

Private Pain, Public Choices: Influence of Problems in the Family of Origin on Career Choices Among a Cohort of MSW Students

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Abstract:

This study draws on a survey of 126 graduate social work students from a large school of social work in the United States to investigate the impact of family problems on career choices. Sixty-nine percent of the students indicated they had a family history of problems related to substance abuse (44%), psychopathology (43%), compulsive disorders (17%), and/or violence (35%). Students who report more indicators of psychopathology and violence were more likely to see their family history as influential in their career choice. These students were also more likely to select mental health/health as a practice area. However, no differences were found between students without a family history of problems and those who did not see their family history as influential. Students' history of family problems and their perceptions of its influence on career choice did not affect the likelihood of selecting a practice method. The authors discuss the implications of these findings and conclude with a series of recommendations for social work education.

Keywords: Career Choice | Social Work Education | Family Origin | Family Trauma | Family Dysfunction

Article:

Students are drawn to social work for a variety of reasons (Butler, 1990; Rompf & Royse, 1994; Rubin & Johnson, 1984), including the desire to help others, the emphasis on social justice, and the person-in-environment orientation. A number of studies also suggest that a family history of alcohol abuse and other psychosocial traumas such as mental illness and violence influences students' decision to pursue a career in social work (Biggerstaff, 2000; Black *et al.*, 1993; Coombes & Anderson, 2000; Hawkins & Hawkins, 1996; Rompf & Royse, 1994; Russel *et al.*, 1993). A calling to the field of social work that may be linked to family troubles can present unique challenges to social work educators. Indeed, concern about whether the private pains of social work students are reflected in their career choices and, ultimately, in their practice as social workers is not a new one (Maeder, 1989). However, as social work students become

increasingly interested in pursuing careers that involve interpersonal and private practice (Butler, 1990, 1992), and as the profession becomes increasingly international in scope (Healy, 1986; Hokenstad *et al.*, 1992; Midgley, 1997; Sellers, 2003; Taylor, 1999), there is a renewed urgency about understanding the associations between a problematic family history and choosing a social work career.

This paper examines the effect of a family history of problems on students' selection of areas of specialization within the field of social work and describes the implications of these findings for social work education.

Literature Review

Problems in the Family of Origin

Research indicates that social work students are more likely to report a history of family problems than liberal arts and other professional students (Black *et al.*, 1993; Marsh, 1988; Rompf & Royse, 1994). In a study of 133 students from a small public college in the Midwest, Marsh (1988) found that compared to business students, social work students reported a higher incidence of addictive/compulsive behaviors in their family backgrounds. She also noted that alcoholism was the dominant addiction in the family of origin among social work students. Although somewhat lower than alcoholism, social work students reported drug addiction rates twice that of business students. Similarly, Black *et al.* (1993), examined the incidence of psychosocial trauma in early life and found that compared to business students, social work students reported a significantly higher frequency of traumas in the areas of alcohol and drug abuse, physical and sexual abuse, and physical and mental illness.

Russel *et al.* (1993) reported similar findings for MSW, guidance and counseling, business, and education students from a Midwestern, urban, state university campus. The highest incidence of traumatic events such as violence, substance abuse, and sexual abuse in the family of origin was reported by social work students. For example, nearly 50% of MSW students reported that alcohol abuse was a problem, in contrast to 23% of business students. Interestingly, 43% of guidance and counseling students reported alcohol abuse in their family of origin, suggesting a broader connection between human services careers and problems in the family of origin. Although these studies are largely descriptive, the comparatively higher incidence of problems in the family of origin among social work students suggests the need for further examination of the linkages between a problematic family history and the decision to pursue a career in social work.

Family Problems and the Decision to Pursue a Career in Social Work

A number of theories link career choice with early family experiences. Lackie (1983) suggests that family experiences of taking care of others influence professional choice and professional roles. He writes, 'one's choice of social work as a career may be an attempt to deal with an earlier imbalance of parentification/infantilization' (Lackie, 1983, p. 315). Other theories suggest

that a desire to help others who are less fortunate and previous experience with social service systems inspire individuals to pursue careers in the helping professions. Black *et al.* (1993) add that one appeal of social work may be its focus on relieving stressful situations. In a less positive light, Maeder (1989) asks how many helping professionals have been 'lured knowingly or unknowingly, ... , by the hope of vicariously helping themselves through helping others?' (1989, p. 37). Thus, for a variety of reasons, problems in the family of origin may motivate a person to choose a career in social work.

Early life trauma may not only be associated with the selection of social work as a career, but also students' areas of interest within the field of social work. Rompf & Royse (1994), using a survey of social work students and those enrolled in first-year English courses, found that 14% of English majors but 39% of social work students reported that the experiences of problems in the family of origin influenced their career choice. Biggerstaff (2000), as part of the validation of the Social Work Career Influence Questionnaire, found that family of origin factors influenced choice of a practice setting. Biggerstaff found a positive association between personal and family experiences and aspirations for private practice.¹ This finding suggests that the influence of the family of origin extends beyond selection of a career in social work to other aspects of professional choice.

The above studies suggest that a majority of social work students have experienced problems in their family of origin and that these experiences influenced students' selection of social work as a career. A few studies hint that the influence of the family of origin extends to other aspects of career choice, such as the desire to practice independently. However, we know very little about the configuration (e.g. type, number of indicators) of family problems that may be most influential in students' career choice nor the impact of these problems on career choices (e.g. areas of specialization) that extend beyond choosing the field of social work. To examine the linkages between a history of family problems and the career choices of MSW students, we address the following questions:

1. What is the incidence of a history of family problems in the area of substance use, psychopathology, compulsive disorders, and violence? Are there significant differences in student histories of family problems by age, gender, or race/ethnicity?
2. Do sociodemographic characteristics (age, gender, and race/ethnicity) and the type and number of family problems affect the likelihood that MSW students will view their decision to pursue a career in social work as influenced by a history of family problems?
3. Does a history of family problems affect MSW students' selection of practice area and practice method specializations within the field of social work?

Methods

Sample

Data were drawn from a survey of 126 first-year MSW students at a large Midwestern university. As part of a basic research methods course in the MSW program, first-year students developed a self-administered pen–paper questionnaire that focused on family background, career choice, student expectations and satisfaction, curriculum and instruction in multiculturalism, and student well being. Respondents were recruited by visiting classrooms, setting up a display table in a common area for students, and information via e-mail. Thirty-seven percent of the first year cohort of MSW students completed questionnaires. As indicated in table 1, the sample was not significantly different from the population.

Table 1 Means, Standard Deviations, and the Distribution of Areas of Study for the Sample and the Population of Students from which the Sample was Drawn

Variable	Sample		Population	
Age (<i>M</i> , <i>SD</i>)	27.83	7.15	38.75	10.9
Gender (<i>N</i> , %)				
Women	109	86.51	196	57.99
Men	17	13.5	34	10.06
Race (<i>N</i> , %)				
Asian Americans	8	6.35	16	4.73
Blacks	14	11.11	26	7.69
Hispanics	4	3.17	13	3.85
Multi-racial	3	2.38	17	5.03
Unknown	6	4.76	26	7.69
White	91	72.2	230	68.05
Area concentration (<i>N</i> , %)				
Adults & elderly	12	9.52	56	16.57
Children & youth	45	35.70	290	85.8*
Community & social systems	19	15.08	96	28.04
Health	8	6.35	64	18.93
Mental health services	41	32.54	164	48.52
Method (<i>N</i> , %)				
Community organizing	11	8.73	24	7.10
Interpersonal practice	94	74.6	259	76.63
Management & human services	12	9.52	33	9.76
Policy and evaluation	8	6.35	19	5.62
Total	126		338	
* $z \leq 0.05$.				

Table 1 presents demographic characteristics and the areas of study for the sample and the population. Although a convenience methodology was used, the sample was very representative of the population. Mean age of students in the sample was 27.8 ($SD = 7.2$); 87% of the respondents were women; 72% were of European descent; 11% were African American; 8% were Asian American; 4% were Hispanic and 2% identified as multiracial. Thirty-six percent of respondents' area of concentration was in children and youth, 38.8% in health (mental health services and health), and 15.1% in community and social systems. Interpersonal practice was the

method concentration for the majority of respondents. Seventy-four percent were being trained in this area followed by management and human services (9.6%), community organizing (8.8%), and policy and evaluation (6.4%).

Measures

Sociodemographic characteristics

Student characteristics include age, gender, and race/ethnicity. Gender is a dichotomous variable coded (1) for female and (0) for male. Transgendered was dropped from the analysis because of a small cell size. Race/ethnicity is a dichotomous variable where (1) is racial ethnic minorities (black, Hispanic, Asian American, Native American, multiracial) and (0) is white students of European descent.

Career choice

Career choice is measured by respondents' declared practice area concentration and practice method concentration. Practice area was coded (1) for mental health/health and (0) for other concentrations which include children and youth, adults and elderly, community and social systems, and undeclared. Practice method was coded (1) for interpersonal practice and (0) for other method concentrations which include community organization, management of human services, policy and evaluation, and undeclared.

History of family problems

A family history of problems related to dysfunction, psychopathology, and violence was measured with the following item: 'In your immediate family and/or among any family member that was close or important to you is there a history of the following: alcohol abuse, drug abuse, sexual addiction, eating disorders, gambling addiction, victim of violence, perpetrator of violence, clinically diagnosed mental illness, suicide, domestic violence, and child abuse'. Respondents were asked to check all that applied. These indicators were collapsed into four major categories: (1) substance abuse (e.g. alcohol and drugs); (2) psychopathology (e.g. clinically diagnosed mental illness, suicide, depression); (3) compulsive disorders (e.g. gambling addiction, sex addiction, eating disorder); and (4) violence (e.g. domestic violence, child abuse, victim or perpetrator of violence). The number of family problems selected by respondents is calculated for each category. The scores for substance abuse range from 0 to 2, psychopathology from 0 to 3, compulsive disorders from 0 to 3, and violence from 0 to 4.

Influence of family history

Students' perceptions that their history of family difficulties was influential in their decision to pursue social work were measured by the following item: 'If you had a history of the difficulties listed, did it influence your desire to pursue a career in social work?'. Family influence includes three categories: (a) had family difficulties and it was influential; (b) had family problems but it

did not influence career choice; and (c) did not have a history of family problems. For chi-square analyses family influence includes the aforementioned categories. For logistic regression analyses each type is treated as a dichotomous variable where 1 indicates the presence of a type (e.g. family history is influential) and 0 its absence.

Findings

History of Family Problems and Career Choice

Type and prevalence of family problems

Sixty-nine percent of respondents indicated one or more problems related to dysfunction, psychopathology, or violence in their immediate family and/or among other family members that were close to them. Respondents were not only likely to experience multiple family problems ($M = 2.29$, $SD = 2.08$), 40.5% had a family history of problems in two or more areas.

Table 2 shows the type and prevalence of problems in students' family backgrounds. Compared to the total sample ($N = 126$), forty-four percent of students indicated they had a family history of substance abuse, with alcohol abuse being most common. More than one-third of the students (35.7%) indicated a family history of violence. One out of five cited child abuse (21.4%) and 12.7% reported domestic violence. Nineteen percent had family members who were victims of violence and 11% had family members who were perpetrators of violence. Forty-three percent of students indicated a family history of psychopathology: over one-third (36.5%) of respondents cited depression. Though less prevalent than depression, 13.5% had a family history of clinically diagnosed mental disorders and 15.1% had a family member attempt or commit suicide. Just over 17% of students reported a family history of compulsive disorders: most frequently cited was eating disorders (14.3%), and 4% of students reported gambling and sexual addiction. These rates were consistent with those found by Russel *et al.* (1993).

Table 2 Percentages of the Type and Prevalence of Problems in Students' Family Backgrounds

Variable	N	Percent (%)
History of family trauma	86	69
Substance abuse	56	44.5
Alcohol abuse	51	40.5
Drug abuse	28	22.2
Psychopathology	55	43.7
Clinically diagnosed mental illness	17	13.5
Suicide	19	15.1
Depression	46	36.5
Compulsive disorders	22	17.5
Gambling addiction	5	4
Sex addiction	5	4
Eating disorder	18	14.3
Violence	45	35.7
Victim of violence	24	19
Perpetrator of violence	14	11.1
Domestic violence	16	12.7
Child abuse	27	21.4
Number of family problems (M , SD)	2.29	2.08

Differences by age, gender, and race/ethnicity

Multiple regression analyses (not shown) indicate that a history of family problems generally did not vary by students' age, gender, and race/ethnicity. Age ($\beta = 0.010, p > 0.05$) and gender ($\beta = 0.036, p > 0.05$) were not significant predictors of a family history of substance abuse [$F(3, 125) = 75.46, p > 0.05$]. However, there was a trend for race/ethnicity ($\beta = 0.159, p < 0.10$), with minority students reporting more indicators of a family history of substance abuse than non-minority students. Age ($\beta = 0.005, p > 0.05$), race/ethnicity ($\beta = -0.005, p > 0.05$), and gender ($\beta = 0.111, p > 0.05$) were not predictors of a family history of compulsive disorders [$F(3, 125) = 92.63, p > 0.05$]. Age ($\beta = 0.055, p > 0.05$), race/ethnicity ($\beta = 0.132, p > 0.05$), and gender ($\beta = 0.109, p > 0.05$) were not predictors of a family history of psychopathology [$F(3, 125) = 35.77, p > 0.05$]. Age ($\beta = 0.021, p > 0.05$) was not a predictor of a history of family violence; however, there was a trend for race/ethnicity ($\beta = 0.157, p < 0.10$) and gender ($\beta = 0.154, p < 0.10$) [$F(3, 125) = 142.93, p < 0.10$]. It is difficult to assess the meaning of the trend for women and minorities to report more indicators of violence in their families of origins than did men and non-minority students. Although not significant, the trend may reflect life situation factors, such as lower socioeconomic status and financial dependency, that make these groups more vulnerable to family violence (Ahmad, 2004; Anderson, 1997).

Influence of History of Family Problems on Career Choice

Student perceptions

Although a history of family problems is fairly common, not all students view it as influential in their career choice. Slightly over one-half (53.5%) of the students who reported a history of family problems indicated it influenced their career choice. Logistic regression analysis is used to examine the impact of students' characteristics and the type and number of family problems on students' perceptions that a history of family difficulties influenced their decision to pursue a career in social work (table 3). This analysis shows that having more indicators of a family history of psychopathology and of violence increased the likelihood that students perceived problems in the family of origin as influential in their decision to pursue a career in social work.

	logit	SE
Age	-0.0007	0.0331
Gender	0.3672	0.8130
Minority	0.1858	0.6182
Family history of		
Substance abuse	0.1572	0.3455
Psychopathology	0.7269*	0.3172
Violence	0.9058**	0.3265
Compulsive disorders	-0.2690	0.4849
Intercept	-1.8088	1.3787
<i>N</i>	86	
Model chi square	23.24**	
df	7	

* $p \leq 0.05$, ** $p \leq 0.01$. Note: Gender where 1 is female, 0 is male; minority where 1 is minority and 0 is non-minority.

Table 3 Logistic Regression: Perception that Family History of Problems Influenced Career Choice

Specialization in practice area and practice method

Table 4 shows the practice area and method concentrations of students by their perceptions of the impact of family problems. Students who felt a troubled family history influenced their decision to choose social work as a career were most likely to pursue mental health or health as their practice area concentrations. Over one-half (54.3%) of students with an influential family history declared mental health or health in contrast to 31.6% of students with no family history of problems and 29.3% of students who felt their family problems were not influential ($\chi^2 = 7.051, 2, p < 0.05$). Although there was not a significant relationship between family influence and practice method, it is noteworthy that 82% of students with an influential family history selected interpersonal family as compared to about 70% of all other students. Indeed, all students who reported that a traumatic family history was the most important factor in their decision to pursue social work selected interpersonal practice as their practice method concentration ($n = 24$).

Table 4 Crosstabulations of Practice Method and Area Concentration by History of Family Problems and Students' Perceptions of its Influence

	Patterns of family influence					
	No family history		Family problems—influential		Family problems—not influential	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Practice area concentration						
Mental Health/Health	12	31.6	25	54.3	12	29.3
Other	26	68.4	21	45.7	29	70.7
Practice method concentration						
Interpersonal practice	28	71.8	38	82.6	28	70
Other	11	28.2	8	17.4	12	30

Table 5 reports the odds of selecting mental health or health and interpersonal practice for students with a history of family problems (influential and not influential) in contrast to students without a history of family problems controlling for student characteristics (age, gender, race/ethnicity). Students who report family problems and indicate that this history was influential had increased odds (2.98:1) of selecting mental health/health as a practice area concentration in contrast to students with no history of family problems. Students with a non-influential family history had reduced odds (0.77:1) of concentration in the mental/health area in comparison to students with no family history of problems; however, these differences were not significant.

Table 5 Odds Ratio and 95% Confidence Intervals (Controlling for Race/Ethnicity, Gender, and Age) for Contrasts between Students with No Family History of Problems and Students with a Family History of Problems, Perceived as Either Influential or Non-influential

	Mental Health/Health		Interpersonal practice	
	Odds ratio	(CI)	Odds ratio	(CI)
Family history is influential	2.98*	(1.13, 7.90)	1.84	(0.63, 5.35)
Family history is not influential	0.77	(0.28, 2.15)	0.81	(0.29, 2.21)
* $p \leq 0.05$.				

Discussion

Consistent with other studies (Black *et al.*, 1993; Rompf & Royse, 1994; Russel *et al.*, 1993), we found that a substantial number of students reported problems in their family of origin and nearly half responded that these events influenced their choice of social work as a career. The rates of family problems were also strikingly similar to those found elsewhere (Russel *et al.*, 1993). The findings suggest that not only having a history of family problems but also the type of problem experienced influenced career choice in social work.

Students who reported more indicators of a family history of psychopathology and violence were more likely to report that family problems influenced their decision to pursue a career in social work. In addition, having a family history that was perceived as influential significantly affected the choice of practice area, specifically, in the field of mental health/health. However, having what is perceived as an influential family history did not significantly affect students' decision to specialize in interpersonal practice, which was the overwhelming method specialization for this cohort of MSW students. Perhaps this finding is an artifact of sample size and because interpersonal practice was the overwhelming method concentration for this cohort.

Three limitations of the study must be mentioned. First, although only one significant difference was found between the sample and the population, the data were drawn from a small convenience sample. Hence, it is unclear whether these findings would generalize to other MSW students. Our findings, however, are consistent with other studies (e.g. Russel *et al.*, 1993) and suggest the need for additional research with a more representative sample. Second, the study was based on a single cohort of first-year MSW students. As students gain additional knowledge in the classroom, experience in the field, and exposure to the profession, they may reevaluate choices related to practice area. A third limitation is that measures of problems in the family of origin were self-reported. It is possible that respondents had faulty recall, underreported trauma events as a coping mechanism, or overestimated the number and type of problematic experiences. Further research is needed to connect personal problems with professional choices among social work students. Specifically, findings from this study raise several questions to be addressed in future research. For instance, in addition to problems in the family of origins, what other factors inhibit or promote selection of a practice method or area? Is there a threshold effect such that students who experience more problems in the family of origin are more vulnerable to their influences? What interventions are more effective in assisting students to use their past

experiences for career guidance and client assistance? In addition to quantitative research, there is a need for qualitative studies that ask students to describe their motivations for pursuing a career in social work. These studies might investigate the meaning students give to experiences in their family of origin and to their career choices and explore students' assessments of whether and how these experiences might influence their professional practice.

We are only beginning to consider the range of factors that might steer a student to a particular area of practice. The decision is multifaceted and may involve considerations such as strength of faculty and license or certification requirements as well as influence of past experiences. Problems in the family of origin may sensitize students to the needs of others, familiarize students with the social service system, sharpen their desire to help others, and increase their capacity to empathize. Social work students may be better able to identify dysfunctions. Further, they may be less likely to feel stigmatized by and more likely to disclose traumatic events and experiences in the family of origins.

It is important to note that this study does not imply that social work students are using clients to heal themselves. This study did not examine professional competency. Future research would do well to examine the relationship between practitioner origin and effectiveness with clients. Perhaps the central issue is the effect of family background on professional relationships. We must directly address the question of whether social work students with difficulties in the family of origin have different orientations toward clients and other recipients of their services. The concern that social work students may be wounded healers must be addressed. Problems in the family of origin may encourage the development of empathy and a familiarity with the social welfare system. However, these same experiences may be associated with counter transference, co-dependency, and less effective therapeutic relationships. Extrapolating from national data on substance abuse, Fausel (1988) speculated that a number of social work professionals may be at risk for co-dependency. He adds, 'the untreated professional performs a disservice to clients by continuing to work out his/her co-dependency on clients. The need for recovery is both personally and professionally urgent' (Fausel,1988, p. 44).

Social workers are not expected to be free of psychosocial problems; however, they are expected to recognize personal issues and be willing to work through them. Social work educators can help by heightening awareness of the role family of origin may play in professional development. We offer a few recommendations. First, perhaps during orientation, workshops could be organized around self-reflection, family history, and the place of personal experiences in practice. Although a significant number of social work students acknowledge the influence of family history on their career choice, students may not be as aware of the implications for practice. Other students who do not identify family trauma as an influence may benefit from the discussions and may discover unrecognized (or unacknowledged) influences within their family of origin.

Second, there is a need for more integrated consideration of grief and trauma throughout the social work curriculum. As indicated by Russel *et al.* (1993), the potential difficulties of history of early family trauma are not unique to social work (see also Wilcoxon *et al.*, 1989). Courses in human services often encourage self-reflection and emphasize recognizing and working through personal problems. Course work and practice activities that provide opportunities for students to reflect on family trauma they may have experienced and its potential importance on career choices may help students to better understand their relationship with clients and help students to develop a sense of personal empowerment and professional competence (Miller, 2001). Such interventions may be most effective if included in strategies for helping students use their experiences to better serve clients. For example, in a study of six clinical social workers who self-identified as adult children of alcoholics, Coombes & Anderson (2000) reported important relationships between family experiences and professional acuity. One study participant noted that it took time for her to become aware of the impact her past had on her practice, that early in her career she became over-involved and over worked, but through reflection and discussion had come to a place where she could better balance self-disclosure and sharing in a therapeutic situation. Additional opportunities for integration of personal experiences across the curriculum can encourage the self-reflection and introspection necessary for good practice.

Field seminars can include discussions on co-dependency, psychosocial trauma, and strategies for coping and recovery. Journaling is another technique that can assist students in their efforts to understand the impact of and recover from early life traumatic experiences. Students can be asked to write about early life family experiences and their impact on social work practice or more indirectly to write about family experiences that involved social services or their first experience with a social worker. Relatedly, faculty, across the curriculum, need to be aware of the difficulties students may have with course content that may be related to past experiences and be able to refer students to appropriate resources.

Third, social work educators have a responsibility to review admissions criteria, policies, and procedures to ensure that admitted students are well suited for a social work career. The challenge for social work educators is to balance the student's desire to help with his/her own development as an individual and a professional. An important step is to collect national, preferably longitudinal, data on the incidence and prevalence of family trauma among social work students, perhaps a joint effort with other professional schools and human service programs. Next, these data must be linked with client outcomes. This is perhaps the most difficult task. However, if we are to recruit, train, and place effective social workers, the question of associations between problems in the family of origin and effectiveness with clients must be addressed.

Recognizing the impact the past has on practice, the difficulties it may present in classroom and work settings and with clients is essential to the development of effective social workers. Social work educators must provide students with strong supervision, input from more seasoned

colleagues, and continual opportunities for introspection and self-reflection. Students, clients, and the profession can benefit from a deeper understanding of the influences of personal pain on professional choices.

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Notes

1. In the US, an increasing number of social work professionals—about 40%—are choosing to work in clinical settings, serving middle-class clients. There is some concern that this trend portends an abandonment of the core social work mission to help the poor and oppressed, and to build community (Specht & Courtney, 1994).

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