

Please enjoy our 5<sup>th</sup> issue of SBW Notes! And be sure to check out our updated website at [www.sbwpartners.com](http://www.sbwpartners.com)!

## On Narrative

As social workers we have always listened to the stories older people and their families tell us about their lives. We use that information to discover their preferences, habits, and beliefs - preferences, habits, and beliefs we strive to honor in our work with them. We use that information to uncover strengths of the past that may be tapped to meet current challenges. What would happen if we moved beyond the facts of a life story to consider how the story was build, told, undergone, and understood? What would happen if we developed and used the skills of narrative analysis to enrich our gerontological practice?

Ann Burack-Weiss, co-director of SBW Partners presented a paper - "Narrative Approaches in Long-Term Care" - at the Social Work Clinical Practices in Long-Term Care Conference held on September 14, 2006 at the Jewish Home & Hospital. (This conference, sponsored by the Jewish Home & Hospital Lifecare System, will be repeated at Sarah Neuman Center for Health Care & Rehabilitation on December 7, 2006.)

In response to interest in the topic, SBW Partners would like to form a study group to explore ways in which concepts of Narrative Medicine can be applied to practice with older people and their families. If you are interested in being a part of this exciting venture, please contact us at [information@sbwpartners.com](mailto:information@sbwpartners.com).

## Language Watch!

With the fall season upon us bringing much needed training programs and workshops to practitioners in the field of aging, it behooves all of us to examine the terms we use to describe our older clients. At times older clients are identified by their behaviors or the conditions besetting them. These are at the best unflattering and at the worst ageist. Referring to an older client with dementia as "an Alzheimers" is a case in point. No doubt those who use these words mean no harm. We are trying to capture an audience with a catchy or humorous phrase, but older people - like all people - deserve dignity and respect however problematic their words and actions are to those who serve them. We are all more than our behaviors or illnesses. Let our language reflect that.

The article by Irene Gutheil on the following page speaks to other uses of language that affect our work.

## Aging Adult Children

One of the striking aspects of the Brooke Astor affair is the age of her purportedly abusive 81-year-old son. The National Family Caregivers Association reports that 30% of family caregivers caring for older adults are themselves 65 or over. In the September 15<sup>th</sup> issue of the *New York Times* Clyde Haberman writes of the growing phenomenon of aging sons and daughters well into their 60s and even older caring for their very old parents. In this illuminating article Robin Fenley, the Director of the Alzheimer's and Caregiver Resources Center at the New York City Department for the Aging, underscores that the strain on families can be enormous.

**SBW Partners** is a fee-for-service firm devoted to advancing social work practice in aging. Services are provided by Dr. Barbara Silverstone and Dr. Ann Burack-Weiss, the firm's founding partners, and a group of associates. We provide consultation and staff development for agencies, supervision for practitioners and corporate training programs. For more information, please visit [www.sbwpartners.com](http://www.sbwpartners.com) or call 212.337.2555.

## The Use of Language in Social Work Practice

By Irene A. Gutheil\*

Social workers are well aware of the power of language when they interact with their clients. We try to put our comments and responses into words that clients can readily understand, often using language the client him/herself has used. We are careful to use language that is appropriate to the age and cognitive capacity of our clients. In addition, we work to present our thoughts and responses through words that build on strengths.

It is therefore surprising that social workers do not question the language that is standard in many agencies/organizations. These organizations often are grounded in a medical model and the language connotes negative perceptions of clients. While this is subtle at times, it nonetheless creates an environment that diminishes the value of its clients. Some examples: A hospice social worker refers to a patient as having "*failed* treatment." A worker in a mental health setting writes in the assessment that the client "*denies* a history of substance abuse."

Because social workers need to be able to communicate in the "language" of the other professionals in the organization, they may adopt negative language without even thinking about it. Perhaps we need to step back and think about how this influences our perceptions of clients.

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**We welcome contributions from other readers.**