2013

"Mai Pen Rai" = If nothing can be done, what is there to do? : cross-cultural perspectives on social work in Thailand and the United States

Johanna C. Black
Smith College

Johanna Catherine Black
"Mai Pen Rai": If Nothing Can Be
Done, What is There To Do? Cross
Cultural Perspectives on Social
Work Practices in Thailand and the
United States of America

ABSTRACT

This exploratory descriptive qualitative research study compared and contrasted Smith College School for Social Work (SSW) international field placement interns' experiences of social work in the United States and Thailand.

The research compared and contrasted social work the interns' perspectives regarding social work practices they have experienced in the United States (U.S.) and in Thai culture, particularly with reference to the significance of how "Mai Pen Rai" -- there is nothing to be done-- related to social work micro and macro interventions in Thai culture. The interviews with western trained social work clinicians elicited observations of clinical and cultural similarities and differences in Thai and U.S. practices.

Results showed differences in Thai and U.S. models of social work clinical services, views of how to effect social change, and clinical approaches for working with individuals, families, and groups. A valuable tactic was the use of a second, follow-up interview to elicit further information.

"MAI PEN RAI": IF NOTHING CAN BE DONE, WHAT IS THERE TO DO? CROSS

CULTURAL PERSPECTIVES ON SOCIAL WORK PRACTICES IN THAILAND AND

THE UNITED STATES OF AMERICA

A project based on an independent investigation,
submitted in partial fulfillment of the requirement
for the degree of Master of Social Work

Johanna Catherine Black

Smith College School for Social Work
Northampton, Massachusetts 01063

2013

ACKNOWLEDGEMENTS

With heartfelt gratitude, I wish to thank….

The research participants who offered their time and their stories through the interview process. They brought such richness to their experiences, which both grounded this thesis and enriched my own experience in Thailand.

The SSW International Field Placement program; Dr. Catherine Nye at SSW, Dr. Sodsai at Rajanukul Institute, and my SSW Thai Smithie cohorts Aasta & Chloe - Thank you for travelling alongside me, offering friendship and insight to shape this beautiful shared experience.

Gael McCarthy, for her clarity, guidance, and enthusiasm as my research and thesis advisor. She is a wizard with words and her unwavering support saw this project from the very beginning to very end.

In gratitude for my loving family and friends, especially my parents Joan and Dana and siblings Heather, Mark, Eric and Emily - without you I would not be, thank you for believing in me and nourishing my unquenchable curiosity about this world and the people in it through your love and support.

This thesis is for all the dedicated practitioners willing to take risks in this work to be a little more vulnerable, may your work be led by your compassionate, mindful hearts.

TABLE OF CONTENTS

CHAPTER I

Introduction

The impetus for this project arose from a Smith College School for Social work summer series lecture in which Dr. Catherine Nye discussed the frequently heard Thai expression "Mai Pen Rai" – translated as "there is nothing to be done about it." The expression, Dr. Nye explained, referred to one tendency she observed in Thai people to accept and endure experiences by "letting go" instead of "working through" -- seeing this as adaptive in the face of some inescapable adversities. I wondered, however, what such a stance might mean for practitioners of social work in that culture. If there is truly nothing to be done, what does a social worker do? I explored the Thai concept of "Mai Pen Rai" formally and informally through my own observations while interning in Thailand; through a review of related research; through interviews with western trained American social work interns about their experiences in Thailand, as well as through conversations with American and Thai field supervisors, with professors at Thammasat University in Bangkok and Smith College School for Social Work, with social work students and social work clinicians.

Dr. Sodsai supervised my social work field internship in Bangkok at Rajanukul Institute, a government organization for individuals with developmental and intellectual disabilities. Dr. Sodsai is a social work practitioner and teacher of the Satir Model of Family Therapy and a Buddhist based clinician. During my internship, Dr. Sodsai and I had rich conversations about

1

the similarities and differences between American and Thai cultures and social work practices. We will continue to collaborate and research, collect and analyze data from the Satir Model of family therapy and Buddhism as they relate to clinical social work practices. During the last week of my internship we began to explore data, discussed relevant concepts of the Satir Model and Buddhist principals and differences in social work clinical practices. Dr. Sodsai described her interventions not as much an exploration of past experiences but rather focused on present moment interventions with empowerment skills. Although the aspects of empowerment and present focused interventions are used in the United States, in my view, American mental health interventions often include diagnostic evaluations and interventions based on a client's past experiences, and therapeutic interventions can be based on meaning making of past life experiences. The more present moment culture and interventions in Thailand was a thread in the literature, research findings and in my own observational experiences, whereas the United States often organizes time in terms of goal based interventions, more future and past focused.

The National Association for Social Work Code of Ethics states "The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society" (NASW, 2008, p.2). The NASW envisions social work professionals as serving individuals within the greater community and supporting the collective society's greater good. Therefore, the social work role and practice, in the western view, may serve as a conduit for social change and seems to advocate for a quite active role for the social worker. There seem to be distinct cultural differences between western, as in the U.S and eastern, such as in Thailand, societies

2

that affect social work roles/practices and responsibilities, such as whether or not a social worker encompasses being an agent of change. My research project looked specifically at the Thai and American cultural values and the apparent variations of social work roles/practices and professional expectations each culture advances to enhance both the individual and collective society's well-being. Interviews were conducted either face to face, by recording interviews, on the phone and over the internet using an internet tool such as Skype. Interview questions included participants' demographical information, specific experiences of living abroad and witnessing Thai social work practice, participants' understanding of the Thai phrase "Mai Pen Rai" and how this principle influenced or did not influence Thai clinical practice and how the participants made meaning of their international social work experience.

My research question was: "As a social work clinician, if there is 'nothing to do about it,' (Mai Pen Rai) then what <u>can </u>be done – in particular, what do Thai social workers do, how active are they, and in respect to which events or conditions do they tend to say 'nothing can be done'"? The research looked to compare and contrast the interns' perspectives regarding social work practices they have experienced in the United States (U.S.) and in Thai culture, particularly with reference to the significance of how "Mai Pen Rai" relates to social work interventions on a macro level within the structure of Thai culture and on a micro level within individual therapeutic interventions.

My experience and passion to practice mental health from a collective framework using Buddhist based mindfulness practices and interest in international social work combined brought this thesis to its fruition. I hope the range of social work field experiences and my commitment to sensitive awareness of clinical social work practices brings readers an opportunity to consider clinical social work practice with a wider lens or view and deeper cultural context.

CHAPTER II

Literature Review

The increasingly wide use of the Western diagnostic categories and the many assumptions that lay behind them had the potential of blinding local clinicians to the unique realities of patients in different cultures (Watters, 2010, p. 22).

The literature review following reflects relevant cultural and clinical concepts for my study, compares similar studies, and connects research findings as they relate to my own study's research findings. My study's aim was to explore the similarities and differences that western-trained clinicians perceived among their own culture's clinical practices and practices observed while interning in Thailand. To my knowledge there were no known studies that researched American, western trained social work interns' or clinicians' observations of social work practices in the Thai culture that matched my exploratory research study. Therefore I focused the literature review on related concepts and studies.

The Council on Social Work Education revised standards in 2004 to reflect both the impact of the advancing global environment in social work practices and the intentions for SSW international field placement program:

The Council on Social Work Education revised standards for reaffirmation of educational programs which clearly manifest the recognition of the growing interest in the impact of globalizing forces on welfare services and on professional practice has led to increasing recognition of the importance of an international component in social work practice and professional education (Education Policy, Article 1:2; Council on Social Work Education 2004)

This review of literature will explore social worker roles internationally, in the United States (U.S.) and Thailand; define culture and values, review Thailand's collectivist culture and America's individualistic culture including aspects of religious practices and gender roles, and offer cross-cultural considerations in the mental health field.

Defining Social Work

It is important to compare the intentions for social work practices internationally, in the United States and in Thailand to more fully understand the scope of how clinical roles manifest in the Thai and U.S. cultures. The International Federation of Social Workers (IFSW) is a global organization "striving for best practice models and the facilitation of international cooperation" (IFSW, 2013). The IFSW defines social work:

> The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, 2013).

Similarly, The National Association of Social Work (NASW), a U.S. based professional organization, in its Code of Ethics states:

> The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society (NASW, 2008, p.2).

The NASW envisions social work professionals as serving individuals in relationship to and within the greater community, which is an individual notion and focus. In addition to individual support, the social work role and practice, in the western view, may serve as a conduit

for social change and advocates for quite an active role for the social worker. The IFSW

describes the potential for the international social work role to be active because the founding

was based on human rights and social justice.

During my internship placement in Bangkok I attended the World Social Work Day

conference and learned about the history and role of social workers in Thailand. Associate

professor Kittiya Naramas and Ms. Wilaiporn Kotbungkarir, Ph.D explained that Thai social

work practices originated in psychiatric hospital environments and included general casework

and group work. Professor Naramas and Ms. Kotbungkarir described that the current social

work professional role evolved in response to four acts that were passed in Thailand; Child

Protection Act (2003), Protection of Domestic Violence Victims Act (2007), Persons with

Disabilities Empowerment Act (2007) and Mental Health Act (2008). The Thailand social

workers' profession adapted more recently to support the four acts passed in Thailand and

included supporting individuals and families affected by; child abuse, domestic violence,

disabilities and mental health. The U.S. social work role was established in the 1900s. Jane

Addams, a community organizer and peace activist, built the foundation for the U.S.'s social

work profession by establishing support and resources for immigrants in Chicago. NASW

acknowledges that early social workers took action for the "miseries and injustices" they saw in

America (NASW, 2013).

The Smith College School for Social Work (SSW) similarly reflects IFSW's definition of

social work, NASW's code of ethics statement, and the development of Thai social work. The

SSW program was founded in 1918 to address the needs for American World War 1 veterans. A

section of the Smith College School for Social Work mission statement includes:

> Clinical social work practice is concerned with the interdependence between individuals
> and their environments and the use of theoretically grounded, relationship based,

culturally informed interventions to promote healing, growth and empowerment. Clinical social work recognizes and responds to the complexities of the human condition: its strengths, possibilities, systems of meaning, resilience, vulnerabilities and tragedies.

In an effort to more fully understand cross-cultural social work practices in Thailand and the United States, I reviewed aspects of relevant cross-cultural comparisons. In clinical social work practice, it is imperative to deepen one's awareness of various religious practices and belief systems in order to best support individuals and communities.

Defining Culture and Values

Putnam and Cheney (1985) described culture as "a social unit's collective sense of what reality is, what it means to be a member of a group, and how a member ought to act" (p.147). Knutson more specifically described culture and values as learned interactions between members with rules for behavior that are based on values, beliefs and norms -- as a way to organize the environment in distinct ways and provide meanings to one's existence that are "passed through generations with a common language shared in ritual, education, institutions, politics, religion, and myths" (1994, p.3). Lustig and Koester stated that "values are concerned with what a culture regards as good or bad, right or wrong, fair or unfair, just or unjust, beautiful or ugly, clean or dirty, valuable or worthless, appropriate or inappropriate, and kind or cruel" (1993, p. 107). Values are held and understood uniquely within cultures. It is imperative to consider cultural values to better understand differences in roles and behaviors in Thailand and the U.S. For example, collectivism and Buddhism maintain major roles in the Thai culture and individualism is central in the U.S. culture; these relevant aspects will be reviewed in the following section.

Collectivism in Thailand and Individualism in the United States

One fundamental difference between the United States and Thailand is how the societal structure operates. The U.S. has been defined as an individualist society and Thailand as a collectivist society. Individualism and collectivism are varying ways to conceptualize the workings of a culture and affect the perceptions of the mental health of an individual. Individualism is based on individuation with an emphasis on personal goals. Collectivism is founded on maintaining group harmony among societal members who define themselves in terms of their place in the larger society. Nye noted that western culture differs significantly from the collectivist Thai culture with respect to boundaries: the U.S.'s emphases on firm boundaries, autonomy and separation are in contrast to Thailand's relaxed boundaries, interdependence, and inclusiveness (2006). Similarly, Chogyam Trungpa Rinpoche, a Buddhist meditation master and scholar, also explored the eastern and western concept of boundaries. Trungpa Rinpoche observed a tremendous emphasis on the personal ego in western education and psychology, which he found resulted in less sensitivity to the environment (1979). Nye and Trungpa Rinpoche alike reflect how variably individualistic and collective qualities are expressed in eastern and western cultures, as does Nisbett:

> The collective or interdependent nature of the Asian society is consistent with Asians' broad, contextual view of the world and their belief that events are highly complex and determined by many factors. The individualistic or independent nature of Western society seems consistent with the Western focus on particular objects in isolation from their context and with Westerns' belief that they can know the rules governing objects and therefore can control the objects' behavior. (2003, p. xvii)

Miller and Garran said "A preeminent value in the United States is individualism and the notion that hard work and individual strengths prevail, as opposed to a more collective idea that emphasizes the importance and interdependence of groups and of people working collectively"

(2008, p.230).   Interestingly, research by Suh , Diener, Oishi & Triandis (1998) showed

individual factors are more important than group norms in predicting life satisfaction for

members of individualist cultures, while norms and individual factors have equal importance for

predicting life satisfaction for those living in collectivist cultures.   The research by Suh et al.

thus highlights a fundamental difference between individuals in these differing cultures:

individualistic members are more satisfied with life dependent on individual factors, while

members of a collectivist culture identified individual and group norms to be of equal

importance.

Collectivism in Thailand:

If you do good you will receive good; if you do evil you will receive evil. Thai proverb

"In collectivist cultures, people tend to define themselves in terms of their place in the

larger collective" (McAuliffe, Jetten, Hornsey & Hogg, 2003, 57). "Collectivism is associated

with emphasis on harmony (at least within the ingroup [or family, band, tribe], which is the most

frequent setting for social interaction) which reduces the stress level of everyday

life…"(Triandis, Bontempo, Villareal, Asai, & Lucca, 1988, p.328). Suh et al. stated "In these

[collective] cultures, the major normative task is to maintain harmony with others by coming to

terms with their needs and expectations. If necessary, individuals are expected to subordinate

their personal feelings and wishes to the goals of their in-group (e.g., family)" (1998, p.483). The

societal structure in Thailand operates within a social hierarchy that maintains the collective's

balance and harmony. Nakata and Dhiravegin (1989) explored the arena of social hierarchy in

Thailand and noted "Thais are taught to obey and respect people with higher social status by

birth, education, or knowledge and age" (p. 169).

The Thai national flag is a symbol that represents the culture's close relationship between religion and government. The Kingdom of Thailand flag was designed and adopted in 1918 and the three colors represent nation-religion-king; red for the land and people, white for Theravada Buddhism and blue for monarchy (CIA, 2013). The bridge between the nation and religion is apparent in most formal ceremonies. For example, the Thai government institute I interned in for two months housed a large Buddha statue and integrated Buddhist prayers as part of the formal ceremonies. Additionally, the King of Thailand regularly participates in Buddhist practices such as a seasonal formal ceremony to robe the emerald Buddha at Wat Phra Kaew, and, as did most other Kings, spent part of his life as a monk. The culture is largely based on a Buddhist view of the world and societal participation in Buddhist practices.

Individualism in the United States:

God helps those who help themselves. (U.S. motto originated in ancient Greece)

The United States is a country whose political, philosophical and social underpinnings were founded on liberalism, a philosophy based on liberty and equality, and therefore is an individualistic culture (Kim, 1994). Althen (1988) recognized that "the most important thing to understand about Americans is probably their devotion to individualism (p. 4)" and identified six American qualities that included "respect for privacy; equality; informality; progress; goodness of humanity; achievement and materialism; and directness and assertiveness" (Althen,1988, pp.3-20). Ideas of individualism permeate the U.S. culture from beliefs about child development that emphasize autonomy to the socially constructed ideas about measurements of success such as private ownership and financial gains. Markus and Kitayama noted "In many Western cultures, there is a faith in the inherent separateness of distinct persons…Achieving the cultural

goal of independence requires construing oneself as an individual whose behavior is organized

and made meaningful primarily by reference to one's own internal repertoire of thoughts,

feelings, and action, rather than by reference to the thoughts, feeling and actions of others"

(1991, p.226). Ideas about autonomy, individuation, and separateness can be recognized in many

areas of the United States, in particularly within family systems, educational systems and

relationships.

The process of immigration and the historical conditions and circumstances likely

perpetuated the United States' individualistic system. Knutson noted "The first European

immigrants to North America were forced to master an immense and severe wilderness in order

to survive. They struggled against the cruelties of nature" (1994, p. 18). The very foundation of

the American, westernized society seemed to be independent struggle, an inter-related concept of

a more individualistic culture. Ideas about conquering and accomplishment, stemmed from

controlling the natural environment, are widely understood and encouraged in mainstream

American.

There are aspects of the individualist culture that may have an effect in maintaining

relationships within a larger group.   McAuliffe et al. conducted two studies to look at the

influence of group norms by evaluating characteristics of individualistic and collective behaviors

(2003). McAuliffe et al. found that "although individualism is generally valued in western

society because of is association with freedom and uniqueness, it is likely to be less appreciated

than the collectivist behavior within the group context. In fact, individualism within many

groups and organizations may reasonably be interpreted as deviance because it threatens the

unity and productivity of the group" (2003, p. 58). Therefore, aspects of individualism have

their benefits within the larger culture as they may relate to the accomplishment of goals and the outcome of production but within a group context it can be seen as deviant behavior.

The varying perceptions of behaviors for individualistic societal members versus collectivist societal members could be misinterpreted by members of a culture other than their own. The significance of a behavior could also be omitted altogether when a social work clinician is working in a cross-cultural capacity. One characteristic stated by Mead: "…The important characteristic of American life, the freedom, within certain rather rigid but very wide boundaries, to work out immediate politics and business with no reverential sense of preexisting social order within which they must take their place and whose values they must preserve" (2001,p.64). As described earlier, one of the defining aspects of Thailand's collective culture is the strong respect for social order and hierarchy are on the other side of the spectrum for the U.S.'s ideas about freedom and independence.   In addition to the various differences in Thai and U.S. collectivist and individualist cultures, the roles of religion and gender reflect additional disparities.

What role does religion play?

Let not a man trace back the past
Or wonder what the future holds:
The past is…but the left behind,
The future…but the yet unreached.
Rather, with insight let him see
Each idea presently arisen:
To know and be sure of that
Invincibly, unshakably.
Today the effort must be made:
Tomorrow death may come, who knows?
Thai Buddhist Scripture - Majjhima-Nikaya (in Tullius,1988, p.12).

"To be Thai is to be Buddhist," so the religion is an important institution in perpetuating Thai traditions, values and identity. "Combined, the monarch and religion shape Thai nationalism, self confidence, appreciation of social harmony with a clear hierarchy, and pride in the long history of political independence and national stability" (Knutson, 1994, p.6). It is important to explore Buddhist principles as they serve as part of the foundation of the Thai culture. It is estimated that of 95% of people in Thailand identify as Buddhist (United Nations Thailand, 2008). Buddhism is a religion based on the life and teachings of the Buddha, also known as Siddhartha Gautama who is known as the "awakened one." Kusalasaya stated that serving in the monkhood in the Thai culture is "considered a great merit-earning attainment by the Thai Buddhists. Even kings follow this age old custom…The idea is to enable young men to gain knowledge of Buddhism and thereby to become good citizens. Life as a monk gives them practical experience of how an ideal Buddhist life should be" (1983, p.11).

Fuller, Amatatham & Singh stated "Buddhism is inseparable with Thailand's identity, woven into centuries of traditions" (2012) and these practices and traditions are relevant to the culture and people of Thailand. It is clear that Buddhism is a large contributor to the Thai culture, and as one research participant observed "You really cannot separate the religion from the culture" because they are so intertwined.

> *Blessed is the nation whose god is the LORD, the people He has chosen as His own inheritance. Psalm 33: 12.*

Although the U.S. does not have one predominant religious affiliation, it is relevant to acknowledge the religious foundation driving the culture and values of the United States. The U.S. Census Bureau documented that 47.4% of Americans identify as Christian (2012) and the

American Religious Identification Survey found that 86% of Americans identified as Christian in 1990 and 76% in 2008 (2008, p.1). The Christian religion has many denominations and religious practices; however, the values, beliefs, and social structure of Christianity overall can be seen as embedded in the American culture. McCann and Honeycutt, as cited by Guisinger and Blatt, found that ''…Western culture of the United States is more influenced by the Greek tradition of logic, reason, and debate; the Christian–Calvinistic tradition of independent values and personal freedom; and the teachings of Locke, Descartes, and other great philosophers of the Enlightenment'' (2006, p. 278). Knuston (1994) summarized Christian ideas about sin and redemption and stated "Human beings are made in the image of God, but through the abuse of freedom have become sinful" (p.16). Christian thoughts and ideas could be considered the foundation of American culture from early immigration. Knutson described, "The vast majority of early immigrants in the USA were of the Christian faith and their early experiences continue to impact contemporary U.S. American cultural values" (1994, p.16).

Christian notions have influenced the core value system in America. "In God we trust" is written on currency and messages about God are stated in the U.S. pledge of allegiance "I pledge of allegiance to the flag of the United States of America, and to the Republic, for which it stands, one Nation under God, indivisible, with liberty and justice for all."

In Thailand there are many displays of respect for the King; small pictures of him are on Thai bhat currency and large pictures are on public display along many streets and on numerous buildings. The Thai national anthem is honored every day at 8AM and 6PM in public areas on television. The national anthem translated lyrics are:

> Thailand embraces in its bosom all people of Thai blood. Every inch of Thailand belongs to the Thais. It has long maintained its sovereignty, because the Thais have always been united. The Thai people are peace-loving, but they are no cowards at war. They shall allow no one to rob them of their independence, nor shall they suffer tyranny. All Thais

are ready to give up every drop of blood for the nation's safety, freedom and progress (Link on Learning, 2007).

What about gender roles?

Men are an elephant's front legs and women are the hind ones. Thai proverb

Gender roles and expressions of gender and sexuality are varied throughout all cultures. I will attempt to summarize a few salient points about gender roles in Thailand to note aspects as they pertain to this literature review and the research study reported here, though there are some gender, identity and sexuality aspects not included in this section.

"Power and oppression inherent in the Thai patriarchal system…is supported by Thai religious and cultural norms" (Xu, Kerley & Sirisunvalacuk, 2010, p.812). The patriarchal system is shared by both Thai and U.S. cultures. It can be said that capitalist America depends on patriarchy and although women have access to equal rights, unequal distribution of power remains. American women are still considered one of many marginalized groups, 90 years after the Equal Rights Amendment (ERA) was proposed to congress. Thai gender equality was passed into Thailand's constitution in 2007, and the first female prime minster was elected in 2011 (UN Women, 2012). However, women cannot be ordained as Buddhist monks and in order to be reincarnated as a male, for a better life, women need to make merit by providing offerings to the monks and temples or produce a son who serves as a monk (Coyle & Kwon, 2000). Furthermore, "Although Thai women are widely described as bearers and supporters of Thai Buddhism, who provide routine support for monks and temple activities, they are often portrayed as morally inferior and barred from being ordained as monks. As dictated by popular Buddhist teachings, women cannot obtain merit directly" (Xu et al., 2010, p.793).   Similar restrictions

15

exist in the Christian traditions, a religion practiced by the majority of Americans, where women are not allowed to be priests or ministers in most denominations, even today.

Knutson generalized that masculinity-femininity denotes the extent to which the cultures' dominant values are viewed as "masculine," or assertive, when measured against the opposite pole, "femininity," or nurturing (1994, p.4). According to Knutson, Thais show "less assertive" respect for others including nurturing characteristics and Americans present as "more assertive" by externally displaying strong achievement motives and by seeing work rather than people as central to their lives… [exemplifying] self interest-assertive values, " (Knutson, 1994, p. 21). The feminine and masculine qualities and cultural expectations of roles affect U.S. and Thai cultures alike. Similar to Knutson's perspective on the Thai's nurturing characteristics, Xu, et al. found that "Consistent with Thai Buddhism's gender hierarchy, traditional Thai familial norms encourage women to be selfless, nurturing, devoted to their husbands, and prepared to make sacrifices for the well-being of their families" (2010, p.793).

"In this ancient, complex and rapidly developing society are found some of the largest, most visible and most diverse sexual subcultures outside the West. Thailand has a rich indigenous history of complex patterns of sexuality and gender, with an intermediate category, the kathoey, historically being available to both males and females and existing alongside normative masculine and feminine identities" (Jackson & Sullivan,1999, p.3). "In Thailand a third-gender category has always existed alongside the categories "men" and "women"; third gender is easily read as neither male nor female even though the person's genitals may be readily classifiable" (Ocha & Earth, 2012, p.196). Ocha and Earth stated that "Unlike in Europe and America, a third sex/gender has always been part of the human landscape in Thailand" (2012, p.198) Jackson and Sullivan further describe the third gender:

Historically, three forms of sexed or gendered being called phet (pronounced like "pairt") in Thai, were recognized within local discourse, namely normatively masculine men (phu-chai) and feminine women (phu-ying) and an intermediate category called kathoey. Kathoey variously denoted a person, male or female, who expressed hermaphroditic features or exhibited behavior considered inappropriate for their sex, and were commonly called a "third sex") phet thi-sam within both popular and academic discourses. Kathoey is now almost exclusively used to refer to biological males. (1999, p.4).

Cross Cultural Social Work Considerations

Working effectively and ethically with those who are different, for fair and just outcomes, is a long-established imperative in social work. It is the core rationale for the skill of empathy (Tesoriero, 2006, p.127).

Tesoriero emphasizes that the foundation of social work consists of working with individuals who are "different" with empathy, as well as providing resources and services supporting fair and just outcomes for individuals and communities. There are a number of research articles focused on international disaster responses that used westernized models of treatment and western based research tools. Summerfield cautions about the use of relevant models and measures: "Societally constructed ideas about outcomes, which include the pronouncements of the mental health field, carry a measure of self-fulfilling prophecy" (2004, p. 233). Meaning, mental health professionals may structure outcomes by creating assumptions that have the possibility to manifest the very ideas they constructed. In addition to Summerfield, and as the opening quote from Watts suggested, are westernized clinicians effective if they provide westernized mental health services such as trauma related evaluations, diagnoses and interventions for individuals and cultures outside the westernized society? Bracken, Giller and Summerfield further clarified the possible dilemma:

If we are not aware of the biomedical emphasis which is at the heart of much of modern psychiatry, and the assumptions underlying such an approach, we can all too easily end up imposing an inappropriate understanding of trauma which cannot deal with important social and political dimensions (1995, p. 5).

17

It is important to relate individual and societal belief systems when considering cross-cultural social work and mental health practices. Miller, a western trained social work clinician, professor and author (2012, p.53) found in his research and professional specialty as a U.S. and international disaster responder that "Many cultures see individuals having less control or less responsibility for their fates. The notion of karma and a belief in prior lives can lead to a very different construction of meaning of disaster and what one should do to recover compared with the western concept of natural disaster and phases of recovery." As Miller suggests, it is important to hold the framework and belief system of another country when working within social work practice, particularly when meaning making about events and life experiences can be drastically different between the social work clinician and client.

It is quite relevant for the social work field to continue to explore and educate social work students about cultural variations. Garland and Escobar state the advantages to international experiences within the social work training programs:

> An advantage of international experience is that it prepares the student to work with culturally diverse clients by helping the student to understand cultural differences and the effect of their own culture on factors such as perception, assessment, and values, all of which significantly affect professional behavior (1988, p.230).

The SSW international placement experience prepares students for their professional role as clinicians by understanding cultural differences from firsthand experiences. Panos, Pettys, Cox and Jones-Hart found in their research study of US international social work programs, including graduate and undergraduate programs, that one out of five social work programs, or twenty percent, have an international field placement component. The programs are a direct response to the changing needs for students and society to participate in more international,

cross-cultural opportunities in the social work education curriculum (2004, p. 476). A relevant concept that has been considered in some international social work placement programs is Bennett's model of "Intercultural Sensitivity" which is grounded in reviewing concepts in the field of intercultural communication (1993). Tesoriero used this basis of Intercultural Sensitivity and described:

> The model aims to enable students to move through a process of personal growth, from a position of ethnocentrism to one of 'ethnorelativism.' The process is one of stages of increasingly sophisticated recognition and acceptance of difference with a radical shift from a rather absolutist view of the world to a more contextual view that accommodates ambiguity of meaning and appreciates this through competent engagement with those who are different (2006, p.132).

The concept of ethnorelativism is relevant to social work and mental health practitioners as well as social work students. Similar to intercultural sensitivity, Miller described the importance of the psychosocial capacity building approach when responding to natural or human caused disasters. This approach works with a person-in-environment perspective and the social ecology of a disaster. Miller shared his perspective that "There is no one way to help all the diverse communities of the world to respond to disasters" (2012, p. xxi). Similarly, there is no singular way to support diverse cultures, communities and individuals. Empathy, ambiguity and relativism widen the view of social work practitioners to effectively support individuals, groups and the communities clinicians work among.

> Fowers and Davidov suggest that dialogue allows for truth from a cultural standpoint:

> Dialogue provides a way both to take cultural truth claims seriously and yet avoid the tendency to claim universal truth. No one can predict the directions that this kind of dialogue will take. It is an open-ended endeavor that requires courage and a steadfast commitment to learning. The aims of this kind of conversation are to better appreciate the truths in each perspective, to better articulate and live up to the truths in one's own cultural standpoint, and to address the tensions and shortcomings in one's worldview (2006, p. 593).

It seems an ongoing dialogue and open-ended endeavors with a commitment to continue to learn can manifest cultural truths from multiple perspectives and potentially provide more culturally relevant mental health services.

Conclusion

> *"Mai Pen Rai" (Thai saying)*
> *There is nothing to be done about it; it is what it is; it can't be helped; no problem;*
> *never mind; it doesn't matter.*

There seem to be distinct cultural differences between western and eastern societies that could affect social work roles/practices and responsibilities, such as whether or not a social worker encompasses being an agent of change and if the focus of clinical work would be amongst individuals or groups. One example is held within the significance of the commonly used phrase "Mai Pen Rai," "there is nothing to be done." Knutson (1994) connected the "Mai Pen Rai" saying to Buddhist ideas about karma and that idea that the future is ordained by previous existences. The research questions for my study were based on Knutson's article "Comparison of Thai and U.S. American Culture Values: "Mai Pen Rai" versus "Just Do It" that included results of Geert Hofstede, whose management research included 116,000 employees from IBM in 40 countries around the world. Hofstede found that there were four dimensions to national culture: power distance; uncertainty avoidance; individualism-collectivism; and masculinity-femininity (Hofstede, 1984, pp. 65-210). However, in 1993, Hofstede identified a fifth dimension to his previous findings specific to Asian populations: "long-term versus short-term orientation to life" after reexamination of his collected data (p. 167). It is possible Hofstede missed the initial significance of such findings due to his own western "blinders' or misperceptions from his cultural framework when analyzing data from his initial study.

20

The following chapters reflect the written literature in this review and provide new insights to cross cultural social work practice through collected research data from western trained social worker interns who had SSW field placements in Thailand. Knutson acknowledged that "….caution must be exercised in applying the general cultural tendencies to unique behavior of individuals" (1994, p.6). In my short time in Thailand, I had the opportunity to meet Thai clients who are Buddhist and also Muslim at my internship and interacted with Thai social work students who were raised Christian. My U.S. field placement in Boulder Colorado involved work with clients and families in a community mental health agency that used an eastern, contemplative, present-focused approach instead of the more traditional westernized model of care. I learned that there are varying ways to understand, experience and explore a culture and we must use generalizations lightly and with caution.

In developing the Interview Guide for my study of SSW clinical interns' perceptions of the differences between U.S. and Thai clinical practices, I sought to benefit from the conclusions of previous researchers who compared and contrasted the U. S. and Thai cultures more broadly. The Methodology chapter following details the design and methods in my study.

CHAPTER III

Methodology

This exploratory study compared and contrasted Smith College School for Social Work international field placement interns' experiences of social work and mental health in the United States and Thailand. Research questions investigated how social work is practiced in a culture with potentially fundamentally different models of social work clinical services and differing views of how to effect social change and develop clinical approaches for working with individuals, families, and groups. The exploratory study model provided an opportunity to construct a secondary interview based on initial findings in order to collect more accurate data for the study. The research inquired about individuals' experience of international social work in Thailand, and may be useful for social work practitioners working with culturally diverse populations within the U.S., as well as clinicians working internationally.

Sample

The small sample group of participants included eight Smith College School for Social Work (SSW) students who had experienced the Thailand internship. The inclusion criterion was that all participants must be alumni from, or current participants in the SSW Thailand international field placement program. Participants varied in racial identity; half of the eight participants identified as White and/or Caucasian and the remaining four self-identified as

belonging to other ethnicities. Participants' specific ethnic identities will not be disclosed to

protect privacy. Seven of the eight participants identified as female and one participant

identified as male.   Participant ages ranged from thirty years old to thirty-four years old, with a

mean age of thirty-one. Seven of the eight participants had studied or lived abroad prior to the

SSW field placement. Participants at the time of the interviews were working in a professional

capacity as either a clinical or case management social worker, or as a SSW intern.

In order to collect an adequate amount of information based on the small sample size, two

interview segments took place. The interviews included an initial interview and a follow up

interview during the study in order to collect an adequate amount of data. All participants agreed

to, and participated in, two interviews. The total amount of data collection included sixteen

completed interviews.

Data Collection

The process of data collection included two phases of recruitment, sixteen interviews (in

person, over the telephone and using the internet) using a recording device and transcription.

The recruitment process had two phases and did not include a screening process due to the nature

of the research; all those invited to participate were known to meet the single inclusion criterion.

The first phase of recruitment involved an assessment of the former program participants'

willingness to be interviewed. The director of the SSW Thailand field placement program, Dr.

Catherine Nye, sent a written email to every student who participated in the Thailand

international field program as of August 2012 and requested a preliminary response to the

individuals' willingness to complete my interview. A rationale for this first phase was that if too

small a number declined even a preliminary willingness to be interviewed, planning for my

thesis project would have to have been completely changed. As of August 2012, there were nine

possible participants; three more participants (including myself) were possible as of March 2013.

Dr. Nye was asked to send this email because until I as a prospective researcher had signed

consent forms in hand, I could not ethically know anything about the potential participants. The

first phase communication by email can be found in Appendix A. Dr. Nye sent a second email in

December 2012 to participants who had not responded to the initial email (Appendix A). Dr.

Nye provided me with the names of individuals who agreed to participate and then had no further

recruitment participation in the research study.   During the recruitment phase, an email was sent

in March 2013 to two current students requesting their participation (Appendix A).   Dr. Nye was

not informed as to which former or current SSW international placement students participated in

my research, so as to reduce ethical problems related to perceived coercion to respond.

   The second recruitment phase included an email from me personally to each SSW

Thailand program student who agreed to be contacted. The email reiterated my research interest,

stated the requirements for participation including each interviewee's time commitment and

protections for confidentiality. The second phase recruitment email can also be found in

Appendix A.   After candidates indicated by phone or email an interest in participation, I sent a

consent form via U.S. mail with a stamped envelope for its return, or if participants preferred,

emailed a copy for the participants to print and return to me through U.S. mail. The Informed

Consent is included as Appendix B. Once I received the signed consent, an interview was

scheduled at an agreed upon time. I offered participants reimbursement for mailing costs if they

had asked for an emailed copy to print and return.

   The nature of participation for this study included a commitment to an initial forty-five

minute interview and all participants volunteered for a second interview of about twenty minutes.

The purpose for the two interviews was to provide for further reflection and elaboration after an interval, in order to secure more complete and valid data. At each participant's convenience, interviews were conducted face-to-face (a preference) in Thailand and in the United States, by online video or over the telephone and each interview was recorded. Demographic data including participants' age, gender, ethnicity, professional or educational status and their current means of livelihood were collected.

The initial interviews asked eleven open-ended questions that can be found in Appendix C. Questions related to the "Mai Pen Rai" concept as participants perceived its impact on Thai social work practice and their impressions of cultural similarities and differences of Thai social work practices with U.S. practices formed the basis for most of the interview content. During the first series of interviews, the third participant requested the interview questions beforehand, which I provided for the participant. Following the third participant's request I included the option for interview questions be accessible for all other participants before the interview. Additionally during the third interview I waited for the respondents' answers regarding what they knew about the Thai phrase "Mai Pen Rai" before providing a definition, in order to allow participants to respond with their own unique understanding of the concept. Second interview questions, also found in Appendix C, provided follow up to the first interview. The second interview took about twenty minutes and provided an opportunity for participants to reflect on their offered material and add further thoughts to preliminary thematic findings. The second interview included four sections; 1) an open ended question inquiring about additional thoughts or information that arose in response the first and second interview 2) a summary of the individual participants' responses to each question from the first interview 3) a question

inquiring about additional thoughts on identified themes based on the first interview and 4) an open ended questions about perceptions of gender roles.

I recorded, transcribed and organized data following the interviews. I recorded data during each interview using a digital voice recorder (Olympus VN-702PC) that had the capability to download recorded interviews onto my computer. I transcribed all collected narratives on my personal computer with password protection to protect confidentiality. Written transcriptions were organized and filed in secured locations.

Data Analysis

The qualitative study offered an opportunity to research the lived experience of those individual SSW international Thailand field placement interns, giving voice to what they had undergone. The processes of recruitment, initial interview, time for reflection after the first interview, and follow up interview wherein I summarized their first interview responses seemed to allow interviewees chances for more considered responding. Content theme analysis of the interviews illustrated both common responses and divergent and unique ones from all participants. The secondary follow up interview added to the richness of the individuals' lived experience and offered an opportunity for additional reflection, particularly about the cultural differences related to gender roles that had not been mentioned by any participants in the initial interviews, but which were indicated in the prior research on cultural differences as important (See the above Literature Review chapter). The following FINDINGS chapter identifies six categories of collected responses followed by a DISCUSSION chapter that will compare and contrast the research of previous writers with the collected findings.

CHAPTER IV

Findings

The purpose of this study was to conduct a series of exploratory/descriptive research interviews with western trained social work clinicians who interned in Thailand as part of their Smith College School for Social Work (SSW) training, in order to elicit their observations of clinical and cultural similarities and differences in Thai and US practices. Information was collected from eight of twelve possible participants over the duration of two interviews; the initial interview took from twenty-nine minutes to sixty-six minutes and the second interview took about twenty minutes. All participants were current students or graduates of the Smith College School for Social Work International field placement program. Participants provided demographic information including their gender, age, race, student or professional status and whether they continued or were interested in continuing further education. The majority of participants identified as white/Caucasian females. Participants' ages ranged from thirty to thirty-four with a mean age of 31.5 years.   One male participated in the study. A small number of participants identified their race/ethnicity as other than white; to protect their privacy I will not offer the specifics about racial/ethnic identity. Gender neutral names were assigned to participants in the quoted material presented here for the purpose of making the quotations more readable and personal, while protecting all respondents' confidentiality.

The Thai saying "Mai Pen Rai" ("there is nothing to be done about it") may have important implications for international social work. Study participants revealed contrasts between western and eastern approaches in the areas of: Buddhism, Collectivism, Group Therapy/Group Dynamics, Boundaries, Environment, and Gender Roles.

The original impetus for this study came from Catherine Nye's lecture "International Placements and Social Work Education: Surfacing Assumptions Enacted in Clinical Practices." Dr. Nye's description of the international social work field work placements solidified my desire to be a student at the SSW international field program, and sparked my curiosity about the differences and similarities between social work practices in the Thai and U.S. cultures. Would Smith interns in Thailand observe that "Mai Pen Rai" reflected a less active, less goal-oriented set of social work practices in Thailand than is typical in the U.S.? What other similarities and differences would interns report as a result of their work in both cultures? The themes apparent to me in the respondents' interviews, and the quotations that I believe illustrate them in participants' responses, are offered in the following sections.

Buddhism

Six of the eight participants connected the influence of Buddhism on clinical and cultural practices in Thailand. Buddhism is a religion based on the life and teachings of the Buddha, also known as Siddhartha Gautama, the "awakened one." The Buddhist belief system includes meditative practices, prayers, making merit (doing good deeds to gain a better life in this life or the next life) and reincarnation. Buddhism in Thailand is based on the Theravada school and has been described as the closest to earliest Buddhism and is the form predominately practiced in Southeast Asia. Participants noticed areas in which they perceived Buddhism being integrated in

working with clients, supervisors and families. The majority of participants noted that Buddhism

permeated the environment of their internship placements.

Alex provided an example of how Buddhism related to daily living in Thailand

differently than how one might experience a situation in the United States.

> There is definitely a sense that things happen and you just sort of have to go with it
> …when people get into car accidents…nobody gets upset, nobody really responds. It's
> like it happened: like there is no point in getting mad about it, at this point, even if it is
> somebody's fault. I mean that's also part of the culture… I think a lot of that comes from
> Buddhism and [incorporates an idea that] the world keeps going… Thailand is a really
> communal country; it's Buddhist, so they have a whole different philosophy of how
> everything works and…the life cycle, and sort of the meaning of life…

Casey shared the interwoven aspects of Buddhism in the Thai culture and people, and

emphasized the importance of working with clients in the realm of their belief system.

> In Thailand, since Buddhism is so ingrained in the culture, it's just sort of part of who
> people are and they are not hiding it. And I think definitely that came out in [my
> supervisor]'s work and in the debriefing we did after his meetings with clients: … he
> would talk to them about karma and I think it was important for him to be talking about
> those ideas because those are ideas that most of his clients shared. Yes, they were
> religious ideas, but they were also cultural ideas, so to separate those from treatment, I
> don't think would be fair. I think it is part of who they are.

Casey noticed that many social work practitioners in Thailand were former Buddhist

monks and that in the U.S. social workers were less overt about their religious practices in

clinical work.

> … You really can't separate the religion there from the culture [in Thailand]…a lot of the
> social service delivery systems are… provided by Buddhist monks. I don't think here in
> the U.S. that it is as overt because there are so many differences when it comes to
> people's religious and spiritual orientations, whereas in Thailand it is, what, like 97%
> Buddhist?…

Alex talked about people's motivation for being in the helping profession in Thailand, how Thai social workers approached their professional role and practiced less "active" interventions. Alex also bridged the concept of "Mai Pen Rai" and Buddhism.

> I started thinking about how [Mai Pen Rai] relates in Thai culture to Buddhism and also I remember someone talking about how…a lot of people go into the helping profession in Thailand not to better the world or the people around them, but to better themselves and prepare themselves for a reincarnation and a higher thought -- like in Buddhism you are reincarnated based on your past life… .The way Mai Pen Rai … manifests is that there is not as much to do about things and so…there is a sense in the helping profession that people don't need to do as much as we think we need to do here [in the U.S.] and don't need to intervene as much or … have as many…active interventions as you might have in the U.S. because things are how they are. You can't really change it.

Andy worked directly with a Thai supervisor and observed that the field supervisor related Buddhist principles to support parents in fully accepting their children's disabilities with reassurance that life will continue.

> He [social worker] did not work with children directly; he mainly worked with the parents, and in his groups he used a lot of Buddhist story telling… .-- in his work with the parents. And… some of that has to do with 'It *is*'; you know, 'It *is* such.' He was really helping a lot of parents come to terms with their kid's disabilities… .And so there was if anything he was pushing back against – [it seemed to be]…what they were feeling naturally -- that 'My child is not who I wanted him or her to be.' And he was trying to allow them to come to terms with the fact that 'It is ok, that life will go on.'

Morgan connected Buddhism and the concept of karma to parents' acceptance of their children with disabilities with unconditional love. In the Buddhist tradition, karma can be understood as a person's life force that is carried from one life to another. Morgan understood staff members to reinforce the Buddhist "attitude."

> I saw an acceptance … from the caregivers and the parents, with their children with disabilities, very unconditional loving. I think that is part of Buddhism in terms of 'It is part of our karma, it is not like we are being punished per se by god or a higher being.' And I think from my [U.S.] experience working with many young adults with disabilities and working in special education, it can feel like that: it is really hard, it's really a loss of my hopes and dreams for a child. Over there in Thailand I felt a different attitude, and I

think it was also endorsed and reinforced by the staff there: 'Care, and love your kid[s] even if they are disabled.'

Sam observed differences in social work clinical treatment in Thailand and the U.S. and how treatment related to the meditation aspect of Buddhism.

…I do know a lot of their practice seems to be instead of exploring affect and exploring emotions and really a lot of it seems [to be] like 'Control your mind, do Buddhist meditation' like 'Get rid of those thoughts.' That seems to be a little bit more of the approach from what I understand…of what I have seen… about the differences [of Thai and U.S. social work practices].

Collectivism

Six out of the eight participants found one of the major aspects of the culture that affected clinical social work is that Thailand is a thoroughly collectivist society. These participants seemed to concur that, from what they saw in the Thai culture, "Equal distribution is associated with solidarity, harmony, and cohesion, so it fits with the values of people in collectivist cultures."

For example, Casey summarized several observations of the collective Thai culture and described the U.S. and Thai cultures as in opposition with one another.

For me, the cultures are so diametrically opposed from one another that…the Americans' ideas around striving, achieving and success and independence are definitely in conflict with … the Thai values of collectivism and harmony and of really going with the flow and not worrying so much about things. So, for me, that goes back to my understanding of what 'Mai Pen Rai' which is like, 'No worries; relax.'

Chris's training in psychodynamic theory, a more westernized approach that focuses on internal processes, was at odds with a more collective notion of health in the Thai culture.

[I was]…coming from a very psychodynamic [orientation] at Smith which is 'Internally what is going on?'…that didn't make sense in Thailand to a lot of women -- to talk about what their experience internally was, and that problems came from within.…It was more, health came from collectivism, whereas I think we [Americans] come from an individual mindset, that we think that is what health comes from, is being independent and successful on your own and able to navigate everything by yourself without needing

31

help… [That] is often somewhat the gold standard, however unrealistic that is…whereas in Thailand that was [perceived to be] so weird, and I think that was one of the main differences, which was often at odds with a lot of the clinical training I had had. It is just a different way of looking at health.

Alex also found the Thai culture emphasizes being a member in community instead of emphasizing a westernized psychotherapy supporting individuation. Alex also noticed that individuals in Thailand functioned in a system of hierarchy and individuals knew their place in society.

> …A lot of what western psychotherapy is about supporting people to differentiate and to become individuals and to…explore your past and how family dynamics have impacted that. And in Thailand it is so communal; it is really hierarchical -- like everyone knows where their place in society is and it is sort of rigid and set … you are deferential to the people that are above you… . I would assume in like individual therapy it's not about, sort of, 'How you go out on your own and be successful and feel better about yourself?' but more like 'How do you integrate yourself more into the community and into your place in it…?' Because that is definitely the focus: it is not rugged individualism over there; it is very much collective and working together and knowing your place and being comfortable in your place and your role.

Sam similarly observed the significance of collectivism in how it manifested within family dynamics when making health care decisions about a family member.

> Often times a grandfather [who] got a really bad prognosis of cancer and…is trying to decide what type of chemo[therapy] to get and he is sort of deferring a lot to what family members want versus what he wants…I think that is sort of in the same category of trying to protect the whole family -- trying …[to]…do what is good for the family, not necessarily what is good for your individual self.

Morgan wished for a more collective culture in the United States.

> I guess I wish there could be more joined relationships or less rigid relationships between coworkers and supervisors in this country [the United States] but it is not how we are. It boils down to the individualistic and collectivistic paradigms, something much bigger than us.

Group Therapy/Group Dynamics

Six of eight participants said group therapy, or holding sessions that incorporated a form

of group dynamics, was a consistent clinical practice in Thailand.

Casey experienced Thai values of group treatment as a basis for healing.

> … I think the one thing that really stood out to me --that clearly they value in terms of
> treatment, is group treatment--that kind of predominated… .I suspect that is definitely
> tied to…Thai values, more of the collectivist values around healing that happens in a
> group.... And seeing -- especially for me [at placement] -- really understanding…that the
> healing was happening within the group itself, even in the experiences of like washing
> the dishes or making lunch together, that was the treatment itself: it wasn't necessarily
> that they were relying on a therapist to come in and provide the one-on-one treatment or
> even the group treatment like you would see very much here [in the U.S.]…whereas, in
> the U.S., I think so much of the treatment we do is individual treatment; then there [are]
> variations of group treatment here, but it seems like something about the group and the
> social harmony of the group was a vehicle for healing, based on what I saw in Thailand.

Chris saw the emphasis on group for Thai people as related to collectivism. The

problems for most Thai citizens would be not fitting into the group, whereas in the United States

the problems were individually focused even when clinically supporting a family structure.

> But everything was very kind of group focused, like I ran a lot of groups; [that] is what I
> did…having individual sessions wasn't a thing that anyone would be interested in,
> because what was seen as a problem would be if you couldn't fit into the group. That
> was always the goal-- [it] was kind of to be able to be back into the group … particularly
> for the population of women that were so ostracized by the rest of society, having this
> group for themselves was really important. Whereas, as a therapist in the United States,
> even though I do a lot of family work, it is still individually focused: 'Who is the
> identified patient and what does each individual need?'

Dana observed that groups were facilitated by the Thai field supervisor and noticed more

group settings with group activities and a shared living space in the inpatient setting. Dana

noticed both similarities and differences between the US and Thailand.

> I observed a lot of groups that he [supervisor in Thailand] ran… it was…like groups that
> you would see in settings over here [in the U.S.]… . [though] I think there were more
> group settings. I mean people, clients, didn't have their own rooms: they all slept in big

rooms together. And they engaged in group activities, and the occupational therapist worked with them doing, like, cooking groups and going outside. And I feel like I haven't really seen that as much in the hospital setting here [in the U.S.].

Sam noticed also that the style of group therapy is different and more directive in Thailand.

> I was watching group therapy…I realized that the facilitator…was just leading it…she started out asking questions…there wasn't a whole lot of space for silence [in the group]…I feel like in the group therapy in 'the States' it would be like 'Sit with your feelings', 'What feelings rise to the surface?' but she [the facilitator in Thailand] was just starting off right off the bat sort of directing it, being like not even 'How was your week?' …She hits it hard, she asks people about their pain… their specific pain, and then just keeps on talking about their pain and making people talk-- so it is sort of prescribed what people talk about rather than this…western notion of introspection and silence and…sitting with the discomfort of silence… It doesn't feel like the conversation. …in Thai group therapy sessions are like 'Now we have an agenda and we need to talk about it.' It doesn't feel forced in that way [but directive].

Andy noticed an emphasis on groups and a difference in the quality of connections within them.

> As part of the (placement) that I worked at that provided support for parents, there was a clinician there that did do support groups for the parents…I think there is more of a natural human connection that was going on in those groups, you know; and there wasn't so much of, 'I am the professional and you are getting the treatment.' It was more kind of natural and human than that. It seemed more like parents getting together with someone who had some perspective and distance who could provide support for them.

Boundaries

All participants in the study noticed a difference in their understanding of clinical and personal boundaries. There were four areas that were revealed: physical contact and touch, the concept of time, confidentiality, and clinical relationship.

Physical Contact/Touch:

Participants offered their observations of how physical contact and touch existed within the Thai culture. Some participants shared their direct experiences of physical touch with clients and in some examples described challenges to their prior notions of boundaries. Other participants noted observations of the way touch and physical contact were generally integrated within the Thai culture, while others shared their experiences of boundaries and physical touch in their current clinical professional relationships in the United States.

Dana shared the perspective about physical touch being taboo in the U.S. and not an issue at the Thailand field placement:

> …The touching definitely --that is a big difference, yeah: it is such a taboo thing over here [in the United States]. You can't really, and like when you do, it is awkward because you are not supposed to. I don't know -- there are lots of thoughts and ethics around it and I don't remember that being an issue in the hospital in [the Thailand agency placement].

Alex noted "…there was lots of hand holding, especially with the girls at the residential program …there was lots of curling up close to me or lots of people just holding hands. It … was just a much more, I guess, touchy-feely society, so I just went with it. I sort of didn't really think about it and didn't remember it." Casey further elaborated on Alex's observations of female hand holding in Thailand and explored the contrast of touch and physical contact between client group relationships and clinician and client relationships in the U.S. Casey connected a fear-based mentality about physical contact within western clinical education.

> …Within clinical work I feel like there is this fear-based mentality that is taught in graduate school about integrating touch into therapy…I think that touch can be helpful and healing if used in an appropriate way in the right kind of context and setting…Thailand demonstrates that well from the work…that I witnessed and was a part of; it's like they get it. There is no shame around touch. There is no fear around it; there is no question. Now, granted, I am sure it is misused in some ways too. But, it is embraced within the clinical framework.

In Thailand, Andy was directed by her supervisor in a group therapy session to make

physical contact with a client during a difficult moment. Andy described how the use of touch in

the clinical relationship went against previous clinical training.

> …Not poor boundaries, but different boundaries than the ones we have here [in the U.S.].
> I remember in a group there was a woman who started to cry and I couldn't understand
> all the details of what led her to cry but my supervisor who led the group kind of caught
> me up and told me it was a compilation of stressors she was experiencing… .I was
> encouraged to like reach out and touch her and rub her back to comfort her and I
> remember this is like 'The years after Smith?!' and my hand being like 'Ahh! I can't do
> it!'

Casey found the value of physical touch in Thailand to support healing in stress reduction

and homeostasis, and in nurses teaching mothers massage skills to use with their infants.

> And they also ran …a patient/mother group...where they had a nurse showing the mothers
> …how to massage their children… I just thought that the fact they were teaching it at an
> inpatient setting in such an immersed way, so that then the mothers could then figure out
> how to help support their kids when they went back home to their villages was really
> amazing… their value of touch in Thailand as it relates to healing and supporting one's
> homeostasis and stress reduction… how they brought it into the inpatient program at the
> hospital that I interned at, supporting the moms' massaging their kids… I mean, I think
> it's pretty amazing and surprising to me: that they wouldn't be doing something like that
> here in The States. I have never seen or heard of anything like that here.

Chris explored being accepted by a community through the expression of physical touch,

which went against the rules in the United States and suggested that physical contact would

never be practiced in the current clinical professional role.   Chris reflected on how the more

formal setting in U.S. clinical work may affect clients from other cultures.

> ... My relationship clinically with the women; involved a lot of touch, in a way. And a
> part of that was because I wasn't in a very formal social work agency…because being
> part of the community was important, it was really common to be touching, and that was
> how I knew that I was getting in. I would be sitting down doing some reading and I
> would have a woman like draped over my lap and two of them touching me. I would
> never do this in the United States; I would never do this in my job now. I would never be
> draped with my clients. But that was a big piece of our work together was just the
> touching piece--which I thought was really interesting because it is so against the rules
> here. Hugging is like a hot topic, to hug a client, but that was really interesting to me in
> the way we communicate in that way -- when thinking about what it means for my

clients who come from other countries where therapy [might be viewed as] a weird thing in a formal setting -- where I am like sitting in a chair.

Morgan, like Chris, noted that the U.S. is "touch phobic" and shared having rigid boundaries in physical contact within clinical relationship.

Here in U.S. culture we aren't really supposed to touch our clients. For me in terms of a spectrum being rigid with boundaries and permissive with boundaries, I am more on the rigid side…I just try to shake hands with my clients. With kids, little kids, it is such a judgment call, with youth I would like put my hand on a kid's back if they are crying but … the U.S. can be touch phobic.

Andy arrived at a similar conclusion about physical contact as Morgan in understanding expectations about physical contact in U.S. clinical social work practices.

…I feel like the more that I practice, and because I am not in such a clinical setting right now, I have become more flexible with that [physical contact with clients], that I do offer occasional supportive touch but it is usually only when I am in a public space. I still think, because of my training and because of a lot of my work with minors, I would never extend a supportive touch behind closed doors in my office but if I am in a classroom setting and it seems appropriate, then I will extend that. And I have a kid who likes to come up to me and tries to give me hugs every Monday and so we have worked something out where we have like pad and elbow knock, but I think as my years go on I have a little more flexibility with that than I did when I first came out [of social work school]. But still, within the context of a session, I don't use touch at all…I mean if I had training in using touch therapeutically and it was a piece of the work we were doing I would feel comfortable, but since it's not – I don't feel comfortable just using my discretion in that [U.S.] setting.

The Concept of Time:

Many participants noticed a difference in the concept of time. Overall, most of the participants experienced Thailand to be a more "of the moment" and present-minded culture. Some participants found the difference about the concept of time to go against their orientation in managing daily life.

Chris summarized the challenge of being in Thailand and working with clients who had a conceptual difference in time and self-reflected on a sense of impatience that arose from that experience.

> I mean, even the concept of time was difficult for me in Thailand. I like to be on time for things and if it is raining, you just don't go to a meeting. …I would run a group and it was from 1-3:30 everyday--and people would walk in at like 2:45. I would be like 'We are having our group!' It is this very different way of rolling with the punches…. But I think it very much informs this sense…about acceptance… to some extent and sometimes, for me, it was really hard. I felt like 'Really -- can we be on time? Can we get things going?' I would realize how impatient I was a lot, and that was a struggle for me in Thailand: in some ways I loved it and in some ways it drove me nuts in a lot of ways.

Chris continued to explore the vast differences between the value of time and planning things in the Thai culture versus that in the U.S.

> There is …[this] casual …way, in terms of planning things, making plans for meetings and everything: some people show up; some people don't. 'O.K., whatever.' That is very different, I think, from all the expectations we have about how work is done in the United States… .I can even see that being a part of someone's treatment plan, is being able to be on time for things, to take these strides and personal responsibility every day. I feel like it is viewed very differently in Thailand, so -- different values completely around that.

Andy observed a difference in clinical practice and focus in Thailand and provided an example of the supervisor working in a more present-focus modality. "My supervisor, he was a more behavioral person, so it wasn't really focused on like the inner workings of people, you know: it was more now-focused, present-focused." Casey reiterated the sense of present-focus mindedness and found it to be one of the biggest lessons learned.

> Thai culture is a culture [wherein] they know how to…let go and be more in the moment than we understand here in America… .There [are] a lot of things that…unfold in the moment… .They don't plan in the same way there that we do… . I think I learned, being there, that I needed to let go a little bit of my kind of rigid planning… and sort of relax into the moment. I think that was one of the biggest lessons I learned.

Morgan explored the cultural construct of time and reflected on the experiences in

Thailand along with the current sense of time in the United States.

> In retrospect, in hindsight, I think I got a more present oriented feeling over there in Thailand, just hanging out with folks, and it had that 'Mai Pen Rai' attitude. And I wish it wasn't so much 'Go, Go, Go' over here [in the U.S.]. But that is how our lives are and how time is socially constructed -- and therapeutic relationships, supervisory, and collegial relationships are influenced.

Confidentiality:

Alex offered three distinct examples of how the concept of confidentiality, a well-

established aspect of clinical practice in the United States, was not observed in Thai practices.

> One thing that was blatantly different was the soft notion of confidentiality -- which doesn't really exist there: like there is no sort of HIPPA that I was aware of when I wrote my case study… .This is sort of the big example that comes to mind: my supervisor wanted me to include pictures of the man I was doing my case study about and when I told him that we couldn't do that, that that was illegal and that was like a violation of privacy and confidentiality in the United States, he said 'Well, how could anybody know who you are writing about if they don't see a picture of him, if they don't know who he is?'

Alex observed a second, distinct difference, in a psychiatric hospital environment, that

went against US notions of client confidentiality and privacy.

> I went with [student name] to her placement and sat in--there was like I would say five or six different interns sitting in on the session. There was the psychiatrist, the client, the client's mother and then it was sort of held in this open room where there were other clients in the hospital [who] just sort of wandered through, so there wasn't this sense of privacy… .And it wasn't an issue: like, nobody blinked an eye, nobody thought 'Oh, we should close the door,' [Or] 'Oh maybe she doesn't want ten people here observing her …weeping and talking about her stuff.'

Alex reflected on a third aspect -- of sharing personal information with co-workers -- and

how that affected Alex's own sense of boundaries and confidentiality.

> I mean, it is the same in day to day life;…[you were asked] what we would consider very intrusive questions about who you are and where you come from that, culturally there,

it…is how you find out who somebody is… .I would be home sick and they would want to know…how many times I threw up and how many times I had diarrhea and what my symptoms were … it's just sort of different.. .You know, what we might consider gossip or talking about people, or breaching confidentiality -- it is just a whole different sort of concept or idea there.

Clinical Relationship:

Participants reflected on their numerous experiences of differences in the clinical relationship and boundaries in Thailand and the U.S. including relationships with co-workers, supervisors and clients. Sam explored the concept of appropriateness with three experiences of boundary differences in the clinical relationship between client and clinician and student and supervisor.

> I got a massage from my HIV positive client and I am probably going to the mountains with my supervisor [and] the art therapist is living with two of her clients…the idea of appropriate? And it actually felt not that weird at all to have someone massage me …there just doesn't need to be so much drama in everything. It doesn't have to be so precise and so like 'Oh my god, am I going to hurt their feelings and then they are going to be crushed and then they are going to need to care take for us and dat..dah dah'...it just feels nice not to stress about all this stuff.

Alex shared that in the Thai culture it would be incredibly rude to not accept a gift. She stated "I got a lot of gifts, a lot. Like all the time, and lots of sharing of food, and just the expectation that [this is] is how you have relationships with people: you feed them, you take them small things, and it would just be considered so incredibly rude to decline that." Morgan noticed the experience of gift giving in the Thai cultural tradition and reported experiencing something joining in the exchange.

> I remember these meetings being: 'You provide food and snacks for the meetings.' And I remember with the international delegates at the end of the meeting, they would present a gift and take pictures… .There are things…which really, just seemed like [they] would foster a bond between people in the meetings… and I think there is something joining about that.

Dana reflected on the cultural differentiation of gift giving by sharing the personal

experience of bringing a gift for the supervisor in Thailand and connected the idea for the gift

exchange to Dana's ethnic culture.

> …Maybe it is the same sort of thing where there is more of an intentional thought put towards giving in the US whereas in Thailand, where you did or you didn't, it didn't matter… .I would say, in my ethnic culture, it is like you are supposed to give all the time. I brought something for my supervisor and that was just…what I felt was proper, and I don't know if the other students felt the same way about…bringing gifts or [if they are] more unsure about it.

Casey observed differences and similarities in gift giving in the Thai and US cultures and

noted the shared similar views in relational clinical work practiced in Thailand. From Casey's

perspective, there is therapeutic value in giving and receiving gifts from client to clinician and

clinician to client.

> I think we are trained in a very particular way that is rigid and not relational about gift giving either as therapists or receiving gifts from clients. I really believe in the value of relational clinical work; it is about a two-way relationship, and that is how I practice now. And I would say that is very similar to how they practice in Thailand… .I would probably generally say it is much more fluid, whereas here [in the U.S.] I think we over-think it. And I think that for clients it can hold so much value, in either giving a gift as a therapist to a client or receiving a gift that a client gives you…it is kind of expected as part of the culture. That is one way of showing honor and respect is through giving gifts either to your supervisor or to elders…They [Thai people] are very ritualistic: there are rituals around gift giving that I do remember as part of my internship; when my internship ended, they clearly were very intentional about giving me gifts to show appreciation and I did the same. But that also happened at my internship in the United States, so I don't know if that is so different.

Andy reflected on the clinical implications of gift giving with clients in the US and

described more rigid US training around gift giving and receiving.

> [In] the first agency that I worked at, one of my coworkers received a gift that was very meaningful from one of the parents of the family she worked with, and was asked to give it back ultimately… .I think, in general, what I let people know who say 'Oh I want to give you something,' is 'Oh you can write it in a card.' But it is not, not exchange, it is not the nature of our [U.S.] relationship and I don't ever give people gifts, although I think of gifts all the time that I think could be inspiring for the kids I work with to have. I don't do it.

Chris added to the concept of gift giving and shared a reflection of the collectivist

society. Chris found individuals tend to protect themselves in the U.S. with boundaries that do

not exist in the same way in Thailand.

> …Gift giving in Thailand is common…if you go on a trip with some people someone
> will stop and get snacks for everybody…later on you will give back to everybody. It's
> part of the collectivism, right, 'What is mine is yours and what is yours is kind of mine,'
> and it is seen as kind of rude if you don't give back. So to express this [as a] boundary
> violation would be completely nonsensical to some of the people I worked with in
> Thailand…I think you had to be very conscientious to give back in a sense because that
> wouldn't be my automatic response, you know, because probably in the United States I
> wouldn't buy a lot of stuff for my clients … .I think in the United States we protect
> ourselves with these boundaries that we don't really have in Thailand and [I] would
> sometimes feel it was hard for me to get used to.

Morgan noticed stark differences in Thai and U.S. therapeutic relationships and shared a

more family oriented framework " … [I] think there are some stark differences, I just feel like it

is a lot more family oriented and more warm in Thailand in terms of the relations between the

clients, relationships between the coworkers and colleagues and your supervisors."

Casey similarly noticed the differences between individuals in the helping professions in

Thailand to be somewhat in contrast, generally speaking, to individuals in the helping

professions in the U.S.

> …Clinically, with patients, with boundaries…the big difference is from what I saw
> within the clinical work [staff] and relationships at [the agency] center, and [at another
> agency] the helpers were much more involved, it seemed. Both in showing care
> physically through their body language, through touch and through hugging and also in
> how they really went above and beyond. I see in the U.S. -- I am speaking in generalities
> here -- but many therapists, many practitioners being much more rigid in their boundaries
> with clients. Not sharing personal information, not showing any type of physical contact
> and not necessarily going above and beyond in some ways. You know: keeping it to, like
> the 50 minute hour, and sticking to that traditional format.

Pat offered another example of boundary contrasts and shared an experience of

differences observed of a financial exchange between a clinician and a client who had financial

difficulties. Although the details were unclear, Pat witnessed the informal financial exchange as

a striking difference between Thai and US clinical practice.

> … .The woman [a client] had asked [the supervisor] for a loan basically because she just
> wasn't able to get back on her feet and I said 'And you are going to give it to her?' and I
> think I actually had that tone in my voice -- which I wouldn't have meant to --when my
> supervisor loaned her that money -- I don't know if it was something from her [the
> supervisor's] pocket or if there is a stash of money available somewhere, but either way I
> found it to be a very noticeable difference, that she handed the client cash during an
> informal interaction.

Alex had an experience with a supervisor that went against U.S. training and

understanding of boundaries within the supervisor and supervisee relationship. When Alex and

the other SSW interns arrived to Thailand, they did not have a place to live; the supervisor was

aware of the students' housing need and offered the interviewee to live with him in his home.

> …[the supervisor] lives [with his] multigenerational family. His kids live there, his
> parents live there, I think a sibling lives there, his ex-wife lives there, I think his
> girlfriend lives there. And he got really, really insulted when I told him that, you know,
> that we were going to find a place once we got there. It was just sort of this like 'I am
> your supervisor,' hierarchically like 'I am supposed to take care of you, you don't have a
> place to live and I am offering you a place to live, how can you not accept this?'

The supervisory relationship was also noted by Morgan to be quite different in Thailand

than in the U.S and shared:

> I also remember working with my supervisor and she would be carrying a lap top bag and
> another bag and … her arms weren't overfilled or anything, but I remember when [one
> of] my colleagues telling me you know it was good manners to carry things for your
> supervisor so I would do that, you know, and she was appreciative of it … and that was
> nice. But over here [in the U.S.] I don't really do that as much.

Morgan also discussed an example of a home visit, when being with the family felt less

formal than the experience of being a clinician in the United States.

> …I went on one home visit with my team with the [the agency]. We would go into the
> home, there would be like eight of us from the office, and we would all take off our shoes
> when would go in the home, we would sit on the floor and we were all talking and
> supporting the family and it just felt not so formal. And I like that…the boundaries are

less rigid, and it is almost like you are seeing them as your family members, like your extended family members and you help them.

Pat had a sense of difference in boundaries between clinician and client in the United States and Thailand.

> ...There is this concept that people feel this responsibility to one another that I think in the U.S. we are so concerned with our boundaries that it's like, 'You don't want to get attached to your client, you don't want to feel…that you care about them' you know? If you start to care about them then you are having a major countertransference reaction and you need to watch that and really analyze… I mean that's [it in its] simplicity, but…I think we have that idea in the U.S.… 'You don't want to get too attached, you don't want to feel too strongly or else you are not going to be impartial' and…here there is this [sense that] someone is in a tough situation and she maybe my client but she is also a fellow woman and a fellow other, a fellow human being and I am going to do what I can to ease that.

Environment

Participants discussed observations in residential, psychiatric inpatient hospitals, medical inpatient and outpatient clinical environments. The reflections included reflections of differences between Thailand and the U.S. as related to discharge planning, patients sharing room space, and the presence of more family members in treatment with clients. Dana reflected on a difference, from more recent experiences, in how the psychiatric inpatient units in Thailand were less focused on discharge planning than in the United States.

> …It wasn't so focused on discharge planning, now that I think about it, I didn't know that at the time, just from post master's [and] knowing how hospitals, inpatient psych[iatry] works. It is a lot of 'They come in and you have to figure out how to get them out and where they go.' And I don't remember feeling that pressure in Thailand of like 'Let's get them out.'

Sam reflected on how the environment in Thailand shifted the experience of clinical work.

I was in a burn unit, a cancer unit and the ER and…something that I noticed is that people are not freaking out. I walk through the hospital and there are people, like there [are] no curtains between the beds, there is no nothing. It is like I am seeing people dying: like on my very first day, I saw someone unconscious and dying of TB. It is just part of life, people are just like dying, people are coming in from car accidents, people are being wheeled through the halls you just see it everyday… in the U.S. I worked in a hospital and it is all so hush hush…I was working in the ER… and I didn't even really see any kids in serious physical condition. I think that is because [the children] get shuffled into closed doors and so I feel like part of it is that pain is -- you just see it more [in Thailand]….This adds to this more comfort with hard stuff and…I think that makes it more normal to me. And what I struggle with in the United States [is] I am a pretty sensitive person…but here people aren't tripping about it therefore I am not tripping about it… that really affects me and how I react to [clients] and the amount of normalcy that I think [are brought] to the "hard things" that are seen as hard in the U.S. are just part of life [in Thailand] more

Pat observed, similarly to Sam, an environmental difference between a more open hospital environment setting in Thailand and the impact of emphasis on privacy in the United States.

…Everything seems to be much more public [in Thailand] than in the U.S., but I always interpreted that as a reflection of the type of health care that they have …Private hospitals apparently have private wards… so if you are going to pay money for that private room you can have it, but so long as you are accessing free health care … then you are going to share a ward, you are going to share a room … .I think it is also reflective of the greater sense of community and connectedness and I think people are much more OK [in Thailand] with sharing a room. I even notice…around the hospital…there are frequently patients being wheeled around those outside corridors and …especially the first couple of times that I saw it, I remember feeling jarred by it like – this person is really ill and you are wheeling them out in public and … I was like 'That would not happen in the U.S.!' but maybe people do get wheeled around hospital wards, so I am not sure why I felt that way, but…we [Americans] are just so concerned with privacy and space and not sharing our suffering. I mean it even translates in the way we deal with death, we [Americans] deal with a lot of things much more privately.

Casey reflected on clients in a residential program sharing a room during their treatment and the emphasis on collectivism within treatment. Casey stated "I think [sharing a room is]

directly connected to…this idea of the value of collectivism and healing happening through community and through social connection versus in the United States thinking that healing is [an] individualistic process."

Chris commented on the idea that individuals in the Thai culture do not want to be lonely, especially when in distress and contrasted this with the US emphasis on independency.

> You don't want to be lonely in Thailand. I think it would be weird to tell them [someone from Thailand] to have their child start sleeping alone when the child was eight months old that that would probably be horrifying where here [in the U.S.] it is often a premium on sleeping separately and being independent, and that is not what the value is of being a successful person … in a lot of ways in Thailand. So I could see…especially for people who were distressed –'Why would you keep them alone to begin with?'

Morgan thought the room sharing in inpatient psychiatric hospital and residential settings stemmed from "One, it is practical that it is too much [money] to have separate rooms and, two, I think it is kind of Thai style to have not everyone like be private and isolated." Additionally, in an outpatient clinic, Morgan noticed a quality of clinical collaboration with children and families in Thailand and found the family unit was essential to the child's growth; therefore, being in treatment together was the treatment itself, something that was uncommon in the United States.

> … .Moms, some dads, they came in with their children with disabilities like young ones three, four, five [years old]…we would all do it together… The family members would stay…do the Thai alphabet together, do some exercises or watch an educational show. The family members would sit with their kid and the nurses would facilitate the instruction. And I don't really see that here in the States…obviously people have to work, but there is something very joining about that, with the family members [in Thailand], mostly parents, and their kids and also the staff members too facilitating that…I think that was an intervention in itself, that sort of modeling in the setting – we are in this together, you are in it, you are part of the treatment – the parents that is – you are essential to this child's growth.

Casey, like Morgan, found in a residential setting the therapeutic element to be the home itself, instead of the therapist.

> ...it was a much more kind of home environment…the residents really relied on each other for support… .The home itself was the holding environment for them, versus a therapist…providing that holding environment… .I think that is why there wasn't this kind of traditional set up of the girls meeting with a therapist every week, to necessarily talk about what was happening for them… .They had a housemother who was the overseer of the girls' residential living experience, but the girls very much just took care of themselves; they cooked for themselves; they did a lot around the home on their own that was outside of what one might think of what was happening for them clinically, which was very much a part of the experience of them being there: it was part of the healing experience for them of coming to the center.

Alex explored the Thai culture's tradition of extended family members living in one household related to the environment of the residential program.

> It is unheard of for twenty-somethings to go and get an apartment by themselves. You stay with your parents until you get married and either your partner comes to live with your family or you go and live with your partner's family. …I think there is this idea of being alone is pathological and so 'Why would you go into a room by yourself when you are obviously not feeling well?' I mean, I know that [in a U.S. agency] people share a room, some people do. I mean, they definitely don't put any more than two. So it isn't entirely separate rooms… [but in Thailand] all the girls in the residential program where I worked slept in one big room together.

Gender Roles

Gender roles were not identified as a theme during the first set of interviews. In my literature review, there was a distinct mention of differences between gender roles in Thailand and in the United States. Therefore I decided to re-interview participants about whether such differences were apparent to the study participants, and each participant reflected on their perceptions and observations of gender roles in Thailand and the U.S.

Chris noted that Thailand is a culture of contradictions and related an aspect of the Buddhist culture that held concern and values around sex not so different from those of the U.S.,

47

yet at the same time, sex tourism was a significant part of the Thai economy. Chris added that

although one might expect the male role to be more that of the provider, females in Thailand

could also be the primary financial providers in a family.

> Thailand is definitely a culture of contradictions… where it is Buddhist and…sex is not frowned upon, but there [are] definitely some concerns and values around sex. The fact is, though, a huge part of their economy is sex tourism, and it is illegal but it is not illegal. You know, it *is*, but the police just take bribes. It [the legal system] is also very corrupt in some ways. So for the women I worked with, it is common for a woman…if you are the oldest sister in the family you are responsible to take care of your elderly parents and all of your siblings, even your younger brothers. So a lot of woman I worked with were supporting maybe a parent, their own children and then like their brothers… .They were supporting them, their unmarried brothers, which is different [from the U.S. customs]. Usually, [in the U.S.] it is men who I would have expected to be the financial provider, but I saw a lot of women that were in charge of being the provider for their families -- which is why a lot of the women chose [to be] sex worker[s]: because it paid enough and allowed them to be with their families during the day and be [in] that caretaking role as well. So it was a major drive for a lot of the women to take this work.

Alex understood the Thai culture to be conservative, in particularly as it pertained to

women's clothing and said "I know that it is a very particularly conservative culture. We were

told not to wear strapless or any strap things and not to show cleavage, and women are always

modestly dressed." Chris added to Alex's experience of the conservative dress for women,

noting an aspect of segregation between the genders and a dynamic experience between gender

roles.

> [There is some]…conservative dress stuff for women: you would never show your shoulders and cleavage is really not OK. I think short skirts are OK, but you wouldn't show your shoulders… .Women cannot touch monks or touch their robes or give anything directly to a monk. It has to be given to a man first. There is some interesting segregation between the genders. I think I would often feel annoyed because…there was this paternalistic attitude that men would have towards me. Like some of the men that I worked with, we did some trips with some of the professors… .He [a professor] would tell me what to do and where to sit and it drove me insane [that] paternalism.

Casey also observed a gender role differentiation and said "Men and women clearly were operating within social morals or norms which I came to understand … were quite reserved between male and female in public especially in a professional, clinical setting."

Chris explored the difference in same gender and opposite gender physical contact in Thailand and the United States.

> You wouldn't see a like a man and a woman holding hands going down the street but you would see same gender touching; it's common where you walk down the street and nobody would care. Whereas here in the United States [same gender touching] causes more of a reaction but no one would care about a man and a women here [in the U.S.]. So same gender touching is fine, and the women would kind of hold my hand when we walked and some of it was a little more overt because the agency was a sex worker agency, it was all women … [With] opposite gender relationships… there isn't a whole lot of overt affection and that is changing with the new generation -- probably teens and early 20's. I think you will see them being more … westernized in that sense.

Morgan found a difference in the expression of gender in Thailand and compared generalities of masculinity and maleness in the United States.

> …it just seems more gentle -- not as trying to be macho -- and I wonder if that macho-ness here in the US comes from just 'You have to put yourself first; you have got to be successful; you have to do what you got to do … to be on top, so you got to be aggressive, you got to be competitive you have to show it to other guys that you are not taking it.' If you are a heterosexual man, you [have] got to show it to impress women or let them know you are tough…[In Thailand] groups of university students [are] just hanging out with their little bucket of ice and their soda water and their beer and their whisky and things like that, and it is great: you just hang out and talk and I don't get this 'macho macho-ego' thing over there. And I feel like it is [about being] happy and enjoy[ing] each other's company.

Pat observed, similarly to Morgan, the difference in the expression of masculinity "I don't see the expression of masculinity the way that I do in the U.S…. .I don't see men you know proving their masculinity the same way that they do in the U.S."

Dana observed more feminine, nurturing roles in a hospital environment in Thailand compared to the United States.

> …on the unit and in the activities being done with the clients…there was a lot of a mothering kind of atmosphere. The nurse had a lot to give and she put herself right into it… .In terms of the interactions on the unit, it felt like it was very nurturing whereas the male practitioners -- like the psychiatrist or my supervisor -- in their interactions with the clients, it was more distinctively like 'This is an intervention kind of thing.' Here [in the U.S.] I don't feel like there is that kind of space that women take in the hospital… .There is like the male role and female role in the [Thailand] hospital and here it is like everything is like a distinct intervention when you interact with clients. There is no nurturing thing happening… .It is very…medical I guess, whereas over there [in Thailand] it was very…nurturing. It was a space for them to be for some time and there was no pressure about it, and eventually [the clients] left.

Alex offered perceptions of patriarchy that exists in both Thailand and the United States and noted speaking in generalities.

> …hegemony and patriarchy that exists in Thailand [is] similar to how it does in the U.S. Because I wasn't fluid in the language I think it was hard to pick up on the nuances of that. But clinically, I remember in the work specifically connected to gender based violence, hearing a lot about sexual abuse, physical abuse, perpetrated by men on adult women and young girls. And also men luring women into sex work, sex trafficking, labor exploitation. Again, I don't love to be speaking in generalities about it because I don't feel like it is that specific or rich [in] description but I think a lot of struggles women encounter here [in the United States], similarly women encounter in Thailand around inequality and discrimination and the power difference between men and women.

Alex also discussed the differences in acceptance of expression of gender in Thailand compared to the United States.

> … ideas around homosexuality and queerness and transgenderism, for me that was one of the things I loved about Thai culture, how gender was expressed….The "lady boy movement" is very… very visible… and while I think there is still some controversy in terms of discrimination of "ladyboys" or individuals who choose to dress like someone of the opposite sex, they are mostly men dressing as women, or gay men identifying as women. I felt like a large part of the culture embraces this movement…I really appreciated… that was very different than what is tolerated here in American culture. I feel like there is still so much discrimination around the queer population and specifically transgendered population and not as much tolerance as there is in Thailand.

Chris, similar to Alex, noticed an acceptance in gender expression in Thailand that was

understood as a third gender, the transgendered population, referred to as "lady boys" and found

the gender acceptance somewhat of a contradiction to perceived traditional gender roles.

> Another thing about gender in Thailand was a "toy" or they called them "lady boys" and
> they actually considered a third gender, so the transgender population … is strangely
> accepted in Thailand: like it is not that big of a stigma to be out and transgendered in
> Thailand. That is some of the interesting contradiction with pretty traditional gender
> roles -- definitely not a lot of acceptance towards being gay -- but a "toy," or "lady boy"
> [that is actually what they say], that is OK. It is a funny contradictory country. That is
> the other thing, the toy culture, but that is a very interesting thing about Thailand - they
> have this third – kind of middle ground -- that we do not have in the United States.

In the following chapter limitations of the current study and implications of participants'

observations will be discussed.

CHAPTER V

Discussion

Something I got from Thailand: Really understanding where I come from and what limits that creates for me and what strengths it also gives me in accepting that. I feel a rub in this way because this is ultimately my core, and how do I recognize that and still ... not reject another belief of a client because it is rubbing up against me or ignoring that the rub is there. – Chris, Research Participant

Clinical social workers need to integrate their own cultural awareness when working in a cross-cultural capacity. Consider the question, "Where does the mind reside in the body?" In the United States, the mind is generally considered to be located within the brain, while in Thailand the mind is thought to reside near the heart. Dan Siegel, a neuroscientist and educator, facilitated a five-year study group of forty specialists in anthropology, linguistics, psychology, clinical psychiatry, and the neurosciences in the U.S. The specialists collaborated and agreed upon a working definition of the mind, which the group defined as "a process that regulates the flow of energy and information" (Siegel, 2008, disc 4). According to this definition, the process could originate or take place in the area of either the heart or the brain. How the mind operates and where it is physically located informs how individuals interact with one another, themselves, and their greater environments. Interactions and behaviors are largely based on cultural influences, communication styles, and meaning making of experiences. It is essential for social workers to broaden their awareness of subtle cultural differences, such as where the mind is located, to support individuals in their environment and be an agent of change. The culture difference between Thailand and the U.S. around the placement of the mind relate to the

American focus on mind: with its more cognitive and behavioral goal-oriented emphases, versus

the Thai mind-body emphasis on and the Thai comfort with physical touch. Alex shared another

relevant difference in the way Thai and Americans process experiences:

> Well, there is this idea here [in the U.S.] that if you have all these negative emotions and
> you bottle them up, eventually it is going to explode. Eventually it is going to come out.
> You are going to break down or kill somebody or have a nervous breakdown, something
> like that. And there [in Thailand], their idea is sort of you have this open cylinder, and so
> the negative stuff goes in but there is no bottom. There is nowhere for it to get trapped,
> and so then it just dissipates. And so there is not this sort of understanding or idea that if
> you don't express the stuff that is bothering you, or the stuff that has happened to you,
> that it is ever going to erupt. It just dissipates: it just does its own thing; it comes out the
> other side. – *Alex, Research Participant*

Clinical social workers need to be aware of fundamental cultural differences while living

and working in a cross-cultural capacity. For example, considering Alex's observation, a U.S.

social worker would operate in a very different clinical framework and provide more salient

interventions with the knowledge that Thai experiences are processed as an open cylinder,

whereas Americans tend to "bottle things up."

Responses to Research Findings

> *Travel is fatal to prejudice, bigotry, and narrow-mindedness, and many of our people*
> *need it sorely on these accounts. Broad, wholesome, charitable views of men and things*
> *cannot be acquired by vegetating in one little corner of the earth all one's lifetime.*
> *Mark Twain, The Innocents Abroad, 1869.*

Participants overall shared very similar perceptions, observations, and experiences as

western-trained social work clinicians who interned in Thailand.   Only one participant felt

"puzzled" by the question and did not find the "Mai Pen Rai" phrase to be significant. Many of

the other themes mentioned by participants contain interrelated elements, such as the indications

that the influence of Buddhism in Thailand may have perpetuated a collective, hierarchical

culture with more conservative gender roles than in the U.S. The observed Thai social work

emphasis of providing group therapy and group dynamic instead of the U.S. focus on

individualized therapy is extremely relevant for international social work practices. Thailand

social workers practicing group work reflect the cultural values of collectivism and social

harmony. Additionally, it is quite significant that all participants found boundary contrasts in

clinical social work between the U.S. and Thailand. Some participants noted that they wished

the U.S. had less rigid boundaries in social work practices.

Thailand could be perceived as a "culture of contradictions," as noted by participant

Chris. For example, although the Thai culture is observed to hold more rigid male and female

roles, the culture accepts a third "lady boy" gender that is neither male nor female. In Thailand

both females and males operate as breadwinners and in some households women were expected

to financially provide for the family, which contrasts with U.S. belief systems holding more of an

expectation that males are more economically responsible. Additionally, researchers have noted

that although the third gender exists in Thailand, and same-sex physical contact is part of the

Thai culture, same-sex sexual relationships are not generally accepted sexual practices in

Thailand.

While it can be easier to frame the cultural differences between the U.S. and Thailand

through contrasts, they are not completely opposed cultures. The United States and Thailand are

both patriarchal cultures. The roles of social work practitioners in both the U.S. and Thailand

were developed to improve the lives of marginalized populations. The current trend for social

work education in Thailand is heading towards more clinical practice, which could be in

response to the efficiency of information sharing through modern technology. Another

interesting cultural consideration is that although the Thai culture is based on collectivism, the

Theravada Buddhist tradition is a more individualistic practice, because merit making and karma are dependent on the action of the individual, not the group. Participants shared both similarities and differences between supervisor and supervisee role: supervisors, particularly males, were established in a hierarchical frame, and one participant observed that the gift giving exchange in Thailand and the U.S. between supervisor and supervisee to be a similar ritual.

Strengths and Limitations of the Research Study

> *The real voyage of discovery consists not in seeking new landscapes, but in having new eyes. Marcel Proust*

The research study was developed and implemented while I prepared and participated in the Smith School for Social Work (SSW) Thailand field placement program. Research participants were former social work students from the same program I attended and had similar interests in clinical social work practices and international travel. One of the benefits of interviewing previous and current students from the same social work program was that the interviewee and interviewer had an established relationship, and may have contributed to a level of comfort and familiarity. For example, interviewees were generous and available with their time and prompt in their responses and were willing to offer deep reflections on their personal experiences. Unanimously, the alumni of the SSW program offered to act as resources and offered suggestions while I prepared for my own intern experience in Thailand.

The research was narrow because participants were required to be trained as SSW clinical social workers who interned in Thailand under the guidance of the same professor. It is possible that the similarity of their context influenced their responses. Current intern participants had the benefit of responding during their internship but had less time to reflect on their experiences and

a shorter duration between the two interviews. Current participants interned with me while I participated in the international field program and we often engaged in dialogue about the shared experience. Therefore, they may have been influenced in aspects of their interview responses or had more time to consider related interview concepts. One example of this implication was noted when a current participant said that s/he only knew the meaning of the phrase "Mai Pen Rai" because of me. The same participant added in the second interview that ideas provoked by the first interview informed the way the participant approached the Thai internship. Additionally, an alumni participant said s/he would have been more attuned to contrasts of U.S. and Thailand social work practices if the research questions were asked before her/his Thai internship. Current participants had a shorter experience in the international field placement than alumni; the current SSW program is two months and previously the international internship was nine months long.   Another limitation to the study is that alumni participants travelled to Thailand two to five years ago and many expressed the challenges of responding to questions with detailed examples.

Recommendations for Future Research

A qualitative, exploratory-descriptive study like the one reported here can capture individual experiences with a vividness and richness that a purely quantitative survey could not. In the future, especially as cultures begin to interpenetrate more, and as changes occur in the contrasts between them, more such studies might well precede or accompany quantitative ones. The decision to do a second, follow-up interview became one of the most useful procedures used in this study, and might be a useful tactic in any qualitative research. The second interview provided an opportunity to (1) cross-reference legitimacy of previously gathered data; (2) serve

56

as a communication tool to remind participants of previous responses; (3) strengthen the quality of relationship between interviewer and interviewee; and (4) provide meaning-making opportunities from the interviewees' experience. The majority of participants showed appreciation for hearing their responses reflected back to them. One dialogue emphasized a more mutual engagement quality to the study:

> Participant: My memories there are so contained … it is nice to connect and talk about that experience.
> Johanna: It [my experience as an intern in Thailand] was so much of a richer experience because I came with all these stories to begin with.

In future studies, particularly as social work roles change in Thailand and may become more clinically oriented, it would be interesting to explore what clinical practices would best support individuals and communities in the Thai culture. It may be useful to consider an in-depth study to seek what types of services are needed as the educational structure becomes a potentially more westernized approach. Further information about what social support networks are available for impoverished families would be useful to more fully view familial responsibilities, which could support providing other job options for females who choose to go into sex work to provide for their multigenerational families. Another suggestion for future research would be to research and explore the U.S. privacy values and Thai public values. I observed charitable donations distributed in a very public way, whereas in the U.S finances are rarely discussed in the open. Further research comparing eastern and western values around boundaries within clinical relationships could offer a reexamination of the purpose of the U.S.'s rigid boundaries and the perceived Thai's relaxed boundaries.

My strongest suggestion after doing this study would be for future researchers to continue to explore individual social workers' experiences of being in relationship to, and supporting, individuals in other cultures. The more informed social workers are about cultures they are

working in, the fewer unfounded assumptions they will make. The more aware individuals are

of their own culture and value system, the better they will locate themselves in the environment

they work in.

All participants identified meaning making from their international internship

experiences. Here are examples from each participant about the ways the international field

experience informed or may inform their current or future clinical social work practice:

> It [the experience as international intern] definitely makes me consider if and how I can
> do international social work in the future, or work with international populations … on a
> basic level there are definitely experiences I have had … that I will definitely take with
> me into my clinical work … the interactions I have witnessed … around rapport building
> and … the very positive tone that is struck in situations. – *Pat*

> I do think people have culturally constructed learned relationships to their affect and if
> someone [in Thailand] isn't just exploring their innards and their happiness and their
> sadness that doesn't mean that they are sick … or that doesn't mean that they are denying
> something and using all of these defense mechanisms that are not good … I think I will
> definitely bring that to my work: that feels incredibly culturally relevant to my future
> work. – *Sam*

> I try and take that attitude [Mai Pen Rai] with me when I am working in treatment team
> meetings here … how can we pull our collective skill set and support each other and how
> can we address this issue together? – *Morgan*

> Being really observant and to really being in the moment, maybe even, like being mindful
> and really focusing on all sorts of cues from the client, non-verbal cues and … it probably
> helped me to be mindful in my practice … I don't know if this comes from the Thailand
> experience, but also thinking about the whole social context of the client. – *Dana*

> Just being a visitor to a foreign country and having an outsider experience for so long. I
> feel like that's informed the way I sit with people … it dislocates me from the center and
> the position of power, I feel like I am not sure that is something that kind of comes out
> with time. – *Andy*

> I am more aware … that cultural differences exist in family structures too, so it is really
> more exploring why people came to believe what they believe … of how they are versus
> saying, 'Well, that doesn't seem normal or that doesn't seem right.' – *Alex*

> I learned being there [in Thailand] that I needed to let go a little bit of my kind of rigid
> planning and tendencies and sort of relax into the moment. – *Casey*

Thailand helped me learn how to really stay centered in the midst of a lot of uncertainty and sometimes feeling really chaotic or feeling ungrounded, finding a way to just stay with myself and figure out how to connect with everyone while I am doing that. – *Chris*

Concluding Thoughts: What is there to do about it?

The way 'Mai Pen Rai' … manifests is that there is not as much to do about things and so … there is a sense in the helping profession that people don't need to do as much as we think we need to do here [in the U.S.] and don't need to … have as many … active interventions as you might have in the U.S. because things are how they are. You can't really change it. – Alex, Research Participant

An important aspect to social work practices is having the capacity to relate and empathize with individuals' experiences. It can be a valuable clinical experience to be in another culture that will inevitably challenge one's identity and belief system. Cross cultural experiences may emphasize the behaviors or lack of behaviors in one's own culture. For example, what would it mean to be "draped by our clients" in the U.S.? Why are practices in the United States so rigid – as in boundaries about physical contact between client and clinician? Having the direct experiences and feeling the "rub" of another culture requires reflection to a clinician's own practice and offers opportunities such as further consider if rigid boundaries are best serving our work with clients. What would happen if clinical social workers did less action-oriented practices, as Alex suggested? Maybe that would offer more opportunities to meet clients where they are. How do the roles of individualism and collectivism and religious belief systems inform the way we perceive individual needs and life experiences?

My assumption entering Thailand was that the Thai people probably had a good sense of the workings of the world with Buddhist and meditative practices -- practices I align with. There has also been a trend within clinical based therapies to include more eastern approaches, such as including mindfulness, medication and yoga into mental health support systems. I noticed in my

observations that people, generally speaking, seemed content, calm, more in the moment, and less anxious to make plans then I have experienced in the U.S. The quandary, from a western view, as social workers embedded with social action and social justice, is this: What is there to do in a culture that experiences life in a more relaxed way, with fewer overt actions? What is the role of the social workers? –Are we the helpers, holders, or both? We, as social workers, hear time and time again that we really can't "help" anybody, yet this drives social work practices. How do we hold our intentions to meet the needs of ourselves in relationship to other? Does having a frame for cross-cultural clinical social work provide context to explore and adapt practices to better meet the needs of clients and communities served? It seems that ongoing dialogue and culturally relevant interventions may allow for more truthful, ethical social work practice that would be embedded in more reflective and less assumption-based services.

References

Althen, G. (1988). *American ways: A guide to foreigners in the United States*. Yarmouth, ME:
Intercultural Press.

Bennet, M. (1993). Towards enthorelativism: A development model of intercultural sensitivity.
R.M. Paige (Ed.) *Education for the Intercultural Experience*. Intercultural Press:
Yarmouth, pp. 21-47.

Bracken, P., Giller, J.,& Summerfield, D. (1995) Psychological responses to war and atrocity:
The limitations of current concepts. *Social Science and Medicine,4* (8), 1073-1082.

Central Intelligence Agency (2013). The world factbook. Retrieved from
https://www.cia.gov/library/publications/the-world-factbook/geos/th.html.

Council of Social Work Education. (2004). Educational Policy and accreditation standards.
Washington, D.C.: Council on Social Work Education.

Coyle, S. & Kwong, J. (2000). Women's work and social reproductions in Thailand. *Journal of
Contemporary Asia, 30*, 492-506.

Fowers, B.J., & Davidov, B.J. (2006). The virtue of multiculturalism: Personal transformation,
character, and openness to the other. American Psychologist*, 61,* 581-594.

Fuller, T. (2012, December 19). Monks lose relevance as Thailand grows richer. *New York
Times*. Retrieved from http://www.nytimes.com/2012/12/19/world/asia/thai-buddhist-
monks-struggle-to-stay-relevant.html?_r=0

Fuller, T., Amatatham, P.,& Singh, V. (2012 December 19) Morphing monasteries.

> Videography: New York Times.

Garland, D. R., & Escobar, D. (1988). Education for cross-cultural social work practice. *Journal of Social Work Education, 24*, 229-2.

Hofstede, G. (1984). *Culture's consequences: International differences in work-related values* (abridged ed.) Beverly Hills: Sage.

Hofstede, G. (1991). *Cultures and organizations: Software of the mind.* London: McGraw Hill.

International Federation of Social Workers –IFSW (2013). Retrieved from:

> http://ifsw.org/policies/definition-of-social-work

Jackson P., Sullivan, G. (Eds.) (1999) *Lady boys, tom boys, rent boys: Male and female homosexualities in contemporary Thailand.* Binghamton, NY: Harrington Park Press.

Kim, U. (1994). Individualism and collectivism: Conceptual clarification and elaboration. In U. Kim, H. C. Triandis, C. Kagitçibasi, S-C. Choi, & G. Yoon (Eds.), *Individualism and collectivism*:*Theory, method, and applications* (pp. 19-40). Thousand Oaks, CA: Sage.

Knutson, T., (1994). Comparison of Thai and U.S. American cultural values: "Mai Pen Rai" versus "Just Do It". *ABAC Journal, 14*, 1-38.

Kosmin, B. & Keysar, A. (2008). American religious identification survey (ARIS). Hartford, CT: Trinity College.

Kusalasaya, K. (1983). *Buddhism in Thailand – Its past and its present*. Sri Lanka: Buddhist Publication Society.

Link on Learning (2013). Thai national anthem. Retrieved from:

> http://www.linkonlearning.com/public/anthems/countries/thailand.htm

Lustig, M.W. & Koester, J. (1993). *Interpersonal competence: Interpersonal communication across cultures*. New York: HarperCollens College Publishers.

McAuliffe, B., Jetten, J., Hornsey, M., & Hogg, M. (2003). Individualist and collectivist norms: when it's ok to go your own way. *European Journal of Social Psychology, 33*, 57-70.

McCann R. M, & Honeycutt, J.M. (2006). A cross-cultural analysis of imagined interactions. *Human Communication Research, 32*, 274-301.

Markus, H. & Kitayama, S. (1991) Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, Vol. 98*. No. 2, 224-253.

Mead, G. (2001). The philosophies of Royce, James and Dewey in their American setting. *Culture & Psychology, 7*, 49-64. (Reprinted from International Journal of Ethics, 40, pp. 211-231. 1930).

Miller, J. & Garran, A. M. (2008). *Racism in the United States: Implications for the helping professions*. Belmont, CA: Thomson Brooks/Cole.

Miller, J. (2012). *Psychosocial capacity building in response to disasters.* NY: Columbia University Press.

Nakata, T. & Dhiravegin, L. (1989). Social and cultural aspects of the Thai polity. In Prasith-Rathsint, Suchart (Ed.) Thailand's National Development: Social and Economic Background. Thai University Research Association, Bangkok (pp.166-196).

Naramas, K. & Kotbungkair, W. (2013). *Clinical social work practices and education in Thailand* [Powerpoint Slides]. Bangkok, Thailand.

National Association for Social Work NASW (2012) *Preamble.* Retrieved from: http://www.socialworkers.org/pubs/code/code.asp

National Association for Social Work NASW (2013) *Social work history.* Retrieved from:

    http://www.naswdc.org/pressroom/features/general/history.asp

Nisbett, R.E. (2003). *The geography of thoughts: How Asians and Westerners think*

    differently…and why. New York, New York: The Free Press.

Nye, C. (2006). Understanding and misunderstanding in cross-cultural practice: Further

    conversations with Suwanrang. *Clinical Social Work Journal. 34*(3), 303-317.

Ocha, W., Earth, B. (2012). Identity diversification among transgender sex workers in Thailand's

    sex tourism industry. *Sexualities 16*, (1/2) 195-216.

Panos, P.T., Pettys, G.L., Cox, S.E., & Jones-Hart, E. (2004). Survey of international field

    placements of accredited social work education programs. *Journal of Social Work*

    Education Vol. 40, No. 3.

Putnam, L. & Cheney, G. (1985). Organizational communication: Historical development and

    future directions. In T.W. Benson (Ed.), *Speech communication in the 20th century*.

    Carbondale, IL: Southern Illinois University Press (pp130-156).

Siegel, D. (2008) *The neurobiology of "we": How relationships, the mind, and the brain interact*

    to shape who we are (Audio CD). Sounds True Audio Learning Course.

Suh, E., Diener, E., Oishi, S., & Triandis, H. C. (1998). The shifting basis of life satisfaction

    judgments across cultures: Emotions versus norms. *Journal of Personality and Social*

    Psychology, 74, 482–493.

Summerfield, D. (2004). Cross-cultural perspectives on the medicalization of human suffering.

    In G.M. Rosen (Ed.). *Posttraumatic stress disorder: issues and controversies.* Jony

    Wiley & Sons, Ltd. (pp. 233-245) Smith College School for Social Work. Mission

    statement. (2013). Retrieved from: http://www.smith.edu/ssw/about_mission.php.

Tesoriero, F. (2006). Personal growth towards intercultural competence through an international

field education programme. *Australian Social Work Vol. 56*, No.2, 126-140.

Triandis, H. C. (1989). The self and social behaviour in differing cultural contexts.

Psychological Review, 96, 506–520.

Triandis, H. C., Bontempo, R., Villareal, M. J., Asai, M., & Lucca, N. (1988) Individualism and

collectivism: cross-cultural perspectives on self-ingroup relationships. *Journal of

Personality and Social Psychology, 54*, 323–338.

Trungpa Rinpoche, C. (1979) *Creating an environment of sanity*. Naropa Institute

Psychology Symposium: Boulder, CO.

Tullius, F. (1988). *Vipassana bhavana: Theory, practice and result*. (2nd ed.). Chonburi,

Thailand: Boonkanjanaram Meditation Center.

Twain, M. (1869) .*The Innocents Abroad*. NY: Oxford University Press, USA.

United Nations of Thailand. (2008). *Thailand info*. Retrieved from

http://www.un.or.th/thailand/population.html

UN Women: United nations entity for gender equality and the empowerment of women. (2012).

Thailand. Retrieved from:

http://www.unwomeneseasia.org/docs/factsheets/06%20THAILAND%20factsheet.pdf

U.S. Census Bureau (2012). Retrieved from: http://www.census.gov

Waters, E. (2010). *The globalization of the American psyche: Crazy like us*. New York, NY: Free

Press.

Xu, X., Kerley, K. Sirisunyalacuk, B. (2010). Understanding gender and domestic violence from

a sample of married women in urban Thailand. *Journal of Family Issues,32*, (6) 791-819.

Pre-Recruitment Letter

> To: Smith Thailand Alumni
> From: Johanna Black, A13
> About: Would you be available to be interviewed about your Thai experience for my thesis?
>
> It would be wonderful if I could interview you for my upcoming thesis about your Thai experience. I will be participating in a shortened version of the Thailand international field placement in the spring, and I am hoping to integrate my interest in international social work and the thesis over the next year.
>
> If you could offer a quick YES or NO to this email and let me know if you could be available to participate and share your experiences, it would help me work on my thesis proposal and Human Subjects Application.
>
> I expect about an hour interview by phone or SKYPE would be suffice. I will plan to be touch with you in a couple of months with my contact information and then we would coordinate a time for the interview.
>
> Thanks for considering to participate! *Johanna

Recruitment Letter

Dear _____,

      I am contacting you because you expressed a willingness to participate in my research as a Smith School for Social Work graduate student recently. Thank you for considering being interviewed for my thesis. The following information in this email is an effort to provide a better sense of what the participation will entail.

      I am interested to hear about your experiences as a SSW Intern in Thailand and how you viewed the differences between our U.S. clinical practices and those you observed in Thailand. In order to participate, you need to be a graduate of, or currently enrolled student in, the SSSW Thailand Field Placement program and willing to commit to an initial 45 minute phone/Skype or

Googlehangout/in person interview session, with the possibility of a 20 minute follow up interview to add to the material in the first session. I will be asking you to provide both general demographic information and information about your perceptions and experiences as a western trained social worker in an international setting.

I am attaching two copies of the consent form, one for you to keep and one I would need to receive with your signature if you are willing to participate. Let me know if I can further clarify any part of the consent form. After you have thoroughly reviewed the document, please sign if you are willing to participate, and return it to me by fax or send it via U.S. mail and keep the second copy for your records. I will reimburse you for the postal charge.

The next step, once I receive the signed consent, is that I will contact you directly by phone or email, as you prefer, and we will set up a time for the interview.

I am in the Boston/New England area December 27-January 5 and the Boulder/Denver area January 7-14 for in person interviews and available from December 27-January 14 for phone or Skype/Google hangout interviews.

Thank you for considering being a part of this study. I appreciate your time and efforts, and look forward to speaking with you.

Kind Regards,

Johanna Black

Mailing address: █████████████████████████

Email: jblack@smith.edu Cell: ███████████

Appendix B

Letter of Informed Consent

Dear Participant,

I am a fellow Smith College School for Social Work (SSW) graduate student conducting a research study for my master's program. The study involves interviewing you about your social work experiences in the SSW Thailand internship program. The focus of the research is to gather previous or current SSW Thailand interns' impressions of the similarities and differences in social work roles/practice within the US and Thai cultures. The data collected will be used for my thesis, and possible future presentations or publications.

You have been asked to participate because of your status as a participant in the SSW Thailand program. As volunteer in the study, you would speak with me in an initial interview of about 45 minutes' duration either in person, by phone or over the internet using Skype in a secure location. I will ask for a 20 minute follow up interview later, depending on your availability and data collection needs. I will record the interview, with your permission; I will be the only person to hear the information you share, and will personally transcribe the interview. My advisor will be the only person to have access to the transcribed interviews in order to assist me with analyzing them; the advisor will see the transcripts only after all potentially identifying information has been removed.

There is very little risk involved with your participation in the study, other than volunteering your time. One aspect of risk to consider would be that if your observations of clinical practices in Thailand caused you significant discomfort or emotional distress you may have reactions to the interview questions. As you are a graduate of a clinical training program, I believe you will not need referrals to a mental health clinician for support with such reactions.

However, if you are in need of referrals and are not a current clinician, I will seek out resources for you. There are also a few personal benefits to your participation in the study. As a participant you will have an opportunity to reflect upon, process, and make further meaning of your observations of clinical practices in Thailand. As a participant, you will also have an opportunity to provide feedback about SSW's preparation for interns of what cultural differences they may or may not experience in the Thailand international social work program. Additionally, you may help to inform social workers and other mental health clinicians about international social work.

Confidentiality is an important priority in this study. There will be a small number of participants, because I am only interviewing individuals such as yourself who have had direct experiences with SSW's Thailand program. The information collected in the interviews will be recorded. I will save all material using hidden identifiers to maintain confidentiality, and consent forms will be securely stored separately from interview materials. All material will be kept in a secure location for a period of three years as required by federal guidelines for research. All electronic data such as tapes and transcripts will be password protected and securely stored. If I should keep information longer than three years, materials will remain secured, then destroyed when no longer needed and Smith College School for Social Work will be notified when the data have been destroyed.

Your participation in this study is completely voluntary. You may refuse to answer any question. You can withdraw from the study altogether at any time during the interview process, and until February 1, 2013 if you are a graduate and May 1, 2013 if you are a current student, after which time analysis will have begun. If you choose to withdraw from the study, all information pertaining to you will be destroyed immediately. I will be careful to avoid making

known to anyone other than myself the identities of those SSSW Thai internship graduates who did or did not provide information for my study. If you have any concerns about your rights or about any aspect of the study, please call my cell phone: Johanna Black ▮▮▮▮▮▮▮ or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant's Signature: _____ Date:_____
Researcher's Signature: _____Date_____

   Please keep a copy of this form for your own records

Appendix C

Thesis Interview Questions

Interview 1: Initial interview with SSW alumni

Had you studied or lived abroad prior to the International SSW program?

What was your experience of clinical practices you observed during the Thailand

program?

What cultural similarities did you observe with the U.S/ clinical practices in Thailand?

What cultural differences between Thai and U.S. practices did you observe?

As a SW intern in Thailand, in what differences did you perceive in such SW practices as

clinical diagnosis, interpretations and interventions?

In what ways did the experience in Thailand inform how you practice your professional

role later?

What do you know or understand about the Thai concept of Mai Pen Rai, "there is

nothing to be done about it"?

Did "Nothing to be done about it" seem in conflict with U.S. notions of active striving to

do something about problems or situations, or was the "Mai Pen Rai" expression not one

that seemed to inform Thai practices in reality?

If you did see differences how did you see them play out in Thailand or in Thai social

workers' services?

Is there a way the concept "Mai Pen Rai" relates to your current life and/or practice?

Age, Gender, Race, Current employment status, student or professional

Have you continued your education or plan to after graduating from SSSW? What program or classes?

Are you currently practicing as a social worker? In what capacity?

Interview 1: Initial Interview with SSW current students

Had you studied or lived abroad prior to the International SSW program?

What has been your experience of clinical practices observed thus far in Thailand?

What cultural similarities have you observed between the US and clinical practices in Thailand, if any?

What cultural differences between Thai and US practices have you observed, if any?

As a SW Intern in Thailand, what differences have you perceived in such SW practices as clinical diagnosis, interpretations and intervention?

In what ways, if any, do you imagine your internship in Thailand may impact your own professional practice later on?

What do you know or understand about the Thai concept of Mai Pen Rai, "there is nothing to be done about it" Has "nothing to be done about it seemed in conflict with US notions of active striving to do something about problems or situations, or has the "Mai Pen Rai" expression not one that seemed to inform Thai practices?

If you have seen differences, how have you seen them play out in Thailand or in Thai social work services?

Is there a way the concept "Mai Pen Rai" relates to your current life and/or practice?

Age, Gender, Race, Current employment status, student or professional:

Do you anticipate continuing your education after graduation from Smith SSW? What program or classes do you envision yourself in, if any, after graduation?

What social work practice would you like to undertake after graduation? In what

capacity?

Interview 2: Follow up interview with SSW alumni and SSW current students

1) After offering the first interview responses, have you had any other thoughts or ideas to share?

2) Summarization of each question from Interview 1 to offer opportunity for participants

reflection, remind participant of previous interview and offer clarity of responses and additional

thoughts if needed.

3) In the first interviews individuals mentioned, gift giving, touching, and other boundary

contrasts with the way clinicians in the U.S. usually are trained to practice. Not all noted, but

wondered if you had further ideas about that, if they are willing.

One participant mentioned that in a residential/hospital setting, the patients did not even

sleep in separate rooms, which seems one striking difference that may or may not be

known to you…I am would interested to get their ideas about that as you inform them

about it.

4) During my literature review, there was a poignant mention of how masculine/feminine role

contrasts, were there any observations about gender things that you noticed? Just to be clear-not

one of the interviewees brought this up…

Appendix D

Human Subject Committee Approval Letter

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

December 3, 2012

Johanna C. Black

Dear Johanna,

The requested revisions you made were beautifully done. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Bravo and best of luck with your project.

Sincerely,

David L. Burton, M.S.W., Ph.D.
Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor