CHAPTER 1

METHODOLOGY

This is a longitudinal research study based on empirical data collected by the researcher on the basis of forty years of practice in the field of medical and psychiatric social work. The data consists of 102 cases referred to and dealt with by the researcher.

This is not a scholarly presentation based on theory books and other research. The entire work is practice based and presented more or less in a narrative style, giving details of cases and events, factually handled.

Thereafter a design for case data analysis is worked out and operated. For the requirement of Ph.D. dissertation, the Researcher has studied theories and methodological foundations and has taken the help of statistical analysis. In testing of the reliability and validity of data, cross tabulation and various co-relations have been undertaken.

The factor that recognizes social work research as exclusively different from social science research is the examination of a variety of social work intervention put into practice, in order to meet the demands of real situations in practice. The question that the researcher had always in
mind was “Have I done any scientific work or was I dragged or dominated by challenging reality? Is this the work that any voluntary social worker will undertake out of concern for human beings?”

The cases are classified under various categories and different variables are formed for data analysis and classification. Analysis is based on sociological and social work theories supported by the reference to “practice and theory” in each decade. The qualitative data is quantified and measured in order to prove/reject the hypothesis. SPSS (statistical package in social sciences) is used to analyze the data. The relevance to various theories is established with the help of data analysis to develop practice theories.

The outcomes are of importance to the social work practitioners in Indian settings. Much of social work theory still depends on literature published by English and American universities.

This is the first work in the medical and psychiatric social work setting in Maharashtra. The work is based on case records maintained by the researcher during the past forty years of her practice in various medical, psychiatric and industrial settings. The report is entirely based upon the cases and events that took place over the forty years’ professional experience of the researcher. It is a systematic analysis of the cases in
eight different clinical settings drawn from general, civil and mental hospitals, a non governmental organisation for the benefit of mentally challenged children and adults and two industrial settings that recruited the services of the social worker for caring for the human factor in industry and in particular the personal and career concerns that are likely to slow down or adversely affect the production process and the human environment in industry. The work is based on case records maintained by the researcher during the years of her practice in various medical, psychiatric and industrial settings.

The study design cannot be fitted into the characteristics of any single method of research. Hence an eclectic study design has been constructed by making use of some characteristics of a variety of research methods that will be subsequently discussed.

In terms of the reliability of the data, the details are worked out from the case data and action report written by the researcher herself from time to time and hence it rules out the risk of oversight of the details of the cases and events or of missing out significant details. The researcher had the habit of maintaining case records and writing out some trying events soon after they occurred. Hence the risk of lapses of memory is restricted to the minimum. Case discussions with the Ph.D. guide and co-professionals were helpful to the researcher in giving further thought
to the details of the occurrences and case discussions were very helpful to facilitate case analysis. Since all cases and events are on account of first hand experience of one single person, the researcher hopes that the question of the authenticity of data may not arise.

It must be recorded that case data was primarily not written for a research project and thus this is an ex-post facto study in which the variables designed for this report are beyond the control of the researcher. The data was documented for a variety of purposes like administrative reports, matter prepared to support arguments to answer legislative assembly questions, material prepared in defense of court cases and departmental inquiries and articles written in in-house magazine of the industry in order to educate the industrial workers about the nature, purpose and importance of employee counseling. These records are available in pure narrative form and the records are processed and analyzed both qualitatively and quantitatively in order to obtain conclusive findings. In few rare cases, the clients have kept contact with the researcher for twenty to thirty years. Hence these cases are also being analyzed with the life history method. The cases of children given in adoption can be analyzed in a cross cultural perspective and the letters of these children written in their adulthood and youth are very vocal of their self and other perception.
The behaviour of the clientele can be viewed as socially relevant. The medical setting from which a large number of cases are drawn can be analyzed in terms of their behaviour in response to a common medico-social stimulus. The analysis is definitely qualitative. An exercise in quantification of this data has been undertaken in order to determine the correlation between select variables. A few variables are constructed from the qualitatively analyzed data and utilized as correlates of independent variables listed in Chart - I.
Data Analysis

Independent and dependent variables are described in Chart I.

Chart I - The Variables

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Dependent Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Setting</td>
<td>1 Dyadic relationship</td>
</tr>
<tr>
<td>2 Date of referral</td>
<td>2 Decision making of client</td>
</tr>
<tr>
<td>3 Gender</td>
<td>3 Choice of alternates</td>
</tr>
<tr>
<td>4 Age at referral</td>
<td>4 Duration of case ( ? )</td>
</tr>
<tr>
<td>5 Problem at referral: clinical</td>
<td>5 Outcome of intervention</td>
</tr>
<tr>
<td>6 Problem after intake: Did other problems emerge as time passed ?</td>
<td>6 Client’s ego strength</td>
</tr>
<tr>
<td>7 Problem perception of referee</td>
<td>7 Intervention strategies</td>
</tr>
<tr>
<td>8 Problem perception of client</td>
<td>8 Collateral support</td>
</tr>
<tr>
<td>9 Diagnosis (Interpretation of analyst)</td>
<td>9 Process problem resolution</td>
</tr>
<tr>
<td>10 Duration of case or orientation</td>
<td>10 Task prescription of the worker</td>
</tr>
<tr>
<td></td>
<td>11 Task prescription of the client</td>
</tr>
<tr>
<td></td>
<td>12 Task prescription of collaterals</td>
</tr>
<tr>
<td></td>
<td>13 Task prescription of partners in service, team members in therapeutics</td>
</tr>
<tr>
<td></td>
<td>14 Stages in dyadic relationship</td>
</tr>
<tr>
<td></td>
<td>Working out the contract for work,</td>
</tr>
<tr>
<td></td>
<td>relationship, termination, withdrawal,</td>
</tr>
<tr>
<td></td>
<td>follow-up</td>
</tr>
</tbody>
</table>

(11)
The case studies and events that generate empirical data is used to test previously established sociological and psychological theories. A number of books on research methodology (Polansky, Pauline Young and Kothari) mention that the value of case data is significant for sociological analysis. The data satisfies most of the essential characteristics of researchable case studies enlisted by Pauline Young.

The main purpose of this work is to record case data analysis for the social work practitioners and students in future.

**Objectives of the Study**

1. To record and analyze case data from eight different settings of practice listed in the introduction.
2. To classify data according to types of intervention viz crisis intervention, crisis score, time of referral, source of referral, period of intervention, age, gender, problem at referral, techniques of intervention, types of intervention, disaster management etc.
3. To correlate different variables and construct the hypothesis as they emerge from statistical data analysis.
Study Design
This is a combination of longitudinal, empirical, life history and analytical study design based on case data and records of significant events that took place from 1961 to the end of the century.

Tools of Study
Two tests were used.

1. Data sheet to plot the factors emerging from case data
2. Case studies of individuals and events.

Size of Study
The study aims to analyze the nature of social work intervention from the 102 case records from eight settings in which the researcher worked during the last forty years and four major disaster events, viz.

1. Panshet floods, July 1961,
2. Koyna earthquake, 1966,
3. Al-Italia air crash on Pemgiri hills,
   Taluka - Junnar, District - Pune,
4. National Emergency 1975, at which social work intervention was requested.

Additionally, the 33 day strike of class-III and class-IV Government employees were presented in terms of discussion on encounter with
values. These outcomes are discussed in a separate chapter ‘Social Work with Social Systems.’

A. Data Analysis

Both qualitative and quantitative data analysis are undertaken. The qualitative analysis examines the nature of intervention selected, reasons for the choice of social work techniques and methods that were employed, the availability or absence of required organized and unorganized resources, legal and organizational support, the risk taken for desirable problem resolution and the examination of the relevance of the event to the social systems. Wherever relevant exercises in systems analysis is also undertaken. Quantification of qualitative data is done and the quantified data is processed with the help of SPSS package on computer.

Qualitative Variables

B. Process of Social Work

1. Situational analysis
2. Nature of intervention

C. Types of Intervention (Methods of social work)

1. Working with the individual (case work).
2. Work with families.
3. Work with significant others.
4. Work with the systems and subsystems.

D. Use of Social Work Methods

1. Nature of intervention (techniques).
2. Impact of mind on mind (counseling).
3. Self image of client (e.g., disabled person).
4. Client’s striving to manipulate his or her situation (criminal case).
5. Client’s striving to manipulate the system to his own advantage (Swastik Rubber case).
6. Social worker’s position in the situation and professional role.
7. The self within the social worker (life history of the researcher).
8. Rational emotive therapy (suicide intervention).

E. Systems Analysis

1. Work with the system, moral and ethical issues related to the system.
2. Morality and corrupt practice (Case of Sunanda Desai, Page No. 291, Chapter V).
3. Creation of organized resources - SOFOSH, ShreeVatsa.
4. Strengthening the service organisation.
5. Crisis oriented work.
6. Disaster management.
7. Use of unorganized resources in the individual (client’s ego strength).
8. Use of organised community resources, govt. hospital as an organized resource.
THE REPORT DESIGN

The report is presented in the following chapters –

**Introduction**  Importance of Topic

**Chapter – I**  Methodology, Objectives, Variables 
Tools of Study 
(i) Case Records  (ii) Data Sheet

**Chapter – II**  Relevance of the Study to Sociological and 
Social Work Theory

**Chapter – III**  Socio-Demographic and Clinical Characteristics of 
The Sample

**Chapter – IV**  Indian Social Problems and Social Work 
Intervention

**Chapter – V**  Psychiatric Social Work

**Chapter – VI**  The Process Analysis

**Chapter – VII**  Working with the Social Systems and Sub-systems

**Chapter – VIII**  Professional Development of a Social Worker 
(Researcher)

**Chapter – IX**  Response of Medical Community

**Chapter – X**  Controversies, Modalities and Consequences in the 
Practice of Medical and Psychiatric Social Work

**Chapter – XI**  Conclusions

Bibliography

**Appendix – I**  List of Cases

**Appendix – II**  Tools of Analysis – Code Book

**Appendix – III**  Documentary Evidence of Practice

III.1  Newspaper Clippings
III.2  Photographs and Letters
III.3  Articles Published

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A different type of classification according to social problems emerges from our study.

**Types of Problems**

The clinical picture of social problems that appear in medical and psychiatric settings appear as follows –

1. Family disharmony
2. Marital discord
3. Discharge on medical advice
4. Foster care
5. Employment intervention
6. Non-adjustment at work
7. Medical problem
8. Psychiatric help
9. Destitution
10. Abandonment of children, aged, terminally sick, TB patients.

No. 3 and No. 10 above, are problems directly relevant to hospital treatment while others have emerged after the social worker took over. Physicians define success of their cases after life saving treatment or
physical recovery of the patient. They are not at all interested in the total management or social and economic rehabilitation of the patient.

This study makes use of the parameters used by Richmond under the heading of insights. In each of the events and cases discussed in the study, the Researcher has made use of her insights in different ways. Insights are the product of training. The narration and analysis of cases and situations describes the action taken by the social worker. While testing each of these, the reader will experience the use of insight by the worker. The dictionary meaning of insight is the power of looking into a matter and understanding it clearly. This ability is developed during the training period of professional social workers by exposing the trainee to real life situations within an organised setting and repeatedly discussing the understanding of the trainee during supervisory conferences. The distinct character of insight according to psychology is that insight comes to the mind as a flash when the functionary understands the gestalt of the person in situations. When the totality of the person-situation configuration is clearly understood by the professional person in action, decision-making and plan of execution is determined very quickly by the profession. Holism is the essence of social work practice. The worker does observation and simultaneous mental noting. The worker also designs an alternate plan of action if the initial intervention programme is aborted by a number of social occurrences.

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**Expected Outcomes of the Study**

As this is one of the first studies of its kind, the hypotheses are expected to emerge as an outcome of the study. The process analysis, it is hoped, will give directions to specific tasks of medical and psychiatric social work practice.

**A Design for Analysis of Case Studies**

The analysis is done in following steps –

1. Brief narration of events.
2. Decadenal distribution according to settings, according to problem at referral and sources of referral.
3. Review of the available resource for problem resolution.
4. Recurrence of intervention patterns leading to theory building.
5. Decision making and critical issues.
6. Ethical issues.
7. Problems in interdisciplinary work.
8. The social worker as an agent of change.
9. Examination of intervention design and style.
10. Any alternate strategies after post facto analysis (outcome).
11. The intercountry context in child adoption.
12. Working without formal licensing in adoption work.

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14. The purpose is self analysis before citing the cases as teaching material (conclusions).

15. Pioneering medico-social practices.

16. The response of the medical community.

17. Client's response.


20. Impact of social work on related social systems - medical practice, administration; institutionalizing facilitative services in conservative organisations; modernisation of hospital systems in the modern era of sociology (1973 to 1989); Sociological thinking entered post-modernisation in the 1990s.

21. Social work practice in collaboration with social work staff (Padukon's case, Page No. 286)

22. Classification of cases according to medical problems and sociological analysis of problems.

Research Questions

1. To what extent can these intervention strategies be termed as a professional thrust?

2. Is the professional community willing to authenticate the innovation and the essential diversion from certain established norms and code of professional ethics?

3. Is the ethical basis of decisions taken under critical conditions acceptable to the profession of social work?

4. Are the decisions taken on the spot for the specific problem resolution morally and ethically correct? Do they at any point conflict with professional values?

5. What alternatives could have been resorted to?

6. Can the outcome of the arguments for and against some actions and decisions determine a workable modification of the code of professional ethics?

7. What innovations were put into action?

Working in critical situations cannot be free from controversies. The controversy itself is the test of authenticity of work. It is said that all truths begin as blasphemies. The professional community may not have appreciated the decisions taken by the researcher in action as being in conformity with accepted norms of practice. Yet, unless an objective
post-facto theoretical discussion is undertaken academically, the practice will not be universally accepted.

The above questions will be answered in the case analysis.

Clarification of the Key Concepts

1 Social Work

The Encyclopedia Encarta describes social work in 2000 as follows -

1. Social work, a professional activity aimed generally at enriching and enhancing individual and group development or at alleviating adverse social and economic conditions. It's practitioner’s work to provide care for abused or neglected children, rehabilitate the physically, mentally or emotionally handicapped and extend financial aid to the poor and the aged. Social workers also carry out treatment, counseling and direct service activities to help those individuals with mental and emotional disorders, to help rehabilitate those with disabilities, or to provide preventive services.

Formerly all forms of philanthropic and charitable activities including those of untrained, civic minded individuals were regarded as social work. Such activities focused primarily on solving the immediate problems of the indigent and did little to
change the conditions that caused those problems. More recently, however a vast amount of new social research has made possible analysis of the social and economic maladjustments of modern society and the activities of social workers have been coordinated in an effort to achieve the maximum possible benefit both for those individuals who are in need and for the entire community.

2. Types of Social Workers

Social workers may be employed in varied settings. Social case workers deal directly with the individual or with the family. They work in family service agencies, medical and psychiatric hospitals and clinics, public agencies, substance-abuse clinics and industrial settings. In the last two decades there has been a trend toward professionals working in private practice rather than in the non-profit or public sector. After determining the nature of the client's problem, the clinical social worker tries to help the person overcome these difficulties or obtain appropriate assistance. In recent years the areas of specialisation within social work have increased greatly.

The social group worker is usually concerned with planning or leading activities of large groups of persons. This type of social
work is often carried out in recreation centers such as those maintained by the American Red Cross and The Young Men's Christian Association and in hospitals and other therapeutic settings.

Social planners are social workers who conduct research and help develop social welfare policies, frequently acting as proponents of social legislation. Community organizers act as area-wide coordinators of all the programs of different agencies so as best to meet community needs for health and welfare services. They also facilitate self-help programs initiated by local common interest groups, for example by training local leaders to analyze and solve the problems of a community. Community organizers work actively, as do other types of social workers, in community councils of social agencies and in community action group. Thus the role of community organizers overlaps that of the social planners.

3. Social Work Agencies

Social work is conducted by public and private agencies. In the U.S. for example, the federal government, operating through the department of Health and Human Services, as well as the department of labour, the department of Housing and Urban
Development, other units, administer social welfare programs or provide funds that permit state, city, neighborhood or private agencies to operate many programs. These also include adoption services to abused and neglected children, foster home-care, children’s institutions, juvenile training schools as well as local community organisations and neighborhood service centers. Other funds go to school social work, psychiatric clinics and mental health centers, drug abuse programs, organisations such as neighborhood youth core programs to improve intergroup relations and social planning efforts. Many states, cities, neighborhoods, voluntary agencies grant funds for similar and other programs.

4. Training and Professional Material

For entry level social work it is necessary to obtain a degree as a bachelor of social work. For more advanced work and in order to work independently, a master’s degree in social work from an accredited university is required. The council on social work education in Washington D.C. provides information on professional schools in the field. Social work agencies collaborate with universities in training programs thus enabling students to obtain supervised experience in actual professional
practice. Fieldwork, that is supervised training in an operating agency, is required for most social work positions.

The professional organisation of social workers is the National Association of Social Workers (NASW), with headquarters located in Silver Spring Maryland and local chapters around the country. NASW publishes the quarterly magazine ‘Social Work Journal’ and the Encyclopedia of Social Work in addition to books and journals. The above description of social work practice has been formulated in a developed nation. The dimensions of social work practice assume a very well developed organizes setup with networking facility. In a developing nation like India, many more dimensions are added to this description.

The experiences of the researcher add many more contents of practice in a developing country like India to the above description of social work. The content to which the researcher agrees is the statement that medico social work is a formally recognized branch of the social work profession. However the micro and the mezzo systems related to social work practice in India are still very underdeveloped. Many have not even heard of this profession. Others equate it to a voluntary activity carried out by sensitive persons who mean well for the clients and the society but do not follow any established method of practice. The
responsibilities of social workers have not been codified anywhere. There are many functions to be formalized and these must include the risks involved in taking certain actions in the interest of the client. These actions are not appreciated by other systems and hence the following situations arises.

The Systems Analysis of Medico-Social Work

Medico-social work is a formally recognised branch of the Social Work Profession. The Medico-social worker's conduct of responsibilities has included facing an administrative inquiry, being legally accused of giving a child in adoption without the consent of the so-called natural father-guardian. The case was filed in the district court. However, the case could not stand as the High Court had already cleared the case of adoption. Thus the macro-level system contained the action of the social worker. Case No. 44 (Sharada) indicates working with the mezzo systems. The intervention facilitated the collateral (sister) to complete her studies uninterrupted. Any mezzo system is known to follow S.O.P. (Standard Operational Procedures). Quite often the routine operation of S.O.P. creates unnecessary obstacles in the lives of beneficiaries. Years later, the District Tuberculosis programme approved of and adopted this very same practice of giving over one month's quota of medicines, thus relieving the drain both on the system and the beneficiary. Today, the press cooperates with adoptive agencies to
publish the photograph of foundling babies in daily newspapers, giving due notice to the natural parent to claim his/her lost child. In order to establish abandonment, the Researcher had to parade Gangu and Mahadeo in the entire Mangalwar Peth Slum in order to discharge her civil and legal responsibility.

In Case No. 39 (Anil), the mezzo system of Bombay Children Act, 1948 provided the facility of Court Committing children subjected to child abuse, thereby avoiding for them the hazards of getting entangled in family feuds, although the maternal uncle was willing to take up their responsibility, but did express doubt and fear of Anil's natural father-guardian.

This case brings us to the discussion of the definition of who could be termed as an 'unfit parent'. Remand Home authorities were often reluctant to recommend court commitment of unhappy children who had natural guardians. The role of the Juvenile Court and the Probation Officer is very important here. But more often than not, a delinquent child is restored to the parent who is not competent to deal with the child's delinquency, while children of poor parents are conveniently recommended court commitment, as the absence of any behaviour problems makes the job easy for the institution to look after a normal child who gives no trouble to the staff, but is denied of a normal home.
environment, just because parents wish to shirk their responsibility of looking after children after birthing them. Years later the sponsorship programme started operating to give educational aid to children. Although education is made free and compulsory since 1950, the Researcher has seen scores of children dropping out of school or never entering a school because of domestic responsibility. Today, the Childline is available to those subjected to child abuse but whether there is the necessary awareness in the concerned children and adults to avail of the service is a matter of time to prove. Professional social workers can collectively explore the real commitments that define their lives as human beings, and create a vision of self actualisation in their social environment; a new way of expressing what our world is, who we are, and what we ought to be. Toward emancipation from what exists, such a vision needs to be based on moral ideals. Progressive social workers need to be motivated by a sense of vocation or 'calling', rather than 'job', directed toward meanings and purposes beyond the mediate satisfactions and dissatisfactions, the immediate achievements and frustrations of the moment.

II The Social Work Process

This work is named as a process analysis. The general observation is that ordinarily, social workers have been using the term 'process' quite arbitrarily. The research is started by clarification of the term 'process'
as applied to social work practice and then defining the 'process' in each of the cases illustrated in the study.

Theorists in the recent years have made further additions to the concept of social work 'process'. Perlman\(^2\) refers to the term as three different stages in the case work process, namely the initial, middle and the terminal stages. The emphasis appears much more on the administrative steps at three different levels of the process. P.D. Mishra\(^2\) in his book has also referred to the three stages and has classified the observed occurrences at each stage. As Richmond’s classification is best suited to the conditions of our cases, the same concept frame has been adopted to this study. Insights combined with appropriate actions have been a recurrent action taken by the researcher in field situations.

One of the well-known principles of social work is the conscious use of self by the worker. This conditioning takes place in the organized fieldwork program during training. The researcher has operated this principle several times during her practicing years.

Many authors have made an attempt to define the concept of 'The Social Work Process'. One of the pioneers in this effort is Virginia Robinson\(^4\). She classifies the process of social case work in two ways -

1. Modification
2. Re-education

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Effecting modification in the client's material environment in order to gratify human needs is a part of modification. Re-education of the client in order to bring about a change in the mindset of the client, his opinion, habits or to reeducate the significant others in the client's environment in order to bring about a desired change in attitudes of others towards the client.

Mary Richmond has made an effort at analysis of treatment methods in two parts as follows -

1. Insights
2. Actions

These are further indicated as

<table>
<thead>
<tr>
<th>Insight</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 An understanding of individuality</td>
<td>1 Direct action of mind upon mind</td>
</tr>
<tr>
<td>2 An understanding of environment</td>
<td>2 Indirect action upon mind</td>
</tr>
</tbody>
</table>

According to these parameters, Richmond has clarified four classifications of insight and action.

1. Insight into individuality and personal characteristics
2. Insight into the resources, dangers and the influence of the social environment
3. Direct action of mind on mind
4. Indirect action through the social environment
Further research in the areas of social work process has proved that process is the outcome of the use of one or more of the case work techniques. The caseworker executes the process of understanding the needs of the case in a given situation.

However, the total process does not stop at this point. The effort of the worker that significantly enabled the client to improve the understanding of his situation are termed as the process oriented efforts.

(2) The Process

The social work process can also be identified through different administrative stages. Admission-referral to medical and psychiatric social worker as an unarticulated “problem” referred to her by other professionals (like Dean, Superintendent, doctors, nurses, wardboys and other Class III and Class IV staff). Patients who are problematic to the organisations are referred (interaction between bureaucracy and social work profession) social diagnosis - family diagnostic inputs by social worker, organisational involvements, reorganisation of practices, problem resolution, rehabilitation discharge, social rehabilitation follow-up- termination.
The Sample

Problems related to valid sampling are quite a common feature in clinical settings. In this study, sampling could have become very difficult, as the cases have spread over four decades. The cases are taken up as and when they are referred and the researcher has no control over sampling from a defined universe. The researcher therefore decided to select quota sample method, based on two independent variables, viz gender and residential address. The variable of “address” is held constant as the duration of most medical cases being not over two days; the addresses of the cases cannot change within such a short period and especially when the subjects of study are critically sick. The next doubt that can be raised is over the addresses of a few cases that did continue over twenty years as mentioned in the report. The definition of address is then further clarified as the address recorded at the time of entry to the concerned setting of social work practice.
Table 1.1

The Sample Frame

<table>
<thead>
<tr>
<th>Address</th>
<th>Gender Male</th>
<th>Gender Female</th>
<th>Pair</th>
<th>Row Total</th>
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</thead>
<tbody>
<tr>
<td>Pune City</td>
<td>14</td>
<td>31</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Pune Suburban</td>
<td>13</td>
<td>4</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Pune District</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>7</td>
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<tr>
<td>Maharashtra</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Outside State</td>
<td>2</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Not known</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48</strong></td>
<td><strong>52</strong></td>
<td><strong>2</strong></td>
<td><strong>102</strong></td>
</tr>
</tbody>
</table>

While selecting the sample, equal representation was attempted to be given to both genders. In order to make up for four males less, to pairs of clients are included, as the problem at referral was affecting both genders equally. One pair is a married couple (Case No. 30, Page No. 527) while the other two infant foundlings, brother and sister who were given away in adoption in one single family. (Refer to Case No. 94 Gangu and Mahadeo, Appendix III.3 P. 12).

The Quality of Qualitative Research

Probably, many qualitative researchers have been criticized by critics who have claimed that their research is too subjective, or the number of

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cases is too small, or that mere talking is never a scientific method, and so on. Qualitative inquiry, moreover, has a short history in Japanese social work researchers may need to strongly defend the validity of their qualitative research. However, they should do so in the confidence that qualitative research is no less rigorous than more traditional forms of inquiry.

Although 'validity' and 'reliability' of qualitative research is discussed by many researchers (e.g., Cook & Campbell, 1979 is a classic discussion; Kirk & Miller, 1986; Silverman, 1983), the most often quoted concept of the problem of establishing validity is probably the notion of trustworthiness that was developed mainly by Lincoln and Guba (1985, p. 290). The notion of trustworthiness has four elements – credibility, transferability, dependability and conformability. These are analogous to 'internal validity', 'external validity', 'reliability' and 'objectivity' in conventional criteria. Because their philosophical base is constructivism, these criteria are not applied to all the qualitative research methods. We believe, however, that these criteria are useful for novice researchers to understand the validity and reliability issues of qualitative research and so we will describe them and some of the techniques related to them.
Credibility, Prolonged Engagement and Peer Debriefing

Credibility is analogous to ‘internal validity’ in conventional criteria. It relates to how the reconstruction of the researchers fits the realities and views of the participants expression in the process of the inquiry. To establish credibility, researchers use a variety of techniques, but because we have limited space, we will discuss only the following –

One is ‘prolonged engagement’. That is ‘the investment of sufficient time to achieve certain purposes; learning the ‘culture of the patients who were serviced, of other participants, testing for misinformation introduced by distortions either of the self or of the respondents and building trust with the clients and other participants.’ ( Lincoln & Guba, 1985, p. 301 )

Report Design

The report has been divided into 11 chapters, 102 cases and 123 tables. The researcher wants to make a specific mention that the numbers allotted to case studies are according to primary records. They have not been numbered in ascending or descending order according to their position in different chapters. The case studies from Serial Nos. 1 to 50 being illustrative have been written in detail with their analysis. These cases have been distributed in different chapters.
From Case Nos. 51 to 60 only the processing is done as per the code book. These cases are of children of Thermax employees. These cases are of mentally challenged children. The researcher helped the employees in getting income tax exemption. For this purpose they needed the certificates from Government hospital in connection with these children’s IQ. The researcher helped them get the certificates. In some cases, the researcher helped them in getting admission in institutions for mentally challenged children. The counseling of the employees also helped them accept this challenge. Some of them were under the impression that these children would improve during the course of time. They had spent a lot of money on treatment hoping that they would show some improvement. On this aspect frequent counseling was done by the researcher. Their expenses on futile treatment were saved.

One of the employees whose daughter was grossly retarded could not be admitted in any institution due to her unmanageable situation. For her sake, this particular employee opened a school for mentally challenged children in his own house. At present there are about 35 mentally challenged children in this school. In the rural area that this school is situated in, there was a need there for such a school. The school is registered under the Society’s Registration Act and Public Trust Act. The researcher helped this employee form the constitution and get it
registered. The school is not yet registered under the RCI Act. But it is in process. The researcher also helped him in getting donations from various organisations. Since it is not registered under the RCI Act, he does not get any grant from the government. He has to spend from his own pocket.

Serial no 61 to 70 are the cases of female mental patients from the Central Mental Hospital, Yerwada where the researcher worked for 3 years. These cases are of chronic female mental patients who stayed in the hospital for more than 20 years. The previous social workers did not work with the chronic mental patients. All of them, including the doctors, were under the impression that these patients were going to remain in the hospital till their death. Hence, these patients were totally ignored by their relatives and also the hospital staff. The relatives had totally cut off their relations so much so that they did not even care to visit them in the hospital. Hence, the researcher had taken up about 60 such chronic patients and formed a group for group work activities. From this group, about 10 cases were presented by life history method. These cases are included in the total 102 cases.

Serial no. 71 to 74 are the cases of two males and two females from Kondhwa Leprosy Hospital who were helped by the researcher in their personal problems. At Kondhwa Leprosy Hospital, the researcher
worked as a group worker, counselor and arranged the recreational activities for these patients who were totally discarded by their families. In those days, leprosy was considered as a stigma. Leprosy affected were not accepted by the society. The relatives did not want to disclose about this illness to anybody. Hence these patients were kept away from home.

Serial no. 75 to 81 are the cases from Muktangan De-addiction Center where the researcher worked as counselor for 3 years from the opening of this center.

Serial nos. 82 to 88 are the cases of Thermax employees. The researcher has written about them in Thermax house magazine ‘Kshitij’. It is a Marathi magazine, hence the researcher has written in Marathi.

Serial nos. 89 and 90: These two cases of physically challenged were from Sassoon Hospitals, Pune and were published in the Indian Journal of Rehabilitation (Appendix III.3, P. 5).

Serial nos. 91 to 94 are cases of lodger babies from “Shreevatsa”. The researcher has written about them in the house magazine of Thermax in Marathi (life history method).
Serial no. 95 and 96 are cases from Sanjeevan Hospital, Pune where the researcher worked as consultant in honorary capacity.

Serial no. 97 and 98 are cases from Maharashtra Institute of Mental Health, Pune where the researcher worked as a visiting social worker.

Serial no. 99 to 102 are cases of mentally challenged adults from Dilasa Karyashala, Pune where the researcher worked in advisory capacity. The counseling was done of the parents in these cases. Since this Karyashala is a day care center, the patients come from their residences in the city. The parents were given guidance as regards their rehabilitation at home.
References


2. Perlman, Helen Harris, 1957 Social Case-Work: A Problem Solving Method The University of Chicago Press


5. Richmond, Mary, 1922 Russel Sage Foundation, What is Social Case Work page 101
