

## REVIEWS/RECENZJE

Maull F.

*Dharma in Hell: The Prison Writings of Fleet Maull*. Prison Dharma Network, Boulder 2005, 125 pp. ISBN: 0-9718143-1-7.

Reviewed by: Paweł Koza

Fleet Maull's history is a part of the turbulent 20<sup>th</sup> century. Maull was fascinated by the '68 Revolution, but he abused drugs and alcohol, later moving to a meditation retreat because he sought the absolute truth. Buddhism revealed to him a new reality founded in insight, discipline and subtle beauty. Unfortunately, Maull also discovered that one or two annual drug smuggling trips from South America to the USA could give him money and independence. This had been a trap, but he saw this only after many years.

One day his comrades were caught by the police and Maull's situation became very difficult. He went to his master for advice. Chogyam Trungpa Rinpoche showed him an alternative: "You can escape and run away until your death (and you will not see your son and cannot have a Buddhist teacher) or you go to prison (and you will see your son and practice Dharma)." Maull agreed that the latter would be better. After long preparation, Maull made a commitment to keep his novice vows. He became a Buddhist monk in prison; he meditated and lived in discipline.

I think that Fleet Maull's history is very inspirational for social workers. Why? He shows that a change in social work can be created through spiritual and mental exercises. Maull did not take a big salary; he didn't have a personal coach or therapist. The most helpful thing was meditation, dharma and the practice of loving-kindness. Everything was free: nobody paid for it. This is amazing to me, because we very often think about money, administrations, social institutions, political decisions, etc. as a basis for effective social work. But we underestimate the crucial role of the heart – our dreams, intuitions and desires. The client can discover in his or her heart a hunger for the ultimate truth. Social workers very often concentrate on social circumstances, but the client is a dignified person and social workers cannot reduce him or her to a place in the social structure. Maull's history shows me that every man and woman is a universe of possibilities.

Fleet Maull found his ultimate goal in religion. His path was not only "a personal development" – this was a spiritual growth. He discovered Buddhism and entered inside. He meditated and kept commandments. Finally, he became a Buddhist monk – Maull is

an *anarchaya* (senior teacher) in Tibetan Buddhism and *sensei* in the Zen Peacemaker Order. Spirituality is not highlighted in social work. Sometimes, especially in psychodynamic social work, specialists treat religion as a kind of illusion; in this case, growth is connected with losing religion. Maull's path shows the alternative – religion as a part of liberation. Spiritual practice as a way to Oneness gives us a basis for personal growth. We can discover that our social position is not the most important. Yes, Maull was a prisoner, but he discovered that it wasn't the ultimate truth about him. He discovered an affiliation with Buddha's nature which is inside every human being. He was in prison, but deeply, in his heart, he was a free and independent man. Religion gives us tools for personal investigations. This is very important for vulnerable people. Spirituality can give them a new language and good support; they can discover a source of their dignity in God. This creates a new perspective: clients are not only "a problem" or "a diagnosis," but they are children of God. This can be a source of amazing strength.

I think that Maull's experience reveals an amazing space in ourselves, where we can discover unconditional love. One day Maull observed a rabbit – the animal was running through the inner prison square and didn't worry that it was in prison. This was not important for a rabbit since it had green grass, blue sky, etc. Maull discovered that every being was essentially free. Exclusion, stigmatization and shame are constructed by our minds. Sometimes we feel that we are damaged, because we are poor, ill, lonely, etc. But this is not a fact – exclusion doesn't exist in the physical world. This is a product of thinking, a result of cognitive processes. Maull discovered a wonderful freedom of spirit behind bars.

The process of growth is not simple. Maull had many moments of despair and deep sadness. This was a kind of mystical "dark night of the soul." But he found hope in the shadow of death. Many times he experienced the violence, brutal strength and narcissism of inmates. Many of them watched soap operas or listened to loud music; these were not comfortable conditions for meditation. Maull went to a small room with mops and meditated, sitting on the trash. This was quite weird and inmates were very astonished. Being the prison monk was not easy. But progress is not simply linear: it is turbulent and has some potential for disintegration.

Maull's story would be incomplete without a few words about his service in a hospice. He served prisoners who were ill and near death. He saw many moments of death and gave support to his fellow inmates. Maull saw how subtle and weak is human life. Social workers should support the non-egoistic actions of their clients. Sometimes when we think only about *my* situation, *my* problem and *my* poverty, we reinforce our narcissism and ego. Service for others is the best solution. When Maull gave food and water to a dying inmate, he forgot about his ego. Moreover, he saw that our small ego disappears in the moment of death. Only our true nature would survive – our true nature which is one with God.

Social workers (especially in Poland) concentrate on the biological and social existence of their clients. I think that social work should be holistic and concerned about every aspect of human existence. For me, exclusion is a social construct, not a physical

fact. Social workers concentrate on the material aspect of help and build houses, raise funds and create institutions. Again, exclusion is not a part of nature; this is a part of society. Contemporary poor people have better goods than the aristocracy in the Middle Ages, but they are excluded. Fleet Maull transformed a prison into a monastery. Why? Because he had faith and hope. His attitude was open and creative. He didn't give up so he turned brutal reality into a blessing. Spirituality was very helpful in this project. The material aspect of Maull's existence was the same – bars, guards, small cell, etc., but exclusion has a social and invisible, not material nature. So we can change it with non-material tools. This is the reason why meditation, monastic vows and spiritual discipline changed Fleet Maull's reality.

We want to help our clients, because they are victims, drug users, schizophrenics, etc. This attitude of social workers reinforces passivity and narcissism. Clients concentrate on their weaknesses and do not think about others (“because I am poor, ill, etc.”). The ego is very often the enemy of any transformation process. Our clients are wonderful, fully human beings. And they can give others love, attention and support. We always ask: “How can I help my (poor) client?,” but we should ask our client: “What could you give others (your wife, daughter, friend or other poor people)?” Our clients are not only help care customers, but they participate in humanity and are full of dignity. They have a gift and they can share it with others. Fleet Maull founded the Prison Dharma Network and ex-prisoners can dedicate their time and talents to other people who are incarcerated.

Sometimes young people want to become social workers out of anger or frustration with the system. When I studied philosophy I felt anger and wanted to destroy the system. Nowadays I think that when we are social workers with resentment towards the system, we can't help our clients. What can I give them in this case: anger, frustration or disappointment? Our clients need mindful and compassionate actions, without our unconscious conflicts.

We have a natural dualism in social work: “helper” and “helpee.” I think that this is a fundamental illusion and causes many problems. “I am an expert, a professional helper and you are my poor, excluded client.” But we are all human beings and we have the same dignity. I think that social workers should emphasize a *nondual* approach to service. As a social worker I can serve others with compassion and without walls created by my social position.

The fundamental nature of all human beings was good; our core is essentially good. We can give our gifts to others. I think that this is a spiritual lesson for social workers. Our clients are more than their troubles. Social workers should create community. We fight for a better future, but we are not alone. Fleet Maull's story shows me that a human being can survive in very unfriendly circumstances, because our deep nature is a kind of sanctuary where we can find unconditional love. People should not identify with their social position because their true nature doesn't depend on labels, diagnosis or financial status. Fleet Maull taught me that everyone has a great treasure inside; we should only find it.

Parker J.

*Social work with refugees and asylum seekers: A rationale for developing practice.* "Practice: Social Work in Action", 2000, 12 (3): 61–76.

Reviewed by: Ida Daszczyńska

Jonathan Parker is Professor of Society & Social Welfare and Director of the Centre for Social Work and Social Policy at Bournemouth University. His research projects focus on disadvantage and marginalization, cross cultural aspects of social work, research ethic, violence, conflict and religion. His essay – "Social work with refugees and asylum seekers: a rationale for developing practice" – focuses on the most important challenges in work with refugees and asylum seekers in Great Britain. The article concentrates on the practical aspects of social work with this vulnerable group. It mostly provides a literature review which promotes the importance of social work and social care in working with refugees and asylum seekers across four dimensions: older people, people who have experienced trauma, substance-users, and children and families.

The first thing which Parker finds important is promoting and assessing anti-oppressive and anti-racist approaches to practice in work with refugees. He claims that this may happen by learning about migrations, other cultures and religions. This thought seems quite simple, but is also an important one. Knowledge about ethnic minorities plays a significant role in gaining competencies to work in a multi-ethnic society and learn to deploy anti-racist skills in practice.

In the part of the article about older refugees and asylum-seekers, Parker considers, as many researchers before him, that most important here is ethnically-sensitive practice. He adduces many studies and examples in which ethnically-sensitive practice was fundamental in solving problems and supplying appropriate service to Laotian, Cambodian, Indo-Chinese, former Yugoslavian and other refugees. Parker is very convincing here, but do not describe what ethnically-sensitive practice is, how it should look exactly or what the most important aspects are.

Parker also discovers that there is a role for social work in dealing with people who have experienced torture and other traumatic events; he clearly highlights the most important issues. Parker emphasizes that social workers need to understand the trauma experienced, and also to take cultural characteristics into account. Another thing that needs to be remembered is health care provided to refugees and asylum-seekers at risk of ill health. Any further, potential injustice (resulting from inequalities of treatment or receipt of benefits) needs to be challenged. There are also barriers to effective care for asylum seekers who may have been tortured or have post-traumatic stress disorder. Access to psychotherapy is also important for women traumatized sexually. These are a few of the issues which Parker notes. This part of his work is the most specific and focused on practice. It shed light on problems connected with infrastructure provided to refugees, not only the practice of individual social workers.

In his article, Parker concentrates further on refugees who are substance-users, but we cannot find much information about this topic. Research into drug and alcohol use among refugees and asylum seekers is at an early stage. However, one response to such displacement trauma may be increased drug and alcohol use. Parker, in response to that problem, claims that a balance of skills and knowledge of substance use and cultural factors will be useful in planning social work interventions where drug and alcohol use is an issue. He only indicates sources for solutions, but does not say anything specific about the issue.

In the article we can find useful information about children and young people as asylum seekers and refugees; Parker quotes some research on this subject. He points out many problems connected with this group, such as a sense of isolation, insecurity, fear, and the fact that school-age children need access to native languages. What is even more important, five elements of good practice were identified: meeting childcare needs such as pre-school and subsequent education, travel costs, cultural respect, as well as strategies for consulting and involving refugee communities, etc. This part of Parker's essay is full of useful ideas and elements which play an important role in providing effective and appropriate services. He focuses on problems connected with vulnerable groups of refugees, but also shows solutions which are useful and have already been tested in earlier practice.

In his essay about social work with refugees and asylum-seekers, Parker mostly provides a literature review on the topic and draws attention to the most important aspects of work with this group. Such elements include anti-oppressive and anti-racist approaches to practice, ethnically-sensitive practice, a need to understand traumas experienced, etc. Parker also identifies many important skills which a social worker needs to learn in order to provide appropriate services. At the end he also admits that social work with asylum seekers and refugees cannot remain at the interpersonal level alone. Social work practitioners must advocate on behalf of service users, highlighting discrimination and oppression when identified. In his work Parker accurately shows the challenges in working with refugees and also tries to find effective solutions. To do this, he is using knowledge and good practice connected with other vulnerable groups and with good social work in general.

McLaine S.

*Bibliotherapy: Reading for Wellbeing in Old Age*. Alzheimer's Australia Dementia Forum (unpublished paper), 14 August 2012.

Reviewed by: Anna Kasperczyk

Bibliotherapy is one of the most commonly used forms of occupational therapy in social assistance homes. Any such facility will declare that they have such an activity offered. Depending on the profile of the home, bibliotherapy looks different in each of them. In most cases, this means that people who are capable of reading independently have access to books and audiobooks. In nursing homes for chronically ill patients (e.g., the Social Assistance Home on Radziwiłłowska Street in Kraków), only a few are able to read unaided. What about the others? Sometimes caregivers or volunteers read aloud for their patients, but, unfortunately, most are ignored as people are unable to absorb literature due to their severe illnesses and disabilities. Moreover, bibliotherapy is rarely used as a form of group therapy; therefore, the positive impact of building a relationship is not attained here. This is particularly important when it comes to institutional care for the elderly who often experience loneliness and isolation in such facilities. Meanwhile, the article which I wish to discuss illustrates an example of good practice for people as seriously ill as patients with dementia.

The article entitled "Bibliotherapy: Reading for Wellbeing in Old Age" was one of the papers delivered on 14 August, 2012, during the Alzheimer's Australia Dementia Forum 2012. The author of the text is Susan McLaine, a PhD candidate who is the "Book Well" project coordinator; she represents the State Library of Victoria in Melbourne, the primary institution responsible for project implementation. The paper presents bibliotherapy as a way to stimulate elderly people suffering from dementia by encouraging them to perform various activities. The research dates from 2010 and was conducted in the state of Victoria in Australia. The above-mentioned therapy method was introduced in Australia thanks to excellent results obtained in Great Britain. The article originates from the study on the effectiveness of this method which was introduced during the Dementia Forum. It is the author's personal reflection on bibliotherapy and includes her thoughts on the therapeutic benefits of reading and of programs such as *Get Into Reading* (implemented in the UK) and the Book Well (implemented in Australia). It explores and focuses on the impacts and effects that creative bibliotherapy may have on the wellbeing of those experiencing various stages of dementia.

In January 2010, the State Library of Victoria began management of the Book Well project. The first objective was to train twenty Victorian program facilitators; the second was to evaluate the project. In 2010, sixteen Book Well pilot groups were organized across Victoria. Ten of these were involved with aged-care groups amongst which some of the participants had various stages of dementia. The article provides a detailed description on how this project was initiated, conducted and evaluated. It is divided into six parts.

First, the author points out all the problems nursing home residents with dementia encounter. Next, she shows how bibliotherapy, as a read-aloud reading intervention, proves successful in improving their mental and emotional condition. In this research, bibliotherapy is put in a wider, international context and thus its three types are distinguished. The author describes as well her cooperation with the State Library of Victoria, Public Libraries Victoria Network and Victorian Health Promotion Foundation (VicHealth) in founding the Book Well organization and providing therapeutic services to people suffering from dementia. In the second part, the article presents the pioneer, *Get Into Reading* program which had become the inspiration for the Australian founders of the Book Well group. It is also where the organization's founder and director describes, in an emotional way, one of the therapeutic sessions with the use of a poem by Alfred Tennyson.

The third paragraph refers to the introduction of bibliotherapy in Australia. The author recalls the beginnings of the implementation of the method for clinical purposes and subsequently shows how a press article inspired an editor of a medical journal to reconstruct the British program *Get Into Reading* under Australian conditions. It also describes how the British facilitators of the program were invited to take part in the reconstruction and how 20 new facilitators were trained, including an obligation for each of them to introduce a pilot meeting of the Book Well program and evaluate it. The fourth part of the article designates the course of the Book Well program: what the groups look like, who takes part in the group meetings, how they choose the appropriate literature, how the texts are adjusted to people with various levels of dementia. An important element of the meetings is the participants' response to the literature that has been read aloud – their observations, remarks and emotions. It is worth mentioning that their silence may also be taken as a response which should be acknowledged by the facilitator and interpreted appropriately.

The fifth part of the article presents the evaluation of the program by its participants and facilitators. Their quoted statements refer to what drew their attention in positively evaluating the Book Well program. The author lists the research methods used while gathering information about how the reading-aloud influenced the group members. This section also examines four Book Well case studies to illustrate the way in which bibliotherapy works to support the wellbeing of people experiencing various stages of dementia. The last paragraph is a forecast about the future of bibliotherapy and its positive recommendation for Australian health and social services.

To my mind, what is most important in the article is the author's perspective on the aging society. According to her, it is not only medical assistance that the elderly people require, but also "social" assistance. She stresses that elderliness is going to become a significant challenge for contemporary societies, especially when many of individuals will require placement in nursing homes. Moreover, she underlines that the motivation for her research on bibliotherapy for people suffering from dementia is the increasing possibility of individual re-engagement with life and even re-emergence into society. It seems that the discourse related to the issue of nursing homes in Poland lacks this

perspective. The only problem addressed is to provide medical assistance and medication, whereas the necessity of bringing these people back into society and ensuring their psychological and emotional well-being is simply overlooked.

Another interesting fact for me is that the Book Well program authors used the British program for therapy via literature and implemented it on their own home territory. In my opinion, Polish social services should also be inspired by foreign projects which have proven successful; their creators should be invited to Poland in order to learn from them, as happened in the case described here. This program was entirely a bottom-up initiative started by Sally Heath. It was she who invited the state library in Melbourne and the VicHealth organization to participate in the program; she thus received institutional and financial aid from their side. It is an extremely inspiring and constructive example for how individuals can impact public health service.

In my opinion, a great advantage of the paper is that the author refers to the participants' statements, quoting their personal stories on how the meetings affected them. Thanks to that, the optimistic appraisal of the program in the article becomes more credible to the reader and the participants become real. Those four case studies in the text are wonderful stories about how rather apathetic, passive and lost patients rediscovered the sense of their lives in weekly literature sessions. I think such opinions can provide constructive feedback for every social worker and should become a motivation for similar undertakings on their own ground. The most interesting part of the article is the chapter about the program evaluation by the participants. We can learn a lot from their stories. We can also see how such an elusive and difficult issue as the influence of literature on the wellbeing, health and emotions of people can be measured and which methods should be applied. Apart from standard evaluation methods (e.g., questionnaires or interviews), all participants received a "postcard" on which they were supposed to describe their thoughts and emotions in writing or, for instance, using just one word or through a drawing. In my opinion, this method is extremely efficient in capturing the mood triggered by the literature – something not so easy to invoke during a later interview or questionnaire, especially in the case of people with dementia. This is a very inspiring example for an unconventional research method which can be applied to persons with other problems with short-term memory as well as with children. It corresponds well with the bibliotherapy method in which the emotions invoked by the literature are far more important than the texts themselves.

What seems to be particularly important among the evaluation results of the Book Well project is the extent to which the project positively affected the group members' sense of independence and self-sufficiency as well as the establishment of new relationships. These two results of the program were unexpected at the outset and are, therefore, even more valuable in the perspective of the institutionalization of the elderly. Overall, I think Polish nursing homes should use this example as they struggle with the same reality as the Australian institutions in the text.

The article presents an optimistic image of bibliotherapy among people suffering from dementia. Even patients with advanced dementia reacted to the read-aloud literature

with a smile. However, what the article is lacking, are the difficulties encountered and information about what was potentially problematic or unsuccessful during project execution. The Book Well program was launched twice: in 2010 and 2012. It seems implausible that all participants were entirely positive about the meetings and that the facilitators only recorded positive outcomes of their work. A critical point of view on the project is also missing which evokes doubts about the objectivity of the text. We do also not know how the participants of the project had been chosen. Perhaps they were people from whom only a positive outcome was expected?

To sum up, this paper provides an interesting impression of how simple practices based on readily available tools (such as literature) can change people's lives for the better. The universality of bibliotherapy renders this method suitable for other groups of people who are vulnerable due to their situation – such as the homeless, the long-term unemployed, immigrants, residents in care facilities, and those experiencing physical and mental health problems. There are so many various literary works, and each of them tries to respond to every problem faced by mankind, so we should start using books and therapeutic readings in community settings. In the context of those with dementia in aged-care facilities, the social consequences are about building positive and supportive relationships between residents of a facility, and developing a sense of community within the facility. This is important, especially for our generation, to ensure the good standards of care for elderly people in those types of facilities. Taking into account the problem of ageing and our increased life expectancy, we must know that the future for most of us, as the elderly, will depend upon institutionalized care. Therefore, in my opinion, we should develop our own bibliotherapeutic practices in Poland. My belief is that wellbeing outcomes are achieved by bibliotherapy intervention because, while we are working cognitively with brains, we are also working with the psyche and emotions.