



**Reflections on Global Experiential Learning: A Participant's Perspective**

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## Reflections on Global Experiential Learning: A Participant's Perspective

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*JoAnn Tuzeo Jarolmen, PhD*

Having learned and taught global social work issues and examined the different social policies and institutions of various cultures and countries, I was very attracted by an opportunity that arose at NYU and Case Western University. These universities were sponsoring a continuing education trip to the Netherlands to explore firsthand some of the social institutions of that country. Palliative care, euthanasia, substance use, and prostitution were the emphasis of this investigation. The journey was to be one week and included not only classroom lectures but actually observing the institutions and how they functioned firsthand. The group itself was composed of faculty, students, and graduates of various schools of social work. The age range was also varied. Very few of the participants knew each other, and the 30+ sojourners were to meet at Newark airport and commence the adventure.

My anticipation of the trip was tenuous and ambivalent. I was not sure of the group, as I did not know anyone, nor was I sure of my response to the events that we were to experience. The experience itself was awesome in that the group that formed functioned in a well-balanced and productive way. We helped each other, and were responsive to each other's needs. The journey together began with a four-hour wait in the airport before boarding the plane. Each of us helped the other to get through the process with positivity and patience. Good social worker skills were displayed by all. Our first afternoon in Amsterdam was spent getting our bearings and planning the mini-trips that were to come.

The second day was our instructional day. The organization was superb. We travelled together to Vrije University. Frank van Gemert, a professor at the university, gave us an overview. The "guest worker" plan and the "Moroccan boys" cultural impact on the society were explained (Gemert, June 21, 2007). These issues brought immigrants to the Netherlands who developed their own niche, resulting in some negative problems, such as lack

of familial control and increase in terrorism resulting in political assassinations.

We were introduced to the history and culture of the Netherlands with emphasis on how the country developed the kind of culture and rules that currently exist. The idea of pragmatism and the fact that the Dutch face problems head-on and try to find a solution were explained as the cornerstones of the culture. These are balanced by the religious right, but they do not form a significant majority (Gemert, June 21, 2007). Frank van Gemert is a scholar of the Dutch culture but additionally has studied and written extensively on the ecology of drugs, particularly in the city of Amsterdam (Gemert, 1994).

We learned about euthanasia next. Dr. Gerit Kimsma, M.D., is a government-assigned medical doctor who is on the euthanasia committee in Amsterdam. He presented the facts on euthanasia in the Netherlands. Euthanasia is defined as "a good death," that is, one without a struggle and that comes only at the time that the client feels that his/her life on earth is over. This method is directly acted upon by the doctor, and the doctor is the final decision maker. Physician Assisted Suicide (PAS) is the method of death in which the doctor prescribes the medication and the client administers it to him/herself. The practice of PAS is accepted by law in the Netherlands. It is acted upon very rarely but is there in time of need (Kimsma & Leeuwen, 2004).

Drugs were the next area of instruction. We learned that there is tolerance for soft drugs, and that the largest drug problem in the Netherlands is alcohol. Coffee shops are not for coffee but for various forms of accepted drugs, such as hashish and marijuana. Coffee shops are under surveillance by the government and must adhere strictly to government policies, which includes not advertising. Hard drugs are available but not popularly used or injected. Most are smoked. In the Netherlands free needle exchanges are available to all to

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curb the spread of HIV and hepatitis. From the lecture given, we learned that drugs are mostly illegal in the Netherlands but tolerated. If the drug users create a disturbance or an imbalance in the daily life of residents, they are fined or arrested (Boekhout van Solinge, 1999).

The next presenter was a former “sex worker” from Canada who carefully explained the culture of prostitution in the Netherlands. Her presentation was informative and suggestive of her position as a human rights activist. I believe her presentation was accurate and gave us a good overview of prostitution and the culture that permits it. Prostitution was never against the law in Holland but assisting in the process was. Since the year 2000, prostitutes or “sex workers” must be licensed by the local municipalities. The changes took place to avoid forced prostitution, and taxation was begun. Sex workers have labor unions and anti-discrimination policies. In the Netherlands, there is respect for the rights of “sex workers” (Petra, June 21, 2007).

The next few days were spent as a combination of experiencing what was learned in the lectures and enjoying the social experience of Amsterdam. We went as a group to the store-front section of the red-light district, to the NVVE: Right to Die-NL (NVVE in Dutch), an organization which is privately funded and supports those who would request euthanasia (<http://www.nvve.nl>). We visited a coffee shop one morning and listened to the manager tell us about the culture of drugs and how the coffee house had to adhere to the strict rules of the government. The agents sometimes entered the shops at will and made everyone in the establishment empty out their pockets. If the amount of drugs exceeded a certain number of grams, the coffee shop would be fined and closed for a period of time. The name of the coffee shop is deliberately excluded since mentioning it would be construed as an advertisement and, therefore, against the law.

Now to that important question: Would the Netherlands’ policies work here in the US? In the Netherlands, punitive responses to aberrant behaviors are seen as probably intensifying them. The “Dutch normalization paradigm” (Boekhout van

Solinge, 1999, p. 516) is used to incorporate behaviors into the norm rather than making those behaviors and the people displaying them to be viewed as abnormal. The norm is thus stretched to include many behaviors and people that would be considered abnormal in other societies.

U.S. culture seems more inclined to exclude those displaying “out of the norm” behaviors and additionally taking a punitive approach to them. We live by a “zero tolerance” philosophy. I believe our response is also based in history and culture and, unfortunately, we live in a very dichotomous society with good-and-bad, black-and-white responses.

Overall, I believe the experience was exciting, informative, and well worth the effort. The experience was far beyond my expectations and brought me to a level of understanding that would not have been achieved through reading or attending lectures here at home. The two-pronged nature of this educational event -- both cognitive and experiential -- contributed to a superior continuing education encounter.

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