).

Instead of abandoning casework, Reynolds began to argue that organizing for social change should not be viewed as distinct from casework, but rather as an essential component of direct social work practice. She supported social work interventions that involved talking directly with clients about the socio-political factors affecting their lives and identified the concept of "active citizenship" as a method to engage individuals and families around more collective approaches to problems that beset individuals and communities. (Reynolds 1973; McQuaide 1987; Joseph 1986). Throughout the rest of her life, she continued to work toward a framework for practice that would include and combine Freudian and Marxist theories.

Reynolds, together with Mary Van Kleeck, was a prominent member of a vibrant movement of radical social workers that emerged in the United States in the 1930s and which has come to be known as the rank and file movement. This movement was actually a loose network of radical social workers across the nation with local groups in major urban centers including New York, Chicago, Philadelphia, Boston, St. Louis, Cleveland, Pittsburgh, Kansas City, Los Angeles, and San Francisco (Reisch and Andrews 2002).

Radical social workers supported economic planning, labor organizing and a wide range of social and political reforms. Some supported Franklin D. Roosevelt's (FDR) 1930s New Deal; others did not because they thought it was too limited. Rank and filers helped to develop the first social work unions and created their own journal, *Social Work Today*, which consistently published articles supporting progressive causes and promoting greater activism both inside and outside the social work profession (Reisch and Andrews 2002). The movement pressed social workers to adopt a "radical position and mission in American society" and was critical of individual casework which did not include a sociopolitical analysis (Selmi and Hunter 2001).

Some rank and file movement activists were avowed socialists and communists and pursued a more radical agenda, arguing that the capitalist social system of the United States needed to be replaced by a "democratic socialist society" (Hagen 1986: 726, in Reisch and Andrews 2002). In a speech to a National Conference of Social Work, for example, van Kleeck criticized FDR's New Deal for "preserving the profits of the corporate elite under the guise of improving the living standards of the common people" and cautioned that a "reliance upon government commits social work to the preservation of the status quo and separates them from their clients … leading them into defense of the politicians in an effort to protect political institutions … government is essentially dominated by the strongest economic power and becomes the instrument to serve the purposes of the groups possessing that power" (van Kleeck 1934: 475, in Reisch and Andrews 2002).

The influence of the rank and file movement declined significantly following World War II, and the marginalization and persecution of radical social workers during the Cold War years led to the movement's demise. Reynolds was forced to resign from Smith College's School of Social Work and was unable to secure another academic position (McQuaide 1987; Selmi and Hunter 2001; Reisch and

Andrews 2002). Radical social work did not reemerge until the late 1960s. Factors influencing this revival included the end of post-war economic growth, the growing global economic crisis and the emergence of new social movements beginning with the civil rights movement and spreading to the anti-war movement, the woman's movement, and the gay liberation movement (Ferguson 2009; Reisch and Andrews 2002).

Exposure to these radical social movements revived the earlier debates in the social work profession over the importance of social action and social justice struggles and their relationship to individually oriented models of casework, which were now increasingly seen as blaming individuals and families for their problems and minimizing the role of institutions and ideologies in contributing to personal problems (Reisch and Andrews 2002; Brake and Bailey 1980). In the United Kingdom, social work services were reconfigured based upon research studies about client experiences and new legislation in England and Scotland (Ferguson 2009). New books continued the critique of individualized casework and highlighted the role of oppression in creating and maintaining personal problems (Fergurson 2009; Brake and Bailey 1980; Corrigan and Leonard 1978; Bailey and Brake 1975).

As during the depression years, the radical social workers of the 1960s and 1970s were active both in new radical initiatives within the social work profession and as part of broader social movements. In the United Kingdom, radical social workers produced a magazine called *Case Con*, which challenged the traditional hierarchal relationships between workers and services users and called for alternative methods to conceptualize and intervene around identified problems, including political action and community work (Fergurson 2009). In the United States, radical social workers engaged in grassroots activism, community organizing, and radical study groups. Social workers were active in the National Welfare Rights Organization, La Raza, and Social Work Action for Human Rights (Reisch and Andrew 2002). Within the social work profession itself, the Social Welfare Worker's Movement (SWWM) was a social work organization which promoted a "socialist vision of a planned cooperative society" (Weinocur 1975: 3–4, quoted in Reisch and Andrews 2002). SWWM members placed a strong emphasis on community organizing and developed a five-point program for radical social work which focused on: "(1) decentralization and deprofessionalization; (2) exposure of social inequalities; (3) resistance to dehumanizing social welfare policies; (4) support for sweeping political and economic changes; and (5) coalition building with allies and alliances with client groups" (SWWM 1969, as quoted in Reisch and Andrews 2002).

The activities of radical social workers had a significant influence on the profession of social work. By the late 1960s, most national organizations supported the concept of social action as the "business of social work." The ideas of client self-determination, working collaboratively with families and communities, and conceptualizing problems as external to people became a large component of narrative and collaborative therapy models (Belkin Martinez 2004; Madsen 2007; Waldegrave, Tamasese, Thuaka, and Campbell 2003; White 2000). Yet as Reisch and

Andrew (2002) point out, the vast majority of social workers did not join radical organizations nor support radical tactics. Radical social work groups slowly disappeared and the tension between the rhetoric around social justice and actual clinical social work practice continued.

Methods and practice of radical social work

The radical social work tradition has left us a rich legacy of theoretical insights and practical methodology (Bailey and Brake 1975; Corrigan and Leonard 1978). Perhaps most important is its insistence that social activism is a legitimate form of social work practice. Reynolds, for example, did not view individual casework and community organizing as separate, distinct interventions since, for her, the problems of individuals and families were "beyond the scope of any one method" (Joseph 1986: 122).

In attempting to bridge the individual casework/social action tension, the Australian social worker Janis Fook (1993) produced an excellent text, *Radical Case Work*, which was specifically written for social workers who wanted to practice radical social work within a more traditional casework frame and setting. Drawing on socialist feminist theory for her conceptual framework, Fook identified five key elements of the radical social work casework: 1) A structural analysis of which personal problems can be traced to causes in the socio-political–economic structure; 2) an ongoing analysis of the social control functions of the social work profession and the social welfare system; 3) an ongoing critique of the existing social political and economic arrangements; 4) a commitment to protecting individuals against oppression by more powerful individuals, groups and structures; and 5) goals of personal liberation and social change (Fook 1993: 7).

Starting from this conceptual framework, Fook developed a system of assessment and intervention planning that included linking the personal problems of individuals with the structural problems of society, increasing awareness of how ideology influences a problem and enabling personal and social change (Fook 1993). Fook was clear that this process needs to be applied to both the theory and practice of casework and her book is one of the first texts that translates and applies broad concepts like ideology to specific techniques and intervention strategies. She does an excellent job extending traditional social work tasks, such as a focus on adjustment and coping, to an emphasis on helping an individual increase their control over the effects of institutions and social structures (Fook 1993). Fook's theory of practice, focused mostly on individual casework in Australia, is a seminal text for the radical social work clinician.

The liberation health model incorporates much of Fook's framework and expands the focus on developing a collaborative process of assessment and action planning with individuals, families, and communities. The liberation health framework also includes an activist component, which involves "rescuing the historic memory of change" (talking about examples in which ordinary people challenged external systems), and standing in solidarity with community members as they challenge ideological messages and institutions.

Liberation health theory and clinical practice

The liberation health social work model draws on, combines and further develops critical elements of the above three traditions to create a theory and approach to clinical practice for social work in the contemporary United States. Here are the broad elements of the liberation health model, which are further explained and illustrated in the other chapters in this volume.

General principles

Situating clients' problems in a social context

The liberation health model reaffirms the view that the problems of individuals, families and communities cannot be understood in isolation from the economic, political, cultural contexts in which they present themselves and from which they developed.

Social work has always had a "person in environment" orientation. Our code of ethics states: a "historic and defining feature of the social work is the profession's focus on individual well being in a social context and the well being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living … social workers promote social justice and social change with and on behalf of individuals, families, groups, organizations, and communities" (National Association of Social Workers 2008).

While the vast majority of introductory social work textbooks begin with a summary of the NASW code of ethics preamble, as noted in our Introduction, there is a longstanding tension in the social work tradition on what this means in practice (Bailey and Brake 1975; Belkin Martinez 2004, 2005; Corrigan and Leonard 1978; Fook 1993; Reisch and Andrew 2002). The liberation health model explicitly reaffirms the importance for social workers to grasp the connections between the social conditions of an individual/family/community and their problems.

Reaffirming that social work practice must be both individual and social

The liberation health model is predicated upon the view that the solutions to the problems of individuals, families and communities must be both individual and social.

Liberation health argues that what are generally termed micro and macro practice do not need to be separate distinct interventions, but can and should be a parts of a singular integrated practice. Similar to Fook's casework model of radical social work and Almeida's cultural context framework, the liberation health model integrates individual case work with socio-political analysis and social action.

Recognizing the importance of ideology.

The liberation health model argues that ideology, how individuals, families and

communities think about their problems and their relationships to them, is one of the most important arenas for critical social work practice.

In order to make sense of the world and their place in it, people need more than their direct perceptions; they need systems of meaning. Ideology, also called "worldview," provides groups and individuals with ideas, values and beliefs to guide their thinking and activities (Ferguson 2009; Saba 2004; Martín-Baró 1994; Fook 1993). "Everything, from how we think about God, life and death, to our choices about personal lifestyle and fashion reflect our worldview" (Saba 2004: 1). Ideology not only makes sense of the world, it also guides people in how they behave, what choices they make and how they judge their own behavior and that of others. The dominant ideological messages that we receive reflect the interests of the dominant class in a society (Saba 2004). For example, the ideological message of individualism – that individuals, not society, are responsible for their personal problems – reflects the interests of the dominant class. If institutions and social systems do not contribute to individuals' struggle with personal problems, then we do not need to reform or develop alternative institutions that might help these struggling individuals. By focusing on personal/familial roots of problems, we unwittingly collude in people's inclination to see their difficulties as reflections of their own inadequacies. In the same way, individualism and the lack of support for the idea of the government providing collective assistance to individuals is a significant impediment to the acceptance of a universal healthcare system for the United States.

How clients understand their problems and the ways they respond to them is rooted in their worldview. Liberation health social workers engage in ideological practice, that is, work with clients to expand the way they understand, analyze and respond to their problems as an essential precondition to effectively addressing them.

Changing consciousness, becoming subjects

Liberation health believes that effective social work practice involves working with clients to change their consciousness, to become "subjects" of their own life stories.

As noted earlier in the chapter, Paulo Freire wrote extensively about the effects of oppression on the human condition and described the effects of ongoing oppression as facilitating object-like experiences which impact an individual's self concept and sense of self efficacy" (Freire 1974). This passive sense of self is a serious obstacle that must be overcome if clients are going to make meaningful progress in addressing their problems. Liberation health insists that helping clients change their consciousness, transform their sense of self and become "subjects" capable of actively transforming their lives is key to effective social work practice.

The role of the social worker.

The liberation health model reaffirms the view that effective social work cannot be practiced as a top-down process of an "expert" providing solutions to grateful recipient clients, but must be a collaborative effort of allies. The North American psychologist William Madsen describes the preferred relational stance between client and therapist as that of an "appreciative ally stance in action" (Madsen 1999: 17). In his chapter on radical social work and service users, the British social work professor and service user Peter Beresford writes that the qualities of participatory, inclusive practice include: 1) the primacy of the relationship and human qualities in social work; 2) social work that is supportive and not controlling; 3) social work that involves co-production with service users; and 4) social work that ensures equal, diverse and inclusive involvement by all (Beresford 2011). For the liberation health social worker, this means our work with individuals, families and communities is a partnership which invites ways of thinking and acting that support and amplify client participation in the process; clients are in the "driver's seat" of all assessment and intervention/action planning.

Moreover, just as social workers collaborate alongside clients in understanding how ideology shapes the way they see their specific problems, so too, social workers must also struggle within the profession to see how ideology shapes the way the mental health system itself sees the world and where necessary, challenge and help to change it. Take the issue of "homosexuality," for example. Until 1987, ego dystonic homosexuality was identified as a diagnosis in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM). The "knowledge" that homosexuality was an illness changed as a result of challenges to APA's classification system. Openly gay members of the APA and their allies staged a series of protests at annual conventions, culminating with an APA member testifying at a hearing with a clown mask on his face. The decision to remove ego dystonic homosexuality from the DSM occurred in the context of these massive protests (Bayer 1987). Beresford noted that effective social work is always political in nature: "If social work is functioning effectively with and on behalf of the individuals, families, groups and communities with whom it works, then it is likely to be challenging the market, both local and central state, and other powerful interests that may disempower them" (Beresford 2011: 106).

Methods and practice of liberation health social work

As noted earlier, both Freire and Martín-Baró were uneasy with prescribing general practice methods for their libratory initiatives. Liberation health practitioners share this unease. Nonetheless, there are some basic liberation health practice methods that can be broadly utilized when working with individuals, groups, families and communities if care is taken to tailor them to the specific populations involved. We will describe them in broad outline here. The following chapters provide specific examples of liberation health work in a variety of contexts and with a variety of populations.

Seeing a problem in its totality

Liberation health social work begins "where the client is at." In most cases, an individual or family problem or crisis initiates the referral for service. For the liberation health social worker, the first step is to develop a comprehensive view of the problem or crisis in collaboration with the client or clients. Martín-Baró and Freire called this seeing the problem in its totality (Freire 1996; Martín-Baró 1994). This process can have a number of steps involving a number of different techniques.

Seeing a problem in its totality is critical for liberation health practitioners because clients usually start out with a very limited or partial view of their problems, and this limited view is a critical impediment to developing the kinds of action plans necessary to address them. The job of the liberation health social worker is to partner with clients to progressively deepen, expand and transform their understanding of the nature, scope and dimensions of their problems and to question and rethink the terms in which they see them (and themselves) (Belkin Martinez 2005).

Working with clients to see problems in their totality starts with asking clients to describe the problem, the ways it has impacted their lives/family/community, and how they (the clients) have dealt with it or similar problems in the past (Madsen 2007; White and Epston 1990). When working with groups or families, it is not uncommon for different family members to have different views of a problem or even to think that one or more members of the family are the problem itself (Madson 2007; White and Epston 1990). This initial identification of the problem or problems usually results in what the narrative therapist Michael White might call a "thin" description, a problem expressed in terms consistent with dominant worldview messages, values and prejudices. A liberation health social worker might start by asking each person to make a list of all the problems the family/group is experiencing. When everyone is finished, each individual shares their list of problems with the entire group; the group as a whole then discusses all of the identified problems and generates a list of common problems.

The next step is for the social worker to engage the client in a comprehensive analysis/rethinking of the problem. This is a collaborative effort to progressively deconstruct/transform the "thin" description of the problem and co-create a new "thicker" problem statement. A variety of techniques can be used in developing the new problem statement. One is to have the client create an external representation of the problem. This is sometimes called developing a code, or what Freire called a generative theme (Freire 1974) to represent the problem. Clients can create drawings, audio tapes, videos, a short theatre presentation or any other creative demonstration of the problem. This helps clients to externalize the problem and to look at it differently. Asking clients to draw their problem is a simple activity which helps facilitate a "thicker" description of the initial problem definition. Social workers can ask questions about the drawing which set the

stage for a more complex multifactorial problem analysis. For example, an adolescent might initially describe the problem as "my mother … She is always on my back." As the adolescent draws this problem, the social worker asks additional problem posing questions: what exactly is going on when your mom is on your back, when does this happen, what do you say when this occurs, do you think there is something happening between you and your mom which leads to her being on your back? Seeing the problem in its totality through a drawing might facilitate a broader "thicker" definition of the initial problem. In the above example, the adolescent redefined the problem as "miscommunication."

For liberation health social workers, "problem analysis" is the next step in the development of the "thicker" problem statement. There are many methods of analyzing problems that are utilized in popular education and liberation psychology (Freire 1996). This casebook focuses on the use of a triangle, or triangulation of the problem. Triangulation involves placing the identified problem at the center of a triangle; the three points are identified as the personal, the cultural and the institutional factors influencing the problem. "Triangulating the problem" is a process of dialog between the social worker and the client or clients aimed at identifying, listing and describing all of the personal, cultural, and institutional factors that contribute or relate to the problem.

Martín-Baró referred to this process as "lifting the veil of ignorance" or problematization. Problematization is more than just adding additional information or factors to the "thin" description of the problem originally provided by the client. It is also a recursive method of questioning the narrative terms and taken-for-granted assumptions used in the client's initial description. It is a method of worldview deconstruction or "de-ideologizing" the client's original narrative (Belkin Martinez 2004, Martín-Baró 1994).
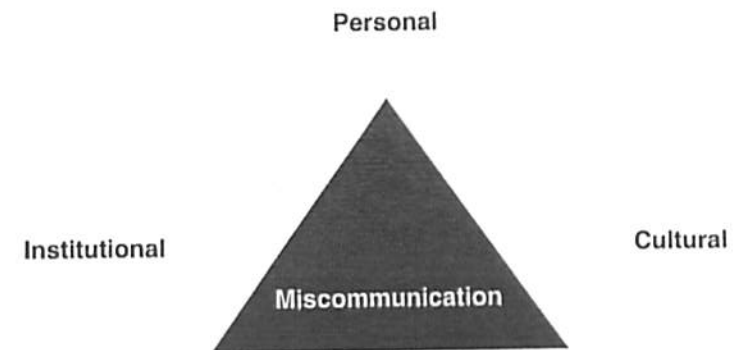

FIGURE 1.1 Liberation health theory and practice
Source: Dawn Belkin-Martinez

The liberation health social worker's role in this process is to help clients to think about the problem in new ways and in a much broader context. Ideally, in talking about their problem in a broader context of individual biological and social factors, cultural practices and messages, and institutions, clients begin to see their problems in a radically new light, to critically reflect on the language and assumptions they previously used to describe it, and to understand and narrate the problem in a new "thicker" and empowering way. On the basis of this new "thicker" description, a problem statement from which an action plan can be created is produced.

Developing and implementing an action plan

Based on the results of the collaborative effort to "see the problem in its totality" and analyze the personal, cultural and institutional factors contributing to the problem, liberation health social workers and clients then collaborate to develop comprehensive action plans to address the problem. These action plans become the basic working tools which then guide the relationship between social worker and client for the remainder of their collaboration.

For many clients, the action plan can take the form of a simple four column chart which is updated weekly: column #1: the various aspects of the problem; column #2: what needs to change in relation to each; column #3: the long range vision or goal in relation to each; and column #4: specific activities and initiatives for week (Belkin Martinez 2004).

Because the problem was ultimately identified and described in all its dimensions, personal, cultural and institutional, the action plan likewise usually includes specific actions and activities in all these dimensions. This can mean taking action around a personal factor, such as helping someone cope with their anxiety by creating an affect management plan, challenging cultural messages by deconstructing dominant ideas about gender or race, or taking action on an institutional front such as attending a take back the night march or going to a community protest against gentrification. While action plans are often initially focused on the personal factors affecting a problem, the liberation health social worker introduces questions and observations related to the cultural and institutional factors contributing to the problem. For example, while a young Latino male might be working on behavioral techniques to decrease his aggressive behavior, a liberation health social worker might introduce questions about the role racism plays in the identified problem. The client and worker might read up on current events together and explore opportunities to be involved in anti-racist activities in the community.

The action plan and its various components are reviewed and, if necessary, revised, and updated weekly. This process, which Freire referred to as praxis, is a recursive and iterative process involving action, reflection, action. Through action plans and clients' reflections on them and what they are able to achieve as the plan progresses, liberation health social work helps them to recover subject-like experiences and memories of when clients, and members of their community were

able to affirmatively act in the world. This is what is sometimes referred to as "rescuing the historical memory of change" (Almeida, Dolan-Del Vecchio, and Parker 2008; Belkin Martinez 2005; Fook 1993; Freire 1974; Martín-Baró 1994). The ultimate goal is to facilitate the transition of clients from objects to subjects and to not only enable them to master and overcome the problem or crisis which brought them into the social work system, but to be better able to deal with future problems or crises which might arise in their lives.

Liberation health social work resources

There are a number of resources nationally and internationally that make use of the liberation health model and similar theories and practice methods. These include the following:

- **Boston Liberation Health Group**: The Boston Liberation Health Group (BLHG) is committed to addressing the structural and institutional flaws in our healthcare system and its refusal to recognize healthcare as a fundamental human right. BLHG acts: 1) as a support group for healthcare professionals working to bring social justice issues into their direct practice with clients; 2) as a peer supervision group for individuals and groups practicing the methods of liberation health in their work; and 3) politically in the communities in which we live and work, standing in solidarity with other organizations and individuals working for social justice (source: liberationhealth.org).
- **The Radical Social Work Group**: The Radical Social Work Group (RSWG) is a group of activist social workers based in New York City who are committed to social change and to developing a praxis for radical social work. The RSWG seeks to: 1) dismantle oppressive institutions and injustice; 2) do work that goes to the root of problems and "changes them from there"; and 3) do what they can within the system to change how the system has historically worked. Retrieved May 6th 2013 from http//sites.google.com/site/radicalswg
- **Rank and Filer**: The Rank and Filer is a weekly blog for people working in social services that provides political analysis for radical social workers. This blog shares histories of radical social movements and events and posts articles for people working in medical care, non profits, welfare departments and community organizing projects (source: rankandfiler.net).
- **Bay Area Mutual Aid**: Bay Area Mutual Aid is a group of social workers committed to fighting for social justice in our communities, workplaces and society at large, by organizing and mobilizing social workers, supporting each other, and collaborating with other professionals, clients, and community stakeholders. We apply a broad definition to the title "social worker" and seek to engage all those doing social work in its many forms. We believe that social change and social justice are integral to all forms of social work and hope to reinvigorate out field's commitment to and understanding of "social change and social justice." Instead of looking away from abuses of power, we seek to apply

a critical understanding of power, privilege and oppression to our work (source: bayareamutualaid.org).

- **Social Work Action Network:** The Social Work Action Network (SWAN) is a radical campaigning organization of social work practioners, students, service users, carers and academics. SWAN is based in the UK, but has international chapters. Its main objective is to promote a social work practice which is rooted in the value of social justice, which seeks to advocate alongside and on behalf of carers and service users and which values both individual relationship based practice and collective approaches. SWAN strives to strengthen the radical voice within social work practice, education, and wider policy debates (source: socialworkfuture.org).
- **Social Welfare Action Alliance:** The Social Welfare Action Alliance (SWAA) is a national organization of progressive social workers based in the United States. SWAA seeks to: 1) promote the study and practice of the progressive tradition in social welfare policy by critiquing the nature of social services, social work and social change; 2) understand the methods of humanistic direct practice that supports individual, community, and broad social change; and 3) promote the participation of social service workers in the struggles of low income and other oppressed people (source: socialwelfareactionalliance.org).
- **Institute for Family Services:** The Institute for Family Studies applies Rhea Almeida's cultural context model approach to social work practice. The cultural context model is a sociopolitical model of family therapy which links social justice to all levels of family therapy. Key concepts include accountability, critical consciousness, cultural circles, empowerment, and understanding the connections between the multiple layers of oppression (intersectionality) (Almeida, Dolan-Del Vecchio, and Parker 2008).

Critical and Radical Social Work Journal: Critical and Radical Social Work is an international journal that seeks to analyze and respond to issues such as the impact of global neoliberalism on social welfare, austerity and social work, and social movements and inequality and oppression (source: www.policypress.co.uk/journals_crsw_aas.asp?).

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