The Human Dynamics of Helping:
Lessons for Human Service Providers

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$$\frac{8-i}{3-2i}$$

If the expression above is rewritten in the form $a + bi$, where a and b are real numbers, what is the value of a ? (Note: $i = \sqrt{-1}$)
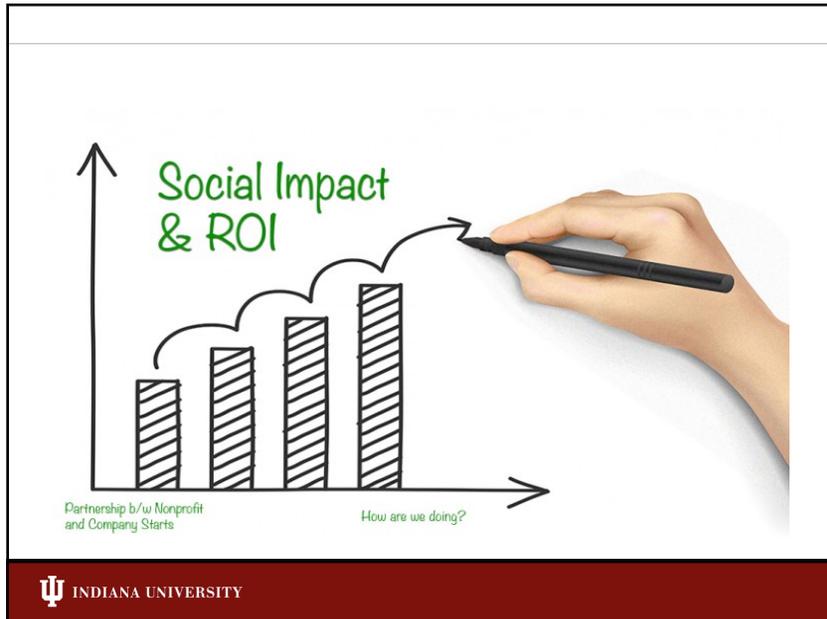
A) 2

B) $\frac{8}{3}$

C) 3

D) $\frac{11}{3}$

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Social Impact & ROI

Partnership b/w Nonprofit and Company Starts

How are we doing?

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What do we know about the experience of clients in human service nonprofits?

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The literature…

- ✓ Asking for & providing help is a basic and universal social process (Gouldner 1960; Mauss 2002/1950, Schein 2009).
- ✓ But receiving help has been associated with increased depression, guilt, dependency and mortality (Konrath & Brown 2009). Why?
- ✓ When we receive help we can experience a mix of both belonging and threat:
  - ✓ We can experience belonging when receiving help leaves feeling cared for and/or a part of a larger community (Nadler 2014).
  - ✓ We can experience threat when receiving help leaves us feeling in a one down position either because we feel dependent, indebted, and/or less capable (Schein 2009).
- ✓ And Reducing the threat is necessary before any intervention can work (Schein 2009).

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What can increase threat when seeking support?
3 possible causal mechanisms

1. **Attribution**.
   a) Why is this person helping me--is it just a job or do they care about me?
   b) Why do I need help—is it bad luck or personal failing?

2. **Control**.
   a) Does seeking this help require a loss of important freedoms?
   b) Did I request the help? Or is this person assuming I need help without asking?

3. **Equity**.
   a) Does receiving help leave me feeling in a one down position?
   b) Does receiving help from this person reinforce status differences that are salient to me?

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The fieldwork

7 Boston Human Service NPO
- All serve distressed populations
- Different program technologies
- All used strategies to elevate the authority of clients in the organization

4 waves of data collection:
- 12 Interviews with Managers
- 33 Interviews with Staff, 2 waves
- 7 Former Clients (became co-researcher)
- 59 Current Clients (focus group and/or interviews) in 5 of 7 organizations

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Initial analysis confirms major themes in the literature

FINDINGS ORGANIZED FROM CLIENTS' PERSPECTIVE

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WALKING IN THE DOOR

Equity

Does receiving help leave me feeling in a one-down position?

- Studies suggest **indirect and implicit is more effective** than public and explicit support (Bolger and Amaral 2007).

- Public or explicit support accentuates the one down position. People avoid it. Don't seek support. (e.g., Kissane 2003).

  EX: Lines outside the door, answering intake questions in a visible setting, having to state the problem first to get support.

- Examples of how clients can get more implicit support: social activities, peer groups, community involvement, less formal settings:

  Client EX: "You didn't have to explain, but if I wanted to share, I could."

  Staff EX: Best conversations happen outside the office: In the car, taking a walk, waiting in court.

Control

Does receiving help require loss of important freedoms?

- Research suggests that we avoid help that constrains important freedoms(Burgoon 2002).

- In human service organizations receiving help can involve a loss of autonomy and control (Joniak 2005; Williams 1996).

  EX: Multi-state study in the DV field found that the extensive rules in shelters inadvertently created the same controlling environment as the abuser (Lyon, Lane and Menard 2008).

- Examples of efforts to increase client autonomy and control: client chooses who to work with, client names the problem, decides when to end the relationship with the provider (Neville 2009).

  EX: "You chose who you want to work with….I want anybody who is representing me or supporting me…not to be passive, to question things that don't sound right."

  EX: Defining the issue: "I am not homeless, I am unhoused."

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WORKING WITH STAFF

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Attribution

Why is this person helping me? Is it just a job or does he really care?

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- Our perceptions of why someone is helping us affects our experience of that help (Nadler 2014).

- Recipients experienced more positive affect, higher self esteem and greater closeness when they attributed the helper's efforts as an autonomous decision vs. compliance w/ requirements (Weinstein et al. 2010).

- In my research, clients differentiated between staff:

  "who cared", "who worried about them" where they felt "like family" VS.

  "it was just a job", clients were "just a number."

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Equity

Does receiving help reinforce status differences that are salient to me?

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- When we receive help, we may compare ourselves to the helper if they are too similar and the help is intellectual rather than emotional, increasing the experience of self threat(Fisher et al 1978, Nadler 2014).

- But when our social identity is salient-- we prefer receiving help from others in the same group (Schneider 1996).

- In my research, clients talked about the value of knowing staff who had "walked in their shoes."

- Clients also talked about the significance of having staff see them as individuals, relating to them as a person & not shocked by what they shared.

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TAKING NEW ACTIONS SUGGESTED BY STAFF

Control

Did I request this help?

- Studies in social psychology show that assumptive help– giving unsolicited help--reinforces the feeling of one down, unless its a close relationship (Dutton 2012, Halabi et al 2011).

- This can be subtle: dispensing suggestions prematurely; taking over and giving automatic reassurance (Schein 2009).

- In human service organizations, assumptive help can come in different forms. Donations: "Someone's trash is not another's treasure." (Fothergill 2003; Funicello 1992).

- My research:

  "They tried to get me to say I had a disability. I didn't want to do that."

  "They wanted me to go to college and I didn't want it. [I said] Okay I will go. I was really depressed...I knew it would make me feel like a failure."

Attribution

Why do I need help? Is it personal failing or outside of my control?

- Dependency oriented help--where someone does it for you--can reinforce the one down position (Nadler 2014).

- More complex in human service organizations.

  Programs rest on causal assumptions about the source of clients' problems (Wasserman and Claire 2010).

  Human service providers also have formal program strategies to change clients' causal stories, and staff use informal strategies, also, to stop self-blame.

  Clients often work to distinguish themselves from others in similar situation (Sherman 2013).

What might this suggest for human service providers?

Understanding the experience of receiving seems useful for a few reasons:

1. Reminds us of the universality of the process;
2. Provides a more refined framework for understanding this experience (bringing together disparate insights from the social sciences);
3. Suggests that approaches to helping not only have consequences for desired program outcomes but also for health outcomes;
4. Raises new kinds of questions about social impact.

Caveats and Limitations

- Although the overarching themes are clear, not enough time to present the nuance in the studies.

- Only a handful of studies in human service organizations. The literature draws primarily from social psychology: experiments in labs, focused on giving and receiving support.

- The findings from my research are illustrative: data analysis is not complete.

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Conclusion

- To understand the impact of human service organizations we need to look beyond the programs we provide.

- We need to look at **how** the *approach to helping* embedded in organizational requirements, program design and staff practices may unintentionally **increase threat and/or decrease a sense of belonging:**
  - When *approaches to helping* are implicit or under-articulated at both the organizational and staff level, we miss important causal mechanisms that might explain our results.
  - When *approaches to helping* are implicit or under-articulated, we may inadvertently contribute to negative health outcomes.

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Thank you!! Questions? Suggestions?

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