

## **SOCIALLY CONSTRUCTED WORLDS OF HIGH RISK YOUTH IN THE U.S.: A DEVELOPMENTAL AND CULTURAL CASE STUDY OF RELATIONSHIPS IN YOUTH WORK**

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"Ethnography...is a discipline which seeks to account for the behavior of a people by describing the socially acquired and shared knowledge, or culture, that enables members of the society to behave in ways deemed appropriate by their fellows."

-Charles O. Frake (1964, p. 11)

### **INTRODUCTION**

The relationships formed in the residential treatment milieu play an instrumental role in promoting social growth for at-risk youth who otherwise might be denied healthy interpersonal lives. Child and youth care workers through their clinical practice build such relationships in the course of everyday life that engage the youth in a developmental process leading to changed behavior. As a child and youth care worker with training in both developmental psychology and ethnography, I was interested in further exploring the meanings youth in residential treatment make of their caregiving relationships. During a five-week period spent doing a developmental ethnography in a residential treatment center, I gathered data from everyday life in the milieu to explore the relational dimensions of the milieu culture, and conducted standardized interviews to determine how youth used the culturally organized relationships with their caregivers to expand their cognitive and emotional capacities.

This article presents an ethnographic case study that maps the unfolding social growth of an emotionally disturbed youth, age fifteen, in the context of relationships she formed with different caregivers. More specifically, the paper:

- Describes the cultural and developmental aspects of caring relationships, as a theoretical backdrop for the case study,
- Provides an explanation of the methodology used in the developmental ethnography,

- Maps the constructive developmental picture of relationship utilization that unfolded, with particular reference to the sequential and selective utilization of three child and youth care workers,
- Suggests implications for a clinical developmental understanding of youth work.

### **CULTURAL AND DEVELOPMENTAL CONSTRUCTS OF CARING RELATIONSHIPS**

Parents, teachers, youth workers and other adults in children's lives guide the unfolding of social behaviors through relationships. These caregiving relationships often focus on encouraging "appropriate" behavior: that is what seems to be "acceptable" or "suitable" for a person in a particular age range or "stage."

Previously, the differences in caregiving patterns (within and across cultures) and their ability to predict social behavior have indeed been examined according to the child's age (Whiting and Whiting, 1975). Age, in and of itself, does serve as a measure for increasing biological complexity that can enable the anticipation of corresponding social patterns, e.g., "age appropriate" peer relationships. Such a perspective underlies the concept of "developmentally appropriate" (Bredekamp, 1987) practice in which various culturally mediated interventions and activities are adjusted to the children's age-characteristic capacities. The concept of "behaving appropriately" according to one's age is thus culturally constructed.

I would suggest, however, utilizing recent developmental models, to think of "appropriate" behavior in terms of the meaning the child makes of experiences situated and interpreted within her/his relational worlds. Social development can be viewed as structured by a tripartite model in which knowledge of "appropriate" social behaviors and the management of relationships are governed by the meaning that the child makes of these experiences. (Selman, Brion-Meisels & Wilkins, 1996). The degree to which a child is growing interpersonally can be defined according to the quality of the child's attachments, the ability to cognitively coordinate perception of one's needs as separate from those of others, and particularly to be able to take the perspective of others.

With this working model in mind, the core theme of the case study is then to illustrate, using developmental ethnographic methods, the child's capacity to reciprocate within the domain of "being cared for" by child and youth care workers. This case study also demonstrates the culturally organized possibilities for social growth that are structured through this guiding interpersonal exchange. Children in residential treatment often come with earlier disruptions in attachment and relationships with significant others. Child and youth care workers hold the primary professional

responsibility for relationship development as a corrective experience. Child and youth care workers through the relationships they offer, promote social growth and “appropriate” behavior in youth. Conversely, the youth make meaning of their relationships with their workers. Insight into the structuring influence of this process obviously has implications for child and youth care practice.

### THE CASE STUDY: THE RELATIONAL WORLD OF JASMINE AND HER CAREGIVERS

This section will describe Jasmine and her background prior to entering residential treatment, the ethnographic methods utilized to study how she used relationships in the service of social growth, and how this process unfolded during my five-week stay at her residential treatment center.

Jasmine is fifteen years old and lives with twenty-four other emotionally disturbed boys and girls in a residential treatment center that serves the metropolitan and rural regions of her state. She is unique in that she has lived in the center for four years, at a time when her peers spend an average of 7.6 months in the treatment program. Jasmine was brutally and repeatedly raped from the age of three to five by her step father. As a latency-age child she assumed the guilt for her sister’s sudden infant death syndrome death. By her early teens she lived in twenty-two different places and expressed post-traumatic stress from the abuse through self mutilation, inappropriate public sexualized behaviors, and violent reaction to adult direction. Failing in five previous placements, Jasmine had arrived at the residential treatment center as a withdrawn early adolescent clutching her doll and making baby sounds. The center’s treatment team of youth workers and other mental health professionals reported her to be regressed in every area of functioning.

“You can’t believe how she was when she first came here. She was regressed and assaultive. I took her to the pond and she chased the ducks out of the pond in a really mean way.”

(ON:119-1682/120-1634)<sup>1</sup>

After Jasmine’s admission, her mother promised many times to attend the center’s parent functions such as family counseling and school graduation. She never appeared and fled instead with a traveling carnival. Jasmine’s mother was so powerful in her manipulation of the child and youth care workers (who are adept at protecting the children in such “reunification” situations), that Jasmine would often end up waiting on the lawn of the center looking down the road while everyone hoped during the event that her mother would arrive (ON:118-1636). Jasmine’s grandmother then went through the motions to adopt her and abandoned her. Jasmine is perhaps at her most vulnerable with any discussion of emancipation in that the center has become her long-term home. Youth workers frequently

said with a sense of irony for her dilemma that “we are raising her like family” (ON:91-1567). She had steadfastly failed at any attempt to prepare herself for the loss of their everyday support which comes in the social service system at the age of maturity.

### **METHODOLOGY: ETHNOGRAPHIC PARTICIPANT OBSERVATION AND STRUCTURAL DEVELOPMENTAL INTERVIEW**

I constructed an understanding of the youth’s social growth by reaching into her world to build a relationship. Together we participated in the emotional ups and downs of the everyday life challenges faced by an emotionally disturbed youth. Within this relationship, I utilized two primary methods: ethnographic participant observation and structural developmental assessment.

During the course of my five weeks, I became a member of the milieu. I did chores with Jasmine, went to school with her, and tagged along in group outings with Jasmine and her peers. I was invited by her to participate in the walks, talks, special activity times, and shared confidences associated with Jasmine’s relationships to the child and youth care workers who had been assigned to care for her and from whom she sought support in her daily life. Within this context, I conducted open-ended interviews with her. Exchanges were examined not only according to Jasmine’s perspective, but also from the vantage point of the social and symbolic function of these interactions as a part of the rules and rituals that maintain the milieu’s “culturally constituted behavioral environment” (Hallowell, 1956).

In comparison to participant observation, a structural developmental interview is a measured method for obtaining youth perspectives on social interactions. Both taken together provide a more in-depth picture than could be offered by any one alone. I conducted a structural developmental interview with Jasmine towards the end of my stay. This eight-item, ninety-minute interview protocol provided an assessment of her developmental capacities by seeking her response to a series of relationship dilemmas prepared by youth workers and developmental psychologists for use in residential settings (Selman, Brion-Meisels, & Wilkins, 1996). The purpose of presenting such dilemmas is to provide the youth with the opportunity to explain how she might work her way through the demands of everyday life interaction including knowledge of social exchanges with youth workers and peers, ideas about how to negotiate relational conflicts typical to the treatment milieu, and the meaning she makes of reports of her actual social functioning in the milieu context.

The purpose of both methodologies was to gain insight on “How do Jasmine’s experiences organize the meanings Jasmine makes of the caregiving relationships that guide social growth?”

## LEARNING ABOUT JASMINE'S LIFE AT THE CENTER

As the developmental ethnography unfolded, it became increasingly critical not to categorize Jasmine by her age, developmental level or DSMIV diagnosis, "attention deficit hyperactivity disorder." On Jasmine's best days, she is a pleasantly dressed young woman who projects a sense of confidence in meeting someone new and in exuberantly describing the history of the center. Jasmine soon showed herself to be an expert on the residential treatment center's rules and to cling tenaciously to their literal meanings. This concrete thinking signaled a developmental pattern that would repeat over and over again during my field visit. Two examples illustrate this phenomenon:

While the other youth in the classroom worked diligently as teams on a math-based life skills project, Jasmine sought me out in the hall. As we conversed about the purposes for my visit, her voice got louder and louder until the sound echoed down the hall. Realizing she was a youth, I tried to redirect her with the use of a commonly accepted social rule by saying, "Let's not disturb the other students," and holding a finger to my mouth for quiet. Jasmine concretely applied the use of the rule in the center as she knew it by shouting as loud as she could, "We are allowed to talk in the halls!" I would learn later that, by standing in the hall and not working with her peers in the classroom, Jasmine was what the center called "out of her program."

Jasmine's contextual misapplication of the rules would repeat many times a day. A bedtime story had been organized for the group. The child and youth care worker declined Jasmine's demand for a "game boy" computer toy because the beeping noises would disrupt the story. The only skill available to Jasmine to manage the exchange was to cite a concrete application of a rule that was not appropriate to the social situation. "Games are personal possessions of the residents. Give it to me now!" She followed the dispute about the game boy by putting her fist through a Plexiglas window. Not only would she frustrate her workers' attempts to engage her in learning social skills, but she was also perfectly capable of backing up her self-directed interpretation of these rules with physical force.

In a vignette about conflict resolution in the structural developmental interview, Jasmine raised the game boy incident and described the events in methodical detail. She then gave a lengthy explanation of "what other kids should do" and presented an adult-like description of all the center's rules regarding conflict negotiation.

As a part of the cognitive behavioral curriculum utilized in the special education program of the center, the youth receive weekly groups in conflict negotiation strategies. Jasmine could articulate all the steps for conflict resolution that she had accumulated in her knowledge base without fully understanding their appropriate application to the social situation. For example, Jasmine could clearly describe the complex role of the youth worker who plays the "devil's advocate" in fairly exploring both sides of

the issue on behalf of the parties in conflict. When I asked Jasmine more specifically about what she did in this incident she grimaced, impulsively held up her broken, stitched, and bandaged fist, and then returned to a concrete litany of "game boys are personal possessions" and she (the child and youth care worker) "got what she deserved."

In a constructive developmental schema, we look not only at the lack of social skills that are commensurate with age, but also map a pattern of Jasmine's concrete thinking and rote knowledge about "conflict resolution." Concrete thinking is coupled with an extremely low level for successfully managing the relationships that construct the social exchange around conflictual situations encountered in daily living. Thus, Jasmine could be stressed to the point of needing to be physically controlled in a "time out" room or restrained to keep her safe from her own impulsive and violent behavior.

## MAPPING THE ECOLOGY OF JASMINE'S RELATIONAL WORLD

In response to Jasmine's unhealthy power to shut down ongoing activity with her unilateral demands for concrete interpretation of the rules or when stressed to impulsively hurt herself in a way that frustrates treatment progress, the center increasingly tried "fresh start" and new behavioral programs that demonstrated its commitment to this youth when no other institution was willing to work with her. Her other alternative would have been long-term incarceration in the state mental hospital.

As the themes of the ethnography evolved over the time of my stay, it continued to be apparent that Jasmine had a pattern of self-directed unilateral responses to interpersonal relationships and an inability to coordinate perspectives in response to situations that required the complexity of other-directed appropriate behaviors. Jasmine's skilled child and youth care workers were patient enough to draw this difficult and challenging child out of a suicidal depression, help her to establish an external sense of adolescent self, and build the limited social skill to take control over her own life through responding to the rules of the center.

How did Jasmine utilize the meaning that she made of the caregiving relationships she was provided in the milieu? To respond to this question, we need to look organizationally at how the agency assigns child and youth care workers so that we can see the formal structure that situates the formation and evolution of relationships. The treatment center assigns a primary child and youth care worker, who serves as case manager and coordinates and ensures enriching experiences such as additional counseling sessions, individualized outings, shopping for clothing, and other needs, that can promote opportunity for primary bonding.

In Jasmine's case, over a four-year period she established primary relationships with three female child and youth care workers, Jane, Ann, and Mary, with Mary being the most recently assigned primary worker. The following discussion will show how Jasmine's growth evolved through

her interaction with these workers and their own personal characteristics including belief systems concerning relationships, child rearing, and the purpose of activity in everyday life.

### Ann

Ann, a youth work “middle manager,” was the first worker who cared for Jasmine in her earliest treatment phase. Ann reported that Jasmine came into the residential center “totally out of control and needing unconditional love with strong limits” and that she “bonded with Jasmine in the first conflict.” Regardless of Jasmine’s power in acting out in this way—sometimes bouncing up and down in the “time out” room, grunting and shouting, “I’m crazy, I’m crazy, I’m crazy,”—Ann was known among the youth workers for helping to bring Jasmine under control. Frequently, Ann only has to give a stern look or a few simple words to bring a crisis situation with Jasmine back into balance.

Throughout her stay at the residential treatment center, Jasmine came to be assigned to two primary workers. She cycled through unhealthy and then productive behaviors, but in each sequence of acquiring a new social skill with the involvement of a newer primary worker, she connects back with Ann as her “emotional home base” for encouragement, confirmation, and at times, consequence. At the same time, Ann held Jasmine accountable to meet the social challenges that she could handle on her own in an appropriate way. Ann coaxed Jasmine into separating and individuating by encouraging the relationships with Mary and Jane. This professional and seasoned child and youth care worker continues to be there for Jasmine to support successes and understand failures too, with “unconditional love.”

### Jane

Jane was Jasmine’s next “primary worker,” a youth work shift supervisor who was reassigned when she couldn’t mediate the increasingly complex needs of a newly expanded team. Jane was known among her colleagues to be one of the first to cite a rule in every situation, but not to follow the agreed procedure herself. Jane said that she often felt like “the older sister Jasmine doesn’t care about. I got tired of not getting anything back from her, except stealing.” No matter how hard Jane tried to explain to Jasmine that she couldn’t take what she wanted at the moment and that these things were the valued possessions of others, Jasmine continued to randomly pilfer the belongings of Jane’s family who “took her in” for church, vacations, and other family gatherings. Jane was particularly concerned about the stealing because it violated a basic tenet of her fundamental religious faith, which had propelled her commitment to do child and youth care work in the first place.

Jane’s tight rule-based limits matched Jasmine’s lack of impulse control with structure; such consistent structure provided the opportunity to form

attachment. With a stronger sense of self thus developed, Jasmine was ready to explore a new level of social exchange with Mary, her next worker.

### Mary

Mary is a bright second-year child and youth care worker who is four years older than Jasmine. Mary, like Jasmine, was abused as a child. I observed Mary to be a master at the complicated art of engaging youth with a wide range of developmental levels to function together in group-organized activities such as lawn games and outings. Mary believes that children change through "consistency and patience. It's important for the relationship to be fun," but "above all fairness and immediate response" must be made to the child's needs. Mary was taken aback when Jasmine demanded that they abandon a long-planned clothes-shopping trip that Jasmine wanted to select together. Instead, Jasmine wanted to go to a movie. A large part of the afternoon was spent on making the shared decision of which movie, but in the end, Jasmine blamed Mary for a bad choice and announced that they would discontinue joint decision-making in their primary relationship.

This exchange represented Jasmine's increased capacity to participate in a relationship: to trust it sufficiently to propose changing a plan and to want the nature of it (the movie choice) to be collaborative. Thus Mary served a crucial function as a "sounding board" for Jasmine's emergent social abilities even as they seemed to both move forward and then backwards.

## DEVELOPMENTAL AND CULTURAL INTERPRETATIONS

Jasmine's prior sexual abuse at the hands of a step-father closed her off to intimacy at this point with male caregiving relationships. The severe neglect and rejection from her mother was also used to defend against getting too close to any other woman. A central treatment issue for Jasmine was her understanding and acceptance that her mother will never come for her. Each cycle of acting out produced an increasing awareness of this truth and a strengthened capacity to be cared for by the female child and youth care workers.

It should be mentioned that two youth workers openly shared that they have grown to "love" Jasmine, but that they had to put their own families first when they considered adopting her. This option as a permanent plan was twice prevented by her cycle of acting out, again reinforcing the contention that she strongly defends against a truly intimate relationship with one person. Rather, Jasmine's utilization of her three workers forms a pattern of "multiple caregiving" which appears, at first consideration, to work contrary to the center's treatment program based on the primary caretaker theory (McElroy, 1988) that is often a feature of well-conceived milieu treatment.



Instead, the lives of the three women were woven together in the activity of the milieu to care for Jasmine's developmental needs that are met through differentiated relationships. As Jasmine slowly matures she increasingly integrates the experiences of these multiple caregiving relationships in her own repertoire of newly acquired social skills. Similarly and interestingly, each youth worker complemented the others' developmental approach by incorporating increasingly differentiated perspectives in Jasmine's care as it evolved.

Ann, for example, incorporates the working model held by Mary, who believes that "above all else fairness and immediate response" to the child's needs must be observed in the youth worker-child exchange. Jane shares this same commitment to "consistency" and "following through" as Mary, but she sees "truthfulness" as the driving force in a child's social growth. Including some of Jane's views and some of Mary's ideas, Ann constructed a perspective of social growth as "balancing temperament, limit setting, and nurturing around the need for consistency."

#### IMPLICATIONS OF DEVELOPMENTAL ETHNOGRAPHY FOR YOUTH CARE

Although alternate theories could be explored for Jasmine's social growth, we can make understanding of her progress through a structural developmental perspective. Some might claim that her outreach to three primary caregivers represents the normal personality testing of the teen years moving towards adulthood. However, as observed and assessed through the developmental ethnography, Jasmine can only rarely reciprocate in her social relationships and therefore has a sense of self in relationship to others at the earliest formational levels.

I would instead make the conclusion that Ann, Jane, and Mary serve as powerful forces for social growth in Jasmine's interpersonal life. These caregiving relationships represent first assemblage of differentiation and hierarchical integration for Jasmine's development.

In the earliest phase of Jasmine's milieu treatment, she was regressed in every area of social functioning and communicated her emotional pain in a physical way. In the second phase, she was often lost in an unhealthy fantasy world and could not make contact with peers in any other way than violent eruptions that escalated from small rule-bound disputes. Most recently, although framed in unilateral terms, Jasmine has begun to ask infrequently for what she needs in an appropriate way (such as the movie picking episode with Mary). However, Jasmine immediately closes back up in response to the opportunity for reciprocity. Although traumatic life experience had restricted Jasmine's developmental capacities, she survived emotionally through the first steps toward social growth in the relationships with her youth workers. Towards the end of my stay in the center, Jasmine had begun to show an increasing developmental ability to tolerate intimacy and attachment.

There are two areas in which this ethnography has implications: clinical developmental insights pertinent to youth in residential care, and intervention techniques in child and youth care practice.

## CLINICAL DEVELOPMENTAL INSIGHTS

### **The Developmental Significance of Attachment**

Focusing on social perspective taking in the interactions with primary caretakers, Jasmine's case provides us with sharp insight about the impact of disrupted attachments in early life on the contextual social ability to function. In some milieu settings, an overemphasis on behavioral compliance and insufficient attention to the pressing dynamics of the child creates an environment that insufficiently recognizes relational needs. The case of Jasmine shows how strongly earlier traumas impact the child's relationships and how a milieu, to be truly therapeutic and developmental, must be sensitive to these.

### **The Crucial Role of the Milieu Child and Youth Care Worker**

Similarly emergent from the subtleties afforded by ethnography is the significance of the child and youth care workers. Ongoing prompts and cues provided by milieu workers structure the appropriate behavior necessary to negotiate immediate social interactions, and also platform a child's emerging developmental future. As was seen in the ethnography, child and youth care workers hold their own developmental characteristics and belief systems. Therapeutic responses to the youth in the milieu are shaped by these factors as the maturity of the youth worker comes into play with the needs and challenges posed by the developmental level of the youth. Given the workers' significance in the developmental equation, then, it is important that child and youth care workers are properly prepared in a developmental understanding of how youth form and utilize caregiving relationships, and the coordination of perspective taking based on the backgrounds of the youth.

### **The Significance of Multiple and Differentiated Relationships**

Perhaps the greatest significance of this ethnographic study is the way in which Jasmine's meaning-making led to her unfolding, if gradual, social growth. Not only did Jasmine utilize her workers as a series of sequential relationships that "matched" her developmental level at the time, but also she used them as an opportunity to construct an increasingly differentiated and integrated sense of self. Even when she was assigned to another worker, the internal images and presence of the other two still remained powerful shaping forces in her life. In the field of residential treatment, this has implications for how we conceptualize and utilize the seminal "primary caretaker" model as described by McElroy (1988) both structurally and in process. The "primary caretaker" in a "multiple caretaker" model can

provide a focal point for organizing activities and other milieu experiences as well as an extension point into other significant relationships which can both regulate the intensity of the primary caretaker relationship and serve as the "emotional base" when the youth, reaching out, still needs to retreat.

Multiple caretaker relationships, and the more "open bounded" opportunities to form attachment, can address separation within the safety of the milieu setting. Even if a youth is assigned a primary caretaker, and for various reasons may be "reassigned," that doesn't mean, as was demonstrated in the case of Jasmine, that she has to be totally cut off from either the internal representation of the other significant workers, nor the external opportunity to relate to them. In point of fact, the nominal primary worker serves to legitimize and facilitate these relationships. Many of the youth who come into care and treatment have backgrounds of abuse and rejection similar to Jasmine's. The "multiple caretaker" approach may be more suited to their needs, empowering them to gradually develop social growth by mediating their own strong defenses against one intimate relationship.

I call this "teaming in the developmental process of intervening in process." The integration of multiple personalities within the everyday life flow of the milieu intentionally guides the child's struggle to organize a healthy interior life and construct increasingly appropriate social growth. The ethnographic search for a rich descriptor of meaning-making provides a methodology by which to study and capture the developmental and cultural process of relationship. Youth workers, as developmental ethnographers, can better guide the trajectory for social growth and further define outcomes for milieu-based treatment.

### **Moving Towards Jasmine's Future**

On the last day of my developmental ethnographic field work, I sat out of breath on a bench together with Jasmine in the residential treatment center's gym. We had been playing a fast-paced duck and elephant pantomime game with a group of the other youth. For more than an hour, Jasmine had a surprisingly long run of reciprocal turn taking and other social behaviors appropriate to the situation without incident.

As we talked, she got louder again for the first time in weeks, screaming her part of the conversation. I stopped her and said, "Your loud voice tells me you are strong now, but if some day you want to be an animal doctor (which is her dream) you'd better show me how you practice having a soft voice, at least sometimes."

"Oh!" she said and laughed. "Sometimes. Sometimes people tell you what they mean with loud voices and sometimes they tell you with soft voices. Don't you know I know that!" And she was off down the hall to the dining room for a transition meeting where the youth sit in a circle to talk about the successes and problems of their day....

This article is dedicated to the children and the youth workers who each and every day find the courage to take healthy risks. Research to develop

the methods and techniques of developmental ethnography was conducted with the support of child and youth care workers at the Western Academy (Colorado), Kidspace National Centers for Children in Crisis (Pennsylvania), Edgewood Children's Center (San Francisco), and Devereux Brandywine (Pennsylvania). The work in this article was funded by the University of Wisconsin Faculty Research Award and the Child and Youth Care Learning Center, Dr. Mark Krueger, Director.

## References

- Bredekamp, S. (Ed.) (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through age eight*. Washington, DC: National Association for the Education of Young Children.
- Evans, W. (1995). *Western Academy Treatment Prospectus*. Unpublished.
- Frake, C. (1964). Notes on Queries in Ethnography. *American Anthropologist*, 66, 3(2), pp. 11-14.
- Hallowell, A. (1956) *Culture and Experience*. Philadelphia, PA: University of Pennsylvania Press.
- McElroy, J. (1988). The primary caretaker model. In F. Alwon & R. Small (Eds.), *Challenging the Limits of Care*. Needham: Albert E. Trieschman Center.
- Schneider-Muñoz, A. & Kreider, H. (1993). Living and working with high risk youth: The basis for developmental evaluation in the therapeutic milieu of residential treatment. *R & E: Research and Evaluation in Group Care*. 3(2), pp. 11-14.
- Selman & Associates (1992). Friendship and fighting: A developmental approach to the study of risk and prevention of violence, in *Development and Psychopathology*. (4), 529-558.
- Selman, R., Brion-Meisels, S. & Wilkins, G. (1996). The meaning of relationship in residential treatment: A developmental perspective. In H. Rosen and K. Kuehlwein (Eds.). *Constructing Realities: Meaning Making Perspectives for Psychotherapists*. San Francisco: Jossey-Bass.
- Whiting, B. & Whiting, J. (1975). *Children of Six Cultures: A Psycho-Cultural Analysis*. Cambridge: Harvard University Press.

<sup>1</sup> Interview data and observation notes reported for Chosen Caregivers: A Study of Relationships in Youth Work, Schneider-Muñoz (in progress). Dissertation, Harvard University.