OPENING REMARKS

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Our lecturer illustrates the best of the Gisela Konopka tradition. He integrates a solid social work practice background, strong intellectual and academic qualities, and a zealous humanitarian spirit.

Dr. Miller’s early social work career was typical of that of many academics. He received his M.S.W. degree (1957) from Loyola University, completed 12 years practice experience including social work in a psychiatric clinic, children’s institution, and with the U.S. Air Force, received a doctor of social work degree from Catholic University (1965), and served as an Associate Professor at The Ohio State University School of Social Work.

In 1969 Dr. Miller’s career took a sharp turn, proving there is life after academia, when he became Commissioner of Youth for the Commonwealth of Massachusetts. And he became a heretic. Despite opposition from staff, labor unions, treatment professionals, including some social workers, and a prevailing ideology that institutions were an essential component of youth services and necessary for the treatment of youth, Dr. Miller unilaterally closed all of the state training schools. This bold experiment has been successfully sustained to the present. From Massachusetts, Dr. Miller moved to administrative positions in youth and children’s services in Illinois and Pennsylvania where he continued his commitment to reducing the use of institutions for youth.

In 1977 he established and became the Executive Director of the National Center for Institutions and Alternatives in the Washington, D.C. area where he pursues both practice and policy directed toward reducing the use of institutional care.

Dr. Miller is a competent social worker, a scholar, a committed reformer and humanitarian, and above all, a decent human being. We welcome him as the 1986 Gisela Konopka lecturer.

THE MAGNIFICENT ILLUSION:
THE PROFESSIONAL SOCIAL WORKER’S SEARCH FOR ASYLUM

Jerome G. Miller, D.S.W., L.C.S.W.

Approximately 30 years ago when I was a somewhat naive and excited graduate student in Social Work, Harper’s magazine featured a cover article entitled, “Social Work: A Profession Chasing its Tail.” Despite the negative implications of the article-with its allusions to lack of cohesive theory and role confusion in the field, professional social workers at the time seemed perversely flattered that the problems of the profession were fit for a cover article in a respected national magazine-no matter what the message.

The article stimulated strong discussions among students and faculty closely attuned to anything which might threaten the gains made since World War II by this emerging relatively fragile “healing” profession. The National Association of Social Workers offered charter memberships that year and “grand-daddied” into the “Academy of Clinical Social Workers,” those who were already practicing their professional craft. New standards of experience, training, regulation and supervision were set for prospective members.

The profession already had enough acceptance that its “Seal of Approval” was sought for the critically acclaimed 1957 TV series, “East Side West Side,” featuring George C. Scott in the central role of a big-city social worker. Scripts were reviewed by representatives of the NASW to ensure Mr. Scott’s portrayal conformed minimally to standards of correct “professional” practice.

They were heady days—and indeed in the intervening 30 years, the social work profession has burgeoned in membership and grown in influence. Over the last half century it has gone from settlement organizing, to models of casework and group work based in Freudian and Rankian Theory—from providing “ancillary” services in psychiatric and medical clinics (with all the implications of that word taken from the Latin, ancilla or “handmaiden”), to social policy planning (as exemplified in the efforts of social worker, Wilbur Cohen, then Secretary of the U.S. Department of Health, Education and Welfare, in devising Medicare); through the racial and student unrest of the late 1960’s and more “radical” perspectives, (such as George Wiley’s Welfare Rights Organization).

Neighborhood and community organizations sprouted across the country, many of them administered by, and populated with professional social workers. For a time it was chic to denigrate one-to-one casework—particularly psychiatric case work and therapeutically-oriented group models. But all of this seemed to pass in the 1970’s.

Now we are in the mid-80’s and once again, we see the re-emergence of the casework therapeutic model as an important, if not the major emphasis of most graduates in the field. In 1975, there were 50,000 social workers providing psychotherapy. By 1985, that number had more than tripled to 160,000.

Despite the 30 year old concern with a profession “chasing its tail”—the current emphasis in the profession and certainly the career interest of most contemporary social work graduate students,
superficially resembles that of students of the 1950’s more than those in the intervening 30 years. Casework and “therapy” are once again in vogue and the profession no longer chases its tail. The question is whether this newfound security will itself ultimately undermine and destroy social work’s historic and traditional role.

Social work has established itself as a profession more through its organization and influence, than as a result of any distinctive theory or practice. Abraham Flexner’s question in 1915, as to whether social work was a “profession” has been made moot by the force of numbers and events. But curiously, his major reservation about Social Work being a profession—the fact that he saw Social Workers lacking a specific skill applied to a specific function—still haunts the profession. Social workers have many skills and fulfill many functions. But in a somewhat perverse way one wishes there were as much concern about the “role” of the social worker in 1986 as there was in 1956. The ambivalence was probably a healthy thing. There is a greater danger in the abiding need for closure in search of professional status. There is a reason for this.

Theory and Practice

Subjective/Objective Dilemmas

Social Work, among the “healing” professions, e.g., psychiatry, psychology, etc.—is the profession which has traditionally and preeminently been informed and shaped by its practice rather than its theory. Theories were developed after the fact resulting in constantly changing orientations and frameworks flowing from vibrant practical clinical experiences. But this inductive tradition is necessarily less exact and therefore less “scientific” than the deductive vision of helping—resting upon scientifically proven experiment. The knowledge base of a traditional pre-1950’s social worker was less exact than that of a peer psychologist or psychiatrist. Whether it was less important is another question.

In a sense, perceptive social workers share the dilemma of the early psychoanalysts when compared to their more exact and scientifically correct contemporaries in medicine and behaviorist psychology. The question is whether one wishes to consider a few mightily important issues hazily, in all their contrariness and unpredictability, or whether one wishes a glut of information for ordering and predicting discrete bits of human behavior. Social workers have always been the “subjectivists”—or to use George Herbert Mead’s characterization—the “sentimentalists” among the professional healers. The “objectivists” were cast in the image of the language of mathematics and physics.

But ultimately, the positivistic “escape from the mind” is, to use George Weigel’s phrase, also an escape from memory, from history, from ethics, from art—total, that is distinctly human about our being-in-the-world. As William Barrett put it, “What shall it profit a whole civilization, or culture, if it gains knowledge and power over the material world, but loses any adequate idea of the conscious mind, the human self, at the center of all that power?” In Walden II professional roles are ever so securely insured. The problem with contemporary professional social work is that it is sliding perceptibly toward Walden II as one means of insuring professional status and respect.

The “objectivists” among professional helpers depend upon knowledge which is something less than objective, but ominously more than neutral. Rutgers professor Louis Sass, summarized Michel Foucault’s (“one of the most startling and influential thinkers in the human sciences in the last two decades”) critique of objectivist social science:

These writers . . . see social science not as a neutral search for truth but as a symptom of the perversion of modern consciousness of the illness Nietzsche was referring to when he wrote “our knowledge will take its revenge on us, just as ignorance exacted its revenge during the Middle Ages.”

It is Foucault’s view that the very “disciplines” of modern social science and implicitly the theories which inform the helping professions, arose from the same traditions as our “disciplinary” institutions; prisons and mental hospitals—seen in purest form in Jeremy Bentham’s “Panopticon.” Sass puts it this way:

The essential point of the Panopticon was to effect a radical separation between observer and observed, and to keep the latter under constant surveillance. The prisoners would be kept in a circular building surrounding an observation tower, where the observer, himself invisible, would peer through slits at the prisoners displayed before him like specimens. For Foucault, premodern society was the era of the “principle of the dungeon”: the powerless were hidden away in dark places and the powerful were visible—in, say, the spectacles of the royal court. In the modern world, however, the principle of “panopticism” prevails: the powerless are exposed, and power lies in the relentless, invisible gaze which studies them.

But it would be wrong to think that the administrators of this system as in control of it; those in the observation tower are no freer than the prisoners in their cells. Restricted to the tower, eternally cut off from the objects of their gaze, and condemned to their specialty—they are, in effect, little more than “looking machines.” For Foucault, this image of the Panopticon is the reality at the heart of the Enlightenment dream. And it is the social sciences—those disciplines for objectifying the poor, the alien, the insane, and ourselves—that most clearly manifest the panopticism of our era. (Emphasis added)

This is consonant with the history of the helping professions in the United States.

The View from History

Professional social work theory and practice first gained a foothold in this country through its ties to American institutional traditions of the 19th century. It was a marriage of professional theory and practice to institutional traditions which resulted in the formation of professional associations of social workers.

The original “National Conference of Charities and Corrections” was eventually replaced by the National Conference of Social Work. The agenda of the 1893 meeting of the NCCC shows a marked concern with administering institutions, particularly when
compared with the NCSW meeting of 1928—which focused on wider academic and substantive issues:

National Conference of Charities in Corrections 1893

1. State Boards of Charities
2. Charity organizations
3. Indoor and Outdoor Relief
4. Immigration
5. Child-Saving
6. Reformatories
7. The Prison Question
8. The Feeble-Minded
9. The Insane

National Conference of Social Work 1928

1. Children
2. Delinquents and Correction
3. Health
4. The Family
5. Industrial and Economic Problems
6. Neighborhood and Community Life
7. Mental Hygiene
8. Organization of Social Forces
9. Public Officials and Administration
10. The Immigrant
11. Professional Standards in Education
12. Educational Publicity

As Pumphrey has noted, the early roots of American social work resided with asylums, institutions for the “feeble-minded,” mental hospitals, prisons, child welfare institutions, poor farms, and institutions for delinquents. But those who peopled these facilities were not those who would be routinely seen today in the psychiatrist’s, psychologist’s, or private attorney’s office.

Social work, unlike psychiatry and psychology, has always had as its primary interest, “outsiders” and the “marginal”—those whose behavior calls forth the label “social deviant.” The traditional impulse of the profession had been to “do good,” even to “identify” with outcasts. There was little shame in the passion for change.

In this sense, social work was always closer to William James’ model of thought and action, than other helping professions-including James’ own field of psychology.

Jacques Barzun puts it best, “…The mind works to serve wants, ideas are the product of desire. James did not discover this truth; Plato admitted it with regret; Hume asserted it with vehemence: ‘The mind is and ought to be the slave of the passions.’ But it was James who showed that desire, taking the form of interest, pursues not simply practical ends but also theoretical and aesthetic.”

This is an uncomfortable truth to those who have sought careers in helping others. It is consistent with psychoanalytic understandings of motivation—though much less self-consciously so. But it is much more. It says that authentic ideas, theories, artistic endeavors arise, (and Social Work must always remain an art), not simply as rationalizations for unconscious desire, but as authentic new realities which carry forth civilized man.

One is reminded of the wealthy and sheltered Jane Addams watching a Spanish bull fight—and at the moment of truth, as the sword fatally pierces the bull—finding herself immersed in a sea of feelings from which she emerged to devote her life to helping others. One could stress the pathology of such an event, but in so doing would miss altogether the meaning of the experience.

This is not to bless impulse or romanticize passion. It is however, to recognize the abiding, vibrant and positive place that passion has in human experience. If we can be honest with ourselves, it is such passion which brought most of us to this field—and we should not want it otherwise. Passion however, is the bane of the objective professional.

But isn’t this too sentimental, a wallowing in emotion? Barzun calls such tests unsatisfactory:

Who is to say how much is the right amount (of passion) and when wallowing begins. James criterion is: appropriate action. The sentimentalist is the person who fails to act on his or her fine sentiments. “The weeping of a Russian lady over the fictitious personages in the play while her coachman is freezing to death on his seat outside.” This particular failure to act is also, of course, a failure to connect feeling-thoughts rightly, to join the concepts “suffering” and “sympathy” in some concrete image and deed. The critic would sum up: sentimentality is no excess of anything; it is a deficiency of the imagination that should lead to action.

But with increased professionalization and with Social Work itself joining the contemporary stampede for more information (as distinct from greater knowledge), the inevitable outcome has been to objectify and alienate those with whom we work. We have become Foucault’s “looking machines” as we go about diagnosing our clients. In our “treatment” we find it difficult to rise above the level of the “psychojester” in the authoritarian state fantasized by H. 0. Wells. We have deadened our souls in the vain search for professional security in an inherently contingent and insecure world.

Current Perspectives

We are no longer embarrassed with “identifying” with an agency, treatment ideology, or profession as against a person in need of help. Perceptive helping professionals have always been aware of the dangers of becoming jaded in their relationships with those they serve. That is not the greatest threat. The greater threat to the modern professional who objectifies the client is self-indulgent sentimentality; that kind of passion reserved for the wrong moment and the artificial reality in which ersatz “concern” flourishes—usually contingent upon self-righteous moral indignation—the kind we see among social workers associated with the “victims movement” where successful treatment of the victim is made contingent upon the destruction of the offender. The paradox is that such professionalism will not “work” even by its own measures. “Effectiveness” in treatment rests on other premises.

We all know this. The research has repeatedly shown it. But with the kind of “selective inattention” that would do justice to the most paranoid of Harry Stack Sullivan’s patients—we avert our attention from this abiding reality. It began with Margaret Richo’s research of the late 1960’s—showing that she could train motivated “housewives” to become effective therapists—even within a moder-
ately sophisticated psychoanalytic model.

There is the 1979 research conducted by Daniel Hogan, a lawyer and social psychologist at Harvard. Having devoted several hundred pages to distinguishing the qualities of successful psychotherapists from those who were ineffective, he found that “the effectiveness of therapists is more determined by the presence or absence of certain personality characteristics and interpersonal skills than technical abilities and theoretical knowledge. The necessary qualities are very similar to those one looks for in a good friend”—summarized by James Fallows as “warmth, empathy, reliability, lack of pretentiousness or defensiveness, an alertness to human subtlety, and ability to draw people out.”

In half of the “effectiveness” studies that Hogan reviewed, non-professional therapists did better than professional therapists. More importantly, the qualities associated with effectiveness had little to do with the skills for which one is tested to be properly credentialed as a therapist.

Hogan contrasted such subjective skills with the traits the profession considered essential before issuing a license, most of which were based on academic proficiency. “For traditional psychotherapy, psychiatrists stress an understanding of human biology, neurology, and psychopharmacology; psychologists stress personality dynamics and interpersonal behavior; and social workers believe that a theoretical understanding of environmental influences on behavior is essential.” As Hogan pointed out, “such ‘hard’ scientific preparation was necessary in some cases, to be sure that the patient’s complaint did not arise from chemical imbalance, from injury, or from a tumor. But once those possibilities had been eliminated, advanced technical training counted for nothing in restoring most mental patients to health.”

Does this mean that professionalism is irrelevant? Hardly. Rather it means that many professionals (at least half in Hogan’s study) were engaged in some pursuit other than “helping,” from the start. On the basis of Hogan’s criteria, one could presume they went the way of the objectifiers.

But another malady follows upon objectivization. It is the handmaiden of ersatz professionalism. Lionel Trilling, in a 1947 essay wrote, “some paradox in our nature leads us, once we have made our fellow men the objects of our enlightened interest, to go on to make them the objects of our pity, then of our wisdom, ultimately of our coercion.” Professional social work alas, has not escaped these predispositions from its very beginnings.

As Pumphrey and Pumphrey note The New York Association for Improving the Conditions of the Poor, formed in 1843 and emulated throughout the country, began its work with establishing a juvenile asylum for “homeless and neglected children” (the juvenile delinquents of that time).

Inadequate parental supervision of children and poor school attendance were seen as contributing to future problems of poverty. The leaders felt the need for some form of authority to deal with cases where personal influence was ineffective, and in 1853, they successfully memorialized the legislature to strengthen the right of citizens to bring vagrant and unschooled children to the attention of the courts. This use of the police power for the control of individual behavior differed from its use for the control of property.

But the wedding of social work to authority became more dicey as the field grew more influential. Trilling’s observation is correct. There is an inevitable pull toward coercion—and in some cases—beyond. If some are unresponsive to professional intervention, they must be somehow unfort or marred goods and with this, the implication that some groups, some persons with some diagnoses are now beyond the pale—with the inevitable destructive ness such a despairing ideology brings.

The founder of the Children’s Aid Society, Charles Louis Brace, put it this way:

*During an extended tour in Europe, I had been studying the various institutions of charity and reform, and on my return, at once began a series of voluntary labors on Blackwell’s Island (the New York City Prison) and in the five points (a crowded section of the Lower East Side) with the hope of benefiting the unfortunate and criminal population of those localities. After more than a year’s trial, I became convinced that no far-reaching and permanent work of reform could succeed among these classes.*

Some recognized the problem. Charlotte Towle of the University of Chicago for example, stated her reservations about professional social workers being probation officers assigned to courts. She warned of the potential corrupting influence where professional practice is too closely tied to judicial or police authority. Such corruption was probably inevitable.

With little apparent embarrassment, we have now reached the point where social workers are routinely assigned directly to police and prosecutorial agencies. In a recent article in the official journal of the National Association of Social Workers, we read that a large percentage of such workers will breach confidentiality with the client for a “greater purpose”—namely their professional responsibilities to a policing agency. The impulse for helping others has been swallowed up by an even greater passion for the security one finds in authority.

**The Social Worker in Search of Asylum**

But if it is true our practices follow our fears and passions and determine to a large extent our theories and experiments, how can we, as professionals, keep our integrity and direction?

The measure of our practice must not rest alone in our success at halting deviance or even solving individual problems. That is not to say these are not proper goals. They are. It is simply to suggest they may not be the most important goals. It seems to me the value of the social worker’s role is that he or she brings less a technique than a series of perceptions which will inevitably make that person an irritating gadfly to those blessedly more settled fellow practitioners among the helping professionals. Social workers must ease the pain of their clientele and enhance the capacity for conscious and free choice. But beyond that, social workers have a
more sublime responsibility. It is why the social work profession should always appear to be chasing its own tail and can never be settled in its role.

By virtue of their place in society, standing between the world of “accepted” and the “marginal,” the “respected” and the “out-cast”—social workers cannot have a truly secure role unless it be that of “messenger.” The message our clientele bring to the larger society through us is not easily conveyed, categorized, nor is it neatly disposed of. Indeed, it is not usually wanted nor easily heard. It reflects the ambiguities, contradictions, paradoxes and uncertainties of the human condition. It does not therefore behoove the disposed of. Indeed, it is not usually wanted nor easily heard. It reflects the ambiguities, contradictions, paradoxes and uncertainties of the human condition. It does not therefore behoove the messenger, the professional social worker, to pretend the message is as simple and clear as are the labels, theories and diagnostic categories professionals hang around the necks of their clientele.

For this reason, the social worker is not, and can never be a sociologist with that profession’s too frequent and facile denigration of the individual. The social worker can never be a behaviorist psychologist with that profession’s tendency too easily to objectify human experience into bits and pieces—thereby changing its quality. The Clinical Social Worker who, in the past, has often been closely tied to psychodynamic approaches must be a less felicitous ally of, or “ancillary” service to psychiatry as that profession moves toward organic models of social control—a move as much driven by patterns of medical insurance reimbursement as the research laboratory (another example of theory following upon practice). Neither can the social worker mimic in private practice, the psychiatric mode with its dependence on fees.

Into the clinical and economic “order,” of the professional helper’s world, the social worker must continue to bring the disordered world and life experience of the dispossessed client. It is the social worker who should treasure being regularly accused of “excusing” deviant behavior—in much the same way as were the early psychoanalysts (before they became ensconced in the more settled world view of the allopathic medical model).

Our primary tool for understanding is still, in a sense the personal social history-corroborated, professional, real, thoughtfully presented—an art as professional as any. Indeed, there are those who think sociology lost something when it abandoned the “hands on,” less “objective” modalities of the old “Chicago School” of knowing people in their messy milieu. The social history while fitting some less “objective” modalities of the old “Chicago School” of knowing people in their messy milieu. The social history while fitting some theoretical models of behavior, is inevitably wrenching in its individuality. It is also a shield against naive acceptance of the “here and now” therapies of social control which obsessively deny human experience. Our therapies must be intimately related to life history and community—and strengthen the fragile strand which holds the meaning of one person’s existence.

Social workers have a clear task, however—one that separates the authoritarian and sentimental from the authentic. The professional social worker, whether clinician or administrator, must anguish palpable pain. He or she cannot look aside while waiting for the “right” moment as measured against a plan of treatment, projected social policy, or a fear of embarrassment. The social worker will therefore always be expendable—and that is the way it should be.

If the social worker accepted this role, there would be less “burnout” which too often results from frustration with a client’s disinterest in seeking overly neat goals. More than rest, the social worker who suffers from “burnout” needs patience and humility.

Perhaps in the end, we should not take ourselves too seriously as professionals. There are too many serious counselors and social workers in mental health, correctional, and court agencies apparently unable to recognize the absurdities they share with their clients.

Aldous Huxley, writing in the dark days of 1937, mentioned R. R. Maret’s statement that “Real progress is progress in charity, all other advances being secondary thereto.” Huxley added,

In the course of recorded history real progress has been made in fits and starts. Periods of advance in charity have alternated with periods of regression . . . Such is the world in which we find ourselves—a world which, judged by the only acceptable criterion of progress, is manifestly in regression. Technological advance is rapid. But without progress in charity, technological advance is useless. Indeed, it is worse than useless. Technological progress has merely provided us with more efficient means of going backwards.

As we immerse ourselves in behavioral technology and too readily assume detached professional roles while at the same time attaching ourselves to powerful agencies and technologies of social control, we might do well to keep those words in mind. Being “effective” is not the whole story. Indeed, we may be growing too effective at doing the wrong things. In a contingent and contradictory world there can be no asylum for the social worker. When we find asylum, we have lost our way. Such is the role of the clown in a too comfortably rational world.

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