Professional Care of Marginalized Clients: The Pool of Bethesda Model

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ABSTRACT

Social workers and other helping professionals often encounter clients with a history of marginalization. Professional ethics demands client centered approaches, which include a client's right to self-determination. Practitioners often face the dilemma of determining what will be in the best interest of the client against prevailing psychosocial and sometimes spiritual limitations in the environment. The encounter of Jesus and the man at the Pool of Bethesda presents a biblical model of service intervention. This paper presents five social work practice: principles of engagement, assessment, client's right to self-determination, strengths perspective and empowerment as illustrated by the Pool of Bethsaida scenario in John 5:1-10.   It presents the Lord Jesus Christ as the Master Social Worker, and gives biblical guidance for client interventions.

Introduction

At creation, God made all things good and there was no imperfection, deficits or scarcity. The entrance of sin through Adam's disobedience ushered in the process of death, decay and depreciation, both within man and his environment. Right there in Eden, the plan of restoration was given in the promise of the Seed of the woman, which is Jesus Christ. Between Eden and the ultimate restoration of God's original plan for the planet, man has to deal with the reality of sin as manifested in a less than perfect mental, physical, and social health. Callahan (1973) reiterated the 1948 World Health Organization (WHO) definition of health as the complete state of mental, physical and social health and not just the absence of disease. This definition infers that the state of Adam and Eve before sin in Eden paints the picture of health.

Contemporary definitions of health have flawed the 1948 definition by suggesting that the Edenic state of well-being is not achievable (Smith, 2008). This definition puts an enormous burden on health care because many people are classified as unhealthy. The contemporary school of thought posited that "complete state of mental, physical and social health" (Callahan, 1973, p. 77). This is idealistic, utopic and unachievable. A team of experts proposed a conceptual definition for health as "the ability to adapt and self-manage in spite of mental, physical or social challenges." (Huber, Knottnerus, et al., 2011, p. 1). This framework introduces resilience or capacity to cope, maintain and restore one's integrity, equilibrium, and sense of wellbeing as features of health. Panter-Brick (2014) submitted that, better health outcomes leverage social and material resources, which build resilience, while paying attention to normative definitions of what matters for human well-being. Social work and other helping professions emerged as remedial responses to help people cope and adapt in the face of social, mental and physical challenges. The goal of social work is to enhance wellbeing as stated in the definition of the profession.

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being (IFSW, 2014, p. 1)

It is assumed that people encounter challenges that jeopardize their well-being and ability to function and perform their roles. A sense of well-being comes from being able to cope with life and adapt to the environment which translates into health.

While the redefinition of health may be an audacious task, Jeremiah 33:6 (NIV) gives us hope of God's intervention for humanity's health and well-being. It states, "Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security". Jesus, who is God incarnate, as well as the Seed of the woman, who was promised in Genesis 3:16, declared His social work mission in Luke 4:18 (NIV). He said, "The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor, He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free". Having identified His population, the Lord carried out His mission. This included engaging with the man at the Pool of Bethesda, as recorded in John 5:1-10 (NKJV). This paper will identify and discuss social work practice concepts and principles embedded in the interaction and intervention of our Lord Jesus Christ at the Pool of Bethesda.

Five Porches, Five Principles

Social workers provide professional interventions through the planned change process to help their clients overcome psychosocial challenges. The planned change process involves engaging the client, assessment of issues, identifying strengths and barriers, developing and implementing a plan of action, evaluating the effects of the action plan, and termination (Kirst-Ashman, 2007). In Jesus' encounter with the man at the Pool of Bethesda, three stages of the planned change process where identified, which are: engagement, assessment and identifying strengths and barriers. Two other social work concepts of client's right to self-determination and empowerment were also identified.

As there were five porches at the Pool of Bethesda that housed the persons needing healing, this paper will symbolically utilize the number of porches to represent the five social work concepts identified at the healing of the man at the Pool of Bethesda. As previously mentioned, the following section will discuss the five principles of engagement, assessment, client's right to self-determination, strengths approach and empowerment as modeled in John 5:1-10 (NKJV).

Engagement

Engagement is when practitioners begin the planned change process. They acquaint themselves with the presenting problem and initiate communication with the client and other persons connected with the case (Sheafor & Horesji, 2012). Our Lord started the engagement process by paying attention to the client. John 5: 6 (NKJV) states that, "Jesus saw him lying there". Engagement requires that the practitioner is mindful of the client and the environment, including the extenuating circumstances. It involves taking a panoramic view of everything and everyone. Jesus could have focused on entering the temple for other functions that could seem more urgent and important than to pay attention to the colony of persons with infirmities in His path. However, the Savior demonstrated the professional skill and quality of mindfulness which enhances engagement with clients. Neacsiu, Ward-Ciesielski, & Linehan (2012) describe mindfulness in counseling as a practice that is key to engaging with their clients. It is a nonjudgmental observation of the environment, paying attention to the physical structures, sensations and emotions in their client. Jesus saw the man in the context of his environment and concluded that he had been there for a long time. The mindfulness of Jesus evoked the compassion that moved him to seek for an adequate intervention for the man.

Assessment

Assessment is another phase in the planned change process that was illustrated by the healing at the Pool of Bethesda. "Assessment is the gathering and synthesizing of information about the client" (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010, p. 171). It is different from diagnosis which labels a client based on generalized categories. Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen (2010) further state that, "In conducting an assessment, a Social Worker needs extensive knowledge about the client and the numerous systems that impinge upon the client system" (p. 172). Thus, assessment forms the basis for acquiring knowledge about the client. So how did Jesus know that the man had been in that condition for a long time (Luke 5:6 NKJV)? How do social workers assess their clients? Social workers utilize the posture of 'Informed-Not-Knowing' and listening to clients' stories as they assess their clients.

Informed-Not-Knowing

Keenan (2004) proposed the 'Informed-Not-Knowing' stance as an essential posture in delivering services to clients. Keenan (2004) further opined that while theories and research may inform social workers on generalized knowledge about their client situations, the informed-not-knowing stance puts the professional knowledge as "partial and perspectival" (p. 543). The practice skills of explorative questioning, listening to client narratives and experiences assist the practitioner in providing a client-centered knowledge for an empathetic intervention. In the present scenario, Jesus was informed in His capacity as God and knew that the man had been in the condition for a long time, yet he posed as 'not-knowing' by asking the man if he wanted to be made whole. Such an explorative question modeled by Jesus assists the practitioner in knowing how the client's belief system, expectations, and interpretations impacts their behavior. It also initiates the assessment stage of the change process as the Social Worker gathers critical information from the client,

neighbors, other service providers to evaluate resources and other environmental support (Kirst-Ashman, 2007).

Listening to their Story

Clients usually want to tell the Social Worker what is wrong with their lives, just as the man did to Jesus. The Social Worker is to listen intently so as to ask the right questions for making well-informed goals in the client's language and meaning (De Jong & Miller, 1995). Assessment helps the worker to identify the problem accurately.

Identifying Barriers to Services

Part of the assessment process is for the practitioner to identify possible barriers to services that a client may encounter in the process of an intervention. In the Bible story, this need was illustrated when the sick man answered Jesus and said, "Sir, I have no man to put me into the pool when the water is stirred up; but while I am coming, another steps down before me" (John 5:7 NKJV). The pool, in the Bible story, represents the services that are anticipated to result in healing. The man was unable to access the services due to barriers in the social functioning ecosystem. According to Hobbs (1980), and reported by Pardeck (1988), the client's social functioning is clearly interrelated with the environment. "It is a transactional relationship in which each is altered by the other" (Pardeck, 1988, p. 138). The ecosystem in Social Work practice is represented by Figure 1.
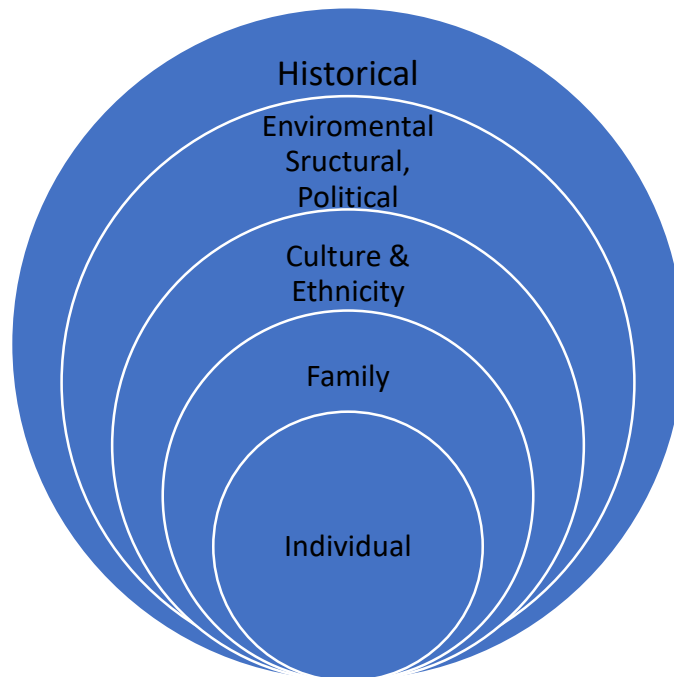

Figure 1. The Client's Ecosystem adapted from Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen (2010).

Ahmed, Amer & Killawi (2017), explain the components of the client's ecosystems utilizing the context of American Muslims. The study expatiated that individual/personal barrier include a

client's physical incapacities such as an illness, disability, mental ill-health, age related limitations, and gender-based restrictions. In the case of the man at the pool of Bethesda, a personal barrier was the man's disability.

The family component of the ecosystem identifies issues within the family that affect the client. Applying the family context to the man at the Pool of Bethesda, we suspect that there might be other family members who were affected by the same illness, either due to heredity or by being exposed to the same disease factors in the environment. This will, therefore, require a comprehensive approach to the intervention that will include other family members in order to prevent a reoccurrence of the disease. The availability of support is also assessed within the context of the family. Since the man stated that no one was available to carry him into the pool, the Social Worker may explore the strength of family ties and involvement. It is assumed that everyone belongs to a family. One may question the level of acceptance or non-acceptance of the man's medical condition by his relatives and their willingness to help.

Culture and ethnicity in the client's ecosystem address cultural beliefs and practices that are barriers to services. A common Jewish theodicy is that God may send sickness as a punishment for the sufferer's sins (Price, 1986). Therefore, a person with a disease might be ostracized by the community as they deal with the realities of an illness. This might explain why the man at the pool had no one to carry him into the pool. If the pool represents the service or intervention for the afflicted, this belief therefore becomes a barrier for the client to access the service. Also, there were Pharisaic interpretations and prohibitions that challenged the man's expression of his healing when he carried his bed and walked on the Sabbath. This posture could be disempowering to a client. The cultural belief imposed restrictions on the expression of wellness. Environmental factors in the client's ecosystem include physical or structural properties of the environment that prevent access to services. One of these factors was the proximity to the pool. The client was disadvantaged because he was not close enough to jump into the pool. Also included in the environment factors were political factors that prevented access to services. It was a survival of the 'have' against the 'have not'. Persons who either had the physical capacity 'to jump in' or human resources 'to be carried in', got healed. Persons who did not have the physical capacity or human resources were marginalized. There was competition due to the scarcity and limitedness of the resources. One wonders at the social contract that was prevalent at the Pool of Bethesda. It seemed that beyond the survival-of-the-fittest mentality, people seemed just to be concerned about their own healing, and there was no support for each other. This deduction is made based on the apparent absence of those who had been healed to offer assistance to those yet to be healed. There seemed to be a lack of solidarity in the environment.

The historical component of the Client's ecosystem seeks to understand historical events such as case of war, violent conflict, among others, that may inform a poor person-in-environment fit (Ahmed, Amer & Killawi, 2017). This may include personal realities of the client if their challenges were connected to displacements as a result of war or persecution in past generations. While this may not be apparent in the current case study, Social Work practice in this setting may need to investigate the history behind the Pool of Bethesda. Are there events that resulted in having five porches around a central pool? Does the man belong to a tribe or class with history of marginalization or privileges? Answers to these questions may inform how a Social Worker may advocate for changes in the client's environment.

Client's Right to Self-Determination

A client's right to self-determination is an ethical responsibility of the Social Worker to their clients. Section 1.02 of the National Association of Social Workers" (NASW) Code of Ethics (2017) states that, "Social workers respect and promote the right of clients to self- determination and assist clients in their efforts to identify and clarify their goals". The role of the Social Worker in the helping process is to guide the client into clarifying what they really want without the practitioner proposing assumed outcomes. That is why Jesus asked, "Do you want to be made well?" The question clarified what the man really wanted. It directed his mind in a positive direction of healing rather than continuing with a victim's mindset. The fact that a man is homeless does not mean he wants a house: he may not be ready to take on the responsibility of caring for a house and paying rent, choosing instead to move from shelter to shelter and be free of housing commitments. In Mark 10:46-52(NIV), there is a story of the healing of a blind man called Bartimaeus. In verse 51, Jesus asks the blind man, "What do you want me to do for you?" One could assume that the goal of an intervention for a blind man would be for him to receive his sight. However, Jesus models the concept of a client's right to self-determination by asking the client a clarifying question. The blind man may have wanted a new stick, new clothes, food or money. The client is the expert and has the final say on what they want. Intervention goals and objectives are to be client-centered, not practitioner's preferred or assumed outcomes.

Jesus chose a direct or active approach to talking to the client. Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen (2010) inferred that such an approach is appropriate for Asian clients; there are similarities to the near/middle eastern context of the man at the Pool of Bethesda. "A purely empathetic, passive and non-directive approach serves only to alienate and confuse the (Asian) client" (p.102).

Strengths Approach

Saleebey (2006) provides the following guidelines for strengths approach in social work practice: (a) Every individual, group, family and community have strengths. (b) Trauma, abuse, illness and struggle may be injurious, but they may also be sources of challenge and opportunity for the client. (c) Practitioners are to assume that they do not know the upper limits of the client's capacity to grow and change. They should, therefore, take the aspirations of the individual, group or community seriously. (d) We best serve clients by collaborating with them. (e) Every environment is full of resources. (f) Caring, caretaking and context are important.

In applying these guidelines to the scenario of the man at the Pool of Bethesda, he still had abilities in other parts of his body, like his arm, so he could carry his mat. His mat was also a resource. The frustration and recurrent trauma of not being able to be the first to make it to the pool made him speak up and engage with Jesus. The Saviour did not assume the upper limits of the man's capacity, and through questioning, he collaborated with him. He listened to the man to get the understanding of the context of the man's need. By focusing on the man's abilities, Jesus now asked him to take up his bed and walk.

Empowerment

Empowerment and emancipation are often used interchangeably in the context of social and economic justice. Inglis (1997, p. 4) posited "that empowerment is developing a person's capacity

to act successfully within the existing systems and structures of power while emancipation involves resisting or being freed from oppressive forces of power". One of the goals of empathetic psychotherapy is emancipation (Sorrell, 2006). Clients should be assisted to gain freedom from the restrictions and limitations imposed by techniques and bureaucracy. While Jesus may have expressed empathy for the client based on the knowledge of the condition and obvious handicap, the Lord took it beyond pity and sympathy and provided an empowering solution that got the man out of the situation. He developed the man's capacity to accomplish the act of walking. Jesus asked the crippled man to carry his bed and walk (John 5:8 (NIV). Jesus did not carry him or the bed. Clients are empowered when they participate in their own treatment plan. The Social Worker provides guidance through clearly stated instructions and allows the client to carry them out. Jesus' directive statement provided empowerment for the crippled man. This is similar to when a Social Worker gives the client the phone number for a referred service provider and lets them make the phone call.

Clients are empowered when they participate in their own intervention. Corey (2020) states it as, "Interrupting the trance of powerlessness" (p. 349). Jesus being aware that the man at the Pool of Bethesda has been powerless and helpless for 38 years, instructed him to take his bed and walk. The role of the Social Worker is to assist their client to build enough confidence in themselves to symbolically carry their beds. This might be registering for a class, confronting an abusive spouse, or filling out a job application.

Conclusion

Jesus gave the gift of health and healing, as stated in Jeremiah 33: 6 (NIV), to the man at the Pool of Bethesda. This encounter illustrates best practices in the utilization of social work professional activities in providing services to marginalized clients. The Social Work profession prides itself in the thrust for human empowerment and enhancement of well-being of individuals, groups and communities. While other professions may focus exclusively on direct services to people or on structures in the environment, social work differentiates itself by the simultaneous focus on the person and the environment. Jesus Christ modelled social work professional activities such as engagement, assessment, empathetic listening, and empowerment in the process of healing the man at the Pool of Bethesda. Underlying ethical responsibilities such as the client's right to self-determination and the strengths perspectives were also revealed. As the Bible is a compendium of case studies that illustrate practice guidelines, Christian social work practitioners and educators may learn from our Lord Jesus Christ, the Master Social Worker, through His interventions recorded in the Bible as exemplified in the healing and restoration of health at the Pool of Bethesda. Whether health is defined as the absence of disease, or a complete state of mental, physical and social well-being or a person's ability to adapt and self-manage, Christian social workers are encouraged to emulate the example of our Lord Jesus Christ in enhancing the health or well-being of marginalized clients.

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