

Anhang (IV): unveröffentlichte Texte von Hans S. Falck

Kennung	Titel
1958 CUDI.SGW	Cultural Diversity in Groupwork-Settings Kulturelle Vielfalt in Settings der Gruppenarbeit
1960 BOARD.STAFF	On the Administration of Voluntary Social Agency: Board and Staff – Separate and Together
1960 DISS.A	Abstract (der Dissertation)
1960 DISS	Social Work in Theory and Practice: Expected Behavior in Social Casework (Dissertation) Sozialarbeit in Theorie und Praxis: Erwartete Verhaltensweisen im Social Casework
1960 SGW 1	Social Groupwork need not stand still
1961 SGW.REH	Group, System and Roles.
1961 IND.SSGW	Diagnostic Assessment for Individuals in the Context of the Small Group
1961 SGW.METH	Groups, Cultures and Social Groupwork Method
1965 CHABOL	All Charities should be abolished
1966 CULTURE	Culture, Democracy and Leadership. Rethinking some Familiar Thoughts
1972 AFF.NEUT	On the Concept „Affective Neutrality“
1972 ESSAY.SGW1	Work with Groups – the Client’s Part
1972 ESSAY.SGW2	Time in the Work with groups
1972 ESSAY.SGW3	Basic Concepts in Work with Growth Oriented Groups
1972 ESSAY.SGW4	Crisis Theory and Social Groupwork
1972 ESSAY.SGW5	Theoretical and practical Notes on a Procedure called „Grouping“
1973 SGW.TIME	Time in Work with Groups
1974 DIAG.IND	Individualism and Diagnosis in Mental Health Practice
1974 UNJUST	The Unjust Society, Conflict, and Social Change

1976 HOL.COMMUN	On a Holistic Conception of Individual and Group: Toward a Philosophy of Communalism
1981 GUIDE.SGW	Guidelines for Groupwork
1981 SSE.HC	The Social Status Examination in Health Care
1983 SWREL.COM	Social Work, Religion and the Communalism of Private Experience
1984 PSYCH.SOM	Peptides As Behavior A Psychosomatic Approach to Peptide Research Peptide als Verhalten. Ein psychosomatischer Ansatz zur Peptide-Forschung
1984 AID.MT	Social Group Work: Aid in the Management of Membership
1990 LSE	Implications of Membership in the Community for Social Work in Health Settings
1990 UNSEEN	The Seen and the Unseen group in Clinical Social Work Practice
1990 WHY	Why Membership?
1990 SCIENCE	The Scientific Status of Holism
1990 SSE.HC	The Social Status Examination in Health Care
1991 AKRON	The Ideas Individual and Group in Social Work Theory and Practice: A Fifty-Year Review
1991 LIT.REV	o.T.: (Literatur zu SGW mit schwer psychisch kranken Menschen)
1992 INTRO	The Membership Theory of Social Work
1992 HUTCHINS	o.T. (Antwort auf den Brief von Elizabeth D. Hutchinson)
1993 ADELPHI	Comforting Reality versus Fading Dream: On Individual Isolation and the Ascent of the Member
1993 ETERNAL.PUZ	The Eternal Puzzle: What are People really like
1993 GROUPWOR	What Membership Theory makes explicit and what it implies
1993 INVEST.MT	Investigations of membership Theory in Social Work: Their Current State

1993 REVISION.TH0	Revision.Thought
1993 SOCCULT.SGW	Central Characteristics of Social Work with Groups – A Socio-Cultural Analysis
1995 HEALTH.VOH	A Universal Health System: Now or Never?
1995 KEY-ONE; KEY-TWO; KEY- TWO.MEO; ADD.SSW	Rediscovering Our Community Roots
1996 STOCKHOL	Social Welfare and Social Work: Self-Help and Social Exchange
1998 AUSTRA1	Health Social work across Boundaries and across Cultures: Self-Expectations and the Social Work Profession

CHD/SGW

Exempt

"CULTURAL DIVERSITY IN GROUP WORK SETTINGS"

DELIVERED BY

HANS S. FALCK, VISITING ASSISTANT PROFESSOR

AT THE

GIRLS' CLUBS OF AMERICA INSTITUTE

SCHOOL OF SOCIAL WORK

SYRACUSE UNIVERSITY

June 1958

This paper, which I am sharing with you now, was written several days ago and as I wrote it, I was aware of the fact that as you are now listening to it you are probably a great deal more tired than you were when I wrote it. I am sure you must feel that we have imparted to you a very large amount of information in a very short time. Much of it, I am sure, will become of use to you only as time passes and as many situations arise in your everyday work in which it might be possible for you to think back to some situation or some idea discussed in this workshop and which perhaps had only limited meaning when you first heard it but will become more significant as you come face-to-face with actuality. I do not wish to burden you additionally with a great deal of what may be new to at least some of you at this point. However, because we are nearing the end of our week together, I thought it would be worthwhile to look at one or two concepts in the area of cultural differentiation which could serve the two-fold purpose of exploring with you some thoughts on how to deal with and what to take into account in working with young people from a variety of cultural backgrounds, and secondly to perhaps to use this occasion to pull together some of the thoughts that we have shared with each other during the last few days.

To begin with, I would like to help you concentrate on one single thought which in so many ways you have heard from us and of which you yourself must have been aware many times before you came here. This is the principle of the conscious use of self. Professor Cochrane and I, as well as Dr. Eddy, who have read the preparatory material you sent to us prior to coming to the Institute, have been deeply impressed by the one concern on the part of almost all of you which seemed to stand out from the materials. This is the thought which might be summed up in a simple question, like this: "How do I deal with such and such a child or such a group in a particular situation?"

I suppose that for every question of such kind there are many answers. One could always say at least, if not very helpfully, that the answer to your question depends upon the time, place, the person, the group, the particular circumstances in which the problem arose, on our training and our insight and a host of other possibilities all of which would be too numerous to examine in detail.

But such answers, no matter how well meaning, are of little help. If we are to find any help and assistance in the solution of the human problems with which we deal every day, day in and day out, it might be much more relevant to look at a few principles, to understnad them clearly and to learn something about their application.

I have chosen for a discussion of cultural differentiation the principle of the conscious use of self as a starting point.

The principle of the conscious use of self is a very widespread one, fairly clearly understood in the social work literature and among social workers and in wide application in the field. If you were to ask me what it means, I would try to explain it as simply as possible in a few words, perhaps somewhat like this:

All human beings grow up in certain social surroundings such as family, school, clubs, neighborhood, city, state, country. From all of these surroundings, all of us gain certain impressions, beginning while we are still infants and continuing into our old age and by which we determine for ourselves how to behave. All of us at times tend to inflict the values on other people. When we use ourselves professionally, i.e. consciously, we try to help people make decisions, based on their values, their needs, not ours. In other words, we purposefully and purposely control our temptation to do for, instead of with people.

All people make decisions about those kinds of behavior which they consider good and bad, desirable and undesirable, virtuous or sinful, "nice" and "not nice". All of us are aware what some of these are. They concern themselves, for example, with such behaviors as eating at a table, how to say hello and good-bye to visiting company, how to address persons older and how to address persons younger, what to say and not to say to people in authority like teachers, university professors, ministers, priests, rabbis, railroad conductors, store clerks, girls' club workers, landlords, and neighbors. All of these people, especially in the view of children, but certainly not only in their view, perform certain functions and duties and tied in with each duty they perform some certain rewards which express themselves in the way in which people talk to them and with them. All of us are to a considerable extent dependent upon the way in which people think of and about us. This is a fairly simple definition and perhaps no more complex than to say all of us live among other people and that none of us are totally independent by and within ourselves.

If it were true now that all those among whom we live came from the same background, that is to say, were born in the same country, had the same color skin, the same religion, spoke the same language in the same way, and not only that but also had parents who were of identical backgrounds, then, at least in this country, you might say, life might be much easier and much simpler. Be this as it may, we, living in the United States, are aware from the early dawn of our consciousness as human beings that we are not all alike. Not only do all of us differ from each other, as individuals and as human beings with unique personalities, likes, dislikes, needs, and other attributes which we might consider highly personal unto ourselves, but we are living in a society which is composed of as many aspects and cultural and religious sub-groups as there probably ever existed within one nation any place in this world. Anyone who is only vaguely familiar with the history of the large-scale immigration to America which, to one degree or another, has been going on ever since the earliest settlers came to the New England shores, cannot come away without being deeply impressed with the large variety, the color, the diversity, the creativeness and sometimes the tensions that have resulted from the fact that we are living in a large society in which very many human beings from very many backgrounds are thrown together and told to work out a way of life which brings mutual satisfaction to most, if not all.

Before continuing, I would like to sharpen up two distinctions which I have already mentioned in general terms. We will assume, for our purposes, and for purposes of further discussion, that there are two kinds of human diversity. The first we will call interpersonal diversity. The second we will call intercultural diversity. By interpersonal diversity we mean those differences among human beings which to the largest extent are reflective of the fact that none of us, individual by individual, is the same as our neighbor. Such personal attributes as temper, individual satisfaction with occupational status, relationship to parents, to siblings, to friends, our likes and dislikes, concerning food and many other expressions of need, most of which seem to vary from person to person, are the kinds of diversity which for purposes of this discussion I would label interpersonal diversity.

By intercultural diversity, I mean those differences among people which depend for the most part upon the fact that they are members of large or relatively large sub-groups which are ethnic, national, or religious in character. Now you will recognize immediately that these distinctions are artificial; that each, interpersonal diversity as well as the intercultural diversity, carries much from one to the other. For purposes of general discussion, I think it is nonetheless valid to make this kind of distinction, especially when as Girls' Club workers you need to take into account certain behavioral patterns which may be characteristic of the community, the neighborhood, the part of the town in which the agency is located.

Finally, I would like to suggest another main idea. This is the thought that in a country such as ours, despite the fact that there is such great diversity as all of us are aware of, there are nonetheless certain behaviors which tend to be true of most Americans regardless of their background.

If someone were to ask us what were the ideals and goals we as Americans believe in, I would suspect that we might say something like this: "I believe that all children ought to grow up with a father and a mother who care for the physical and emotional well-being of their offspring. I believe that every child ought to be well-fed, live in adequate shelter, enjoy a good education, and learn to respect himself, the other children, the adults about him, especially his family, his neighborhood, and that he ought to love his country and hold allegiance to its institutions and to its flag." It goes almost without saying that there is hardly a person in this room or in most other rooms in this country who would not subscribe to these few thoughts. I could have picked some other thoughts and found, I am sure, equal agreement. I might have said something about good health, or the right to vote, or the Bill of Rights. In other words, there are certain ideas and certain goals and certain objectives and values which all of us, with the rarest of exceptions, would hold in common.

But if I asked you how you think a wedding ought to be celebrated, or how a funeral ought to be conducted, or what kinds of foods are most desirable to eat, and especially how they should be prepared, or what children ought to learn in school, or what

would be an adequate religious life - if I were to list any of these areas and we were really to investigate what we think about them, I am sure we would find ourselves with a great deal of diversity of thought as to our behavior in relation to these events and needs. I am sure that someone would rather quickly point out that in her family there are traditions to be observed and if we asked why, the answer might well be "we do things the way we do just because we have always done them that way and besides, you know, my mother and my dad are German and we were always very close to our German grandparents and we learned a lot from them." In other words, I could imagine any one of us saying, in effect, we are influenced by our past. We are influenced by our traditions which are unique, not necessarily to Americans as a whole, but which derive a considerable degree of uniqueness from the background of our parents and grandparents and, most importantly, from the large immigrant groups to which they belonged. Few of us are ordinarily as consciously aware of these influences as we might become under discussion. But all of us reveal some of this background and some of this diversity in our everyday lives, whether consciously or unconsciously. This includes teen-agers.

Most of us, like all of us here, who are in the business of trying to help people grow and change into useful citizens, do so upon what we call a set of basic value assumptions. These value assumptions are of two kinds. A value can either be a goal or objective which we would like to reach or which we would like to help someone else reach. Here is one: "I think that all girls ought to become happy, healthy mothers who take good care of their children." To want this happy, healthy mother to take good care of her children is certainly a prime goal of Girls' Club workers. But there is another way of using the word values. This way we can say that values become the yardsticks or the criteria which people decide what to do and what not to do. Consider, for example, this situation. Assume that Mary Jones just came from school and knows that before coming to the agency she is supposed to go home and change her clothes. But suppose Mary Jones comes to the agency straight from school without changing her clothes. Five o'clock rolls around and it is time to go home and Mary Jones is still wearing her school clothes. The question now arises what should she tell her mother?

She has several alternatives open to her. Among them are that she can say that the teacher kept her late in school and she had to go to her club meeting and if she had not gone right away, she would have missed something important. Or, she can tell her mother that she didn't feel like changing her clothes and that since the other kids were going to the club, she tagged along. Or, she might say to her mother that someone else talked her into coming to the club. But Mary Jones learned at home that she is to tell the truth if she is to be considered a "good" girl. Mary Jones is now faced with a proposition of telling the truth and perhaps drawing punishment or of making up some kind of story which, while it is not the truth, might play on her mother's sympathy and which might let her off without punishment. Mary Jones' conception of telling the truth or not telling the truth as a value, that is to say, as a criterion for behavior has influenced or will influence what she will tell her mother. In the earlier situation regarding the mother and her treatment of her children, we saw values expressed in terms of objectives or goals. In the latter situation, we see a value, namely the value of honesty, used as a criterion for future behavior. All human beings, regardless of where they came from, regardless of where we live in this world, have some concept and some idea of values as goals and values as criteria. As I pointed out to you earlier, these values are to some extent the same for all of us who live in this country. But to a considerable extent, these tend to differ depending upon the ethnic, or religious, or nationality groups within which we live or from which we came. This most certainly includes those of us who in one way or the other, as club leaders, teachers, or other professionals, render services for members and clients which, to a considerable extent, depend upon the kind of relationships which we are able to develop with them.

All of this has been a very long way of saying that every one of us here who works in a social agency or any human institution rendering a human service, brings with her or with him certain learned and preconceived notions as to what life is, what people are and most particularly, what people ought to be.

In a very real sense, all of us are involved in the business of "what people ought to be." At the same time, we recognize, that we are living in a democratic society in which at least in theory, every human being is granted the right to make certain decisions for himself. And if this is so, it would then stand to reason that we would have to take a look at ourselves and ask ourselves the question to what extent are we truly willing to let other people make decisions which uniquely suit them, or to what extent we tend to impose upon other people what we think, what we consider right, what we consider desirable. In short, what we consider good. Let me hasten to point out that I am not talking about grossly deviant or delinquent behavior. I believe that all of us are agreed that none of us would stand by silently in the face of grossly delinquent or deviant behavior, shrug our shoulders and merely come to the conclusion that the behavior that we see is desirable because it happens to meet someone else's need. I am talking about the kinds of behavior which fall within what is rather generally called the range of "normal". There are many ways of acting without giving offense or bringing harm to the larger society in which we live. We would laugh if someone suggested to us that all of us should prepare our food in the same way, or even that all of us should eat the same foods, or wear the same clothes, or think the same thoughts, or speak the same words in the same tone of voice. We would greatly object if someone attempted to coerce us into voting for any candidate for public office other than the one which we choose to vote for. We would rebel considerably and loudly if anyone should dictate to us what to believe in, to what church to go, how to pray or whether to pray at all. We would hasten to point out that this is a "free country" and that we are free citizens who can make up our own minds regarding those things. These are the obvious considerations. But there are many considerations which are not nearly as obvious. I want to make it clear that I am not criticizing nor trying to assign blame for the fact that all of us have become, through our own growth, so much a part and parcel of our own surroundings, and particularly in regard to our experiences in our families, that without awareness we make certain assumptions and act in certain ways and somehow expect other people to follow suit. Someone pointed out, not long ago,

that the relations between teen-agers and the adult world around them are somewhat analagous to the majority-minority relations among nationality and cultural groups. Many teen-agers are really saying, in one way or the other, that they consider themselves in the minority and part of a minority group in relation to their adult surroundings. And it is all too often true that adults really expect teen-age children to be miniature adults and simply, self-righteously, and blandly, impose upon young people of another generation those values and those standards and those ideals which seem to serve the adult world well and sufficiently.

I am suggesting to you that we have very little choice in working with human beings either individually or in groups except to start with them as we find them, at any given point in time or in their intellectual, physical or emotional development. We may not always like what we see but it seems quite clear to me that even under such circumstances we have no alternative but to start with people where they are. I am considering what I have said here at this point only from the standpoint of practicality and expediency. But you must surely recognize that there is another major consideration to be taken. This is that if democratic living and preparation for democratic living is one of our goals, then it is we, of all people, who must primarily demonstrate to those upon whom we have a major influence, that this can be done, that it is desirable, and that it is worth learning. It is easy and convenient and eloquent, indeed, to salute the flag, observe national holidays, and preach the gospel of human brotherhood. But it is quite another thing to act that way. It seems to me infinitely more difficult to become conscious of one's own tendencies to expect other people to behave quite precisely in the way in which we have learned to behave and in which we find satisfaction. Yet, it seems imperative that if we truly wish to act what we believe, we must essentially begin and never forget to take a long hard look at our own ways of behaving and at our own expectations from others. A common and easily observable phenomenon is the group leader who, because it makes her uncomfortable, cannot tolerate to see children "fight". I am sure that all of us have seen or heard the mother who shouted out the window, "Johnny, if I see you fight once more, you're going to come home and

I'll tell your Dad about it tonight". This is perhaps the privilege of a mother to shout at her child, even if it isn't very wise, but it is neither wise nor a privilege of a group leader to tell children, under the threat of punishment, not to fight merely because it makes her uncomfortable. An extremely sensitive area that needs to be considered a great deal more is what group leaders think of and how group leaders behave in relation to some of the activity of which all of us are aware that takes place in boy-girl relationship. Many of us become very upset when the children want to turn down the lights low and engage in "slow and close dancing". Much of this kind of behavior makes us uncomfortable. We don't always know why but we are rather quick to turn our own discomfort back on to the teen-ager and lecture them on morality. Mind you, I am not attempting to tell you whether teen-agers ought to dance slow or quickly, close or not so close. I am merely trying to raise the questions that I think are close to the most fundamental considerations that all of us must take in working with others including teen-agers. This question can be summed up in perhaps one over-riding question: "For whose purpose does the agency and its program exist?" Is its primary purpose the comfort or the lack of discomfort of the worker? Is it to protect the building? Is it to meet the goals and objectives and needs of the community sponsoring the agency? Is it to placate what we might suspect are the feelings of board members?

The question answers itself. A social agency exists first, last and always for the purpose of better serving and meeting the needs of the clientele or the membership that uses it. This is so simple that I am sure you will not consider me to have said anything new to you.

Now you might think that I have strayed a long way from considerations regarding cultural relativity. But I wish to remind you that the relativity of which we are aware regarding the differences between cultural, religious and ethnic groups, is also applicable to the differences between adults and teen-agers, workers and members. Wherever there are different groups, there are different goals and different criteria regarding behavior. Wherever there are people, there are differences in commitment to the different values, different standards and different ideas. And although all of us

hold dear and in common certain life goals and certain ways of determining our actions, we must never, ever forget that the most fundamental principle of life in this society is the right of the individuals and groups to make many, many decisions and determine many, many behaviors in their own uniqueness and in their own individuality.

A great deal of group work and informal education as well as recreation in this country has historically and traditionally rested upon the fact that our forebearers and predecessors recognized the tremendous values and the tremendous color and creativity that peoples, from various backgrounds, could contribute to each other's happiness. A very simple and obvious example is a cook book with which many of you are no doubt familiar. It is entitled The Settlement Cookbook. If you ever took a look at it, you would see a mass of recipes, in which I am no expert, deriving from uncountable numbers and varieties of sources. If we looked at the world's art, listened to the world's music, thought of the most commonplace songs we sing with our children day in and day out, we would have further proof of the color, the lustre, the glow, and the contributions that people in this country have been able to make to each other, merely and simply because they were different and came from a variety of backgrounds. Looking at the problem from this point of view, I am sure you will see that it need not be a negative factor at all. Quite to the contrary, it can be a great positive. But as I have pointed out to you, during the preceding days, even conflict is not to be avoided at all cost. Conflict simply exists because different people want different things. This is as true of interpersonal relations as it is true in inter-group relations. The side of wisdom may not always lie with him who purposely side-steps the conflict, for the continuous and continual side-stepping of conflict in the long run solves nothing. It may be far better, though temporarily more painful, to simply face it and try to resolve it.

From the few words that I have said here and as no doubt you have known long before you came here, you are aware that the question of cultural relativity is a very large and a very complex one. I could not possibly hope to deal with it adequately in a few minutes available at the end of a long and hard week. Nor have I attempted to

do this.

All I have tried to do and finally would like to reiterate, is to raise a few questions and suggest one or two ideas which seem basic to me. First, differences exist among all people whether from individual or from group to group. Secondly, all of us are committed to certain values which are over-riding, that is to say, which are fairly characteristic of Americans as a whole. Thirdly, I have tried to suggest that in a democratic society we must be constantly vigilant that we truly help our members develop in ways which are satisfactory to them and which recognize and meet their needs on the basis of their background, their experience, and their group identifications. Fourthly, I have tried to suggest that we must be cognizantly aware of the need to look at ourselves, to search our own souls, to become very sensitive of the extent to which we somewhat unconsciously tend to merely impose what feels comfortable to us upon other people for no other reason than that it serves our own comfort or avoids our own discomfort.

With these thoughts, fully cognizant of the difficulty, the complexity and of the many, many questions they raise, without my being here to be held accountable for answering them, I leave you.

ON THE ADMINISTRATION OF THE VOLUNTARY SOCIAL AGENCY:
BOARD AND STAFF--SEPARATE AND TOGETHER

Hans S. Falck, D. S. S.
Associate Professor, The University of Buffalo
School of Social Work

1960
BOARD STAFF
Exempt

The subject which you have assigned me is one of the most interesting and rewarding ones for a social worker to discuss. As I understand it, you would have me speak about the relationship between board and staff in a social agency such as yours. I noticed that your letter indicated that you wanted "the latest thinking" on this subject, and I presume that you are asking for this because you might be just a bit puzzled by the simplicity of the usual answer, namely, that the board makes policy and the staff carries it out. It is a bit too brief; a little too simple; it sounds a little pat.

Nonetheless, there is at least one traditional position on this subject which has, in my opinion, a great deal to recommend itself. But as is true of theoretical formulations, they have certain real uses and sometimes real limitations. I shall try to state what I think is the classical position in this area and will then try to analyze it and perhaps suggest some implications and possibly some modifications that are needed in it.

In 1945, Dr. Grace Coyle of Western Reserve University, published a little book called Group Process in Democratic Society. And in this book she included a chapter by the title "The Executive as a Leader". In this chapter she stated the following:

The major contribution of the member---and still more of the board member---lies at the point of determining the purposes and the scope of the organization and the major policies to carry out these aims.¹

1. Grace L. Coyle, "The Executive as Leader" in Group Process in Democratic Society. (New York: Association Press, 1945)
P. 45

And of the staff we read that

As policy is determined and the staff assumes the responsibility for administration, the expert knowledge of the staff must be given full scope. This is common practice in situations where the lay man clearly accepts the fact that the expertness is real... For one thing in organizations whose programs involve social services of some kind, the lay man often feels entirely qualified as amateur expert... If, however, the professional staff is to use its skill effectively, it must be free from the danger of arbitrary interference in administration ~~that~~ decisions made without reference to the understanding of the problem which its professional position involves.²

As I have already pointed out, I consider these statements as representative of the classical position. And I might say that this classical position has a great deal to recommend itself when one begins to analyze it carefully. To begin with, the role of the lay person, or the volunteer as she is often called in the Y. W. C. A., is twofold. First of all she is to represent the interests of the community on the board of directors and only she as a lay person can really do that since she is a part of the community and has presumably been elected to the board because of her ability to represent at least a segment of the community's thinking. It is thought, at least theoretically, that a composite, the combination of a number of such persons who constitute the entire board would be able to represent the thinking of the community as a whole and therefore make the fundamental, basic, policy decision of the agency in line with the interests of the community, or at least that part of the community which takes interest and evidences concern in the welfare of the agency and the particular kind of work it presumes to do. In other words, the board of directors is assumed to be sensitive to what the community needs and to what the community wants and although it will need and usually does receive the help of the professional staff in determining community needs, it is thought that since the basic responsibility for social services always lies with the

2. Ibid., Pp. 46-47.

community which sponsors them, it must be an arm of the community, in this case the board of directors of this agency, that makes the decisions as well as takes the responsibility for the decisions it makes. It is, in other words, basically accountable to the community as a whole and to its various sponsoring and coordinating as well as financing agencies. Indeed it must demonstrate that the money and the effort and the work that is done in the agency on behalf of the community is performed on the basis of the guide lines, policies, and points of view of that community.

As all of you know, an organization ⁱⁿ the size of this agency, can travel many directions. To some extent these directions are suggested by your National Board of the Y. W. C. A. However, as you are fully aware, I am sure, each agency in the Y. W. C. A. movement enjoys a very large and considerable degree of autonomy and therefore the basic decisions and policy making revert right back to the board of this agency in this community. And I think that this is as it should be. The principle of decentralization of policy and administrative control in this country, that is to say home rule, is an old one indeed and it always has as its advantage the fact that with home rule those people who are most directly affected and hopefully benefited from services rendered have a most direct voice and access to the basic decision making process regarding these policies. I might say, parenthetically, that while this is true in voluntary agencies such as the Y. W. C. A., this is by no means an unknown or for that matter undisputed phenomenon in many public agencies also. I merely remind you of the century-old fight for control in the educational systems in the United States. And it is significant to note that the Office of Education of the Department of Health, Education and Welfare does not make decisions, educationally, either for the states or for the localities, but that it serves a purely advisory function, thereby maintaining, protecting, and perpetuating decentralization of educational policy-making and home rule with

local control. Now this may have certain disadvantages as is often true in social welfare programs. People on a local level lack, perhaps, sometimes the breadth and depth of insight that someone who operates at a state or federal level has. But, on the other hand, as I have already said earlier, if the responsibility for the performance of this agency lies in Rochester and if this agency is primarily to be responsible for servicing the Rochester community then it is the Rochester community that has the right as well as the responsibility which it must assume to make those decisions and define those basic policies which suits itself and its citizens best. The instrument through which this is done is the board of directors of the Y. W. C. A. of this city.

Now I think that as far as I have gone this is a reasonably accurate statement of the classical position of the board of directors and of its members as well as of those committees which are established to define policy at the ground level and bring it up to the Board of Directors for discussion and possible change or ratification. I might say, that when I speak of "board", I really mean not only the board of directors but all the committees which are subordinate to and instruments of it.

Now as to staff. The role of professional staff in social welfare agencies has changed a great deal over the years. There was a time when it was hardly possible to tell the difference between staff and board people except insofar as that each carried a different kind of title. In the early settlement movement, for example, you could not tell the difference between a board and a non-board person except insofar as that the latter was paid and spent most of her time and effort doing a particular job while "living in" in a particular agency. However, with the accentuated tendency in American life towards professionalization and greater specialization of all kinds of work, staff people have become the product of many colleges and of a variety of professional schools. Some of these are schools of education, some of these are departments of psychology and

sociology, many of these are schools of social work. In these various settings a particular kind of professional expertise is taught to the students along with an appropriate theoretical basis and it is then hoped or assumed that when the person has graduated from the educational institution he will be able to move into an agency and play a particular, sharply and clearly defined role. This role we call the professional role. And there are many categories of activities which are included under the heading of professional role. Insofar as staff relationship with the board is concerned this role is twofold. First of all, it is the function of the professional staff to advise the board of directors regarding agency policy, provided that the board of directors chooses to have staff perform this function and role. A wise board of directors, of course, will not make decisions without availing itself constantly of the help, thinking and advice of its professional staff. It is, however, to be noted that there is a distinct difference between asking for advice and asking others to make decisions which do not belong to them. And so it sometimes happens that professional staff and board encourage such staff people, unwittingly, to take over policy making functions which in reality are the responsibility of the board to undertake. And conversely there is a tendency occasionally for all people to spend their time during board meetings discussing essentially administrative matters. But this problem cannot be solved by theory alone. It is dependent considerably upon the sensitivity with which both board and staff relate to one another and try to understand each other's best usefulness and function. This, then, becomes a matter of individual relationships rather than a matter of policy definition.

The second major function of the staff in a social agency is to translate policy into action. And in this, perhaps, as in nothing else a staff is engaged to do, is its main purpose and its main skill and expertness. For policy decision by a board, generally, tend to be categorical in the sense that they affect a large number of people and cannot by their very nature take

account of the needs of each individual unique human being in the particular agency. The translation of these policies into a program in the Y. W. C. A. must therefore remain to be a matter of staff judgment. And the function of the policy is then to guide the staff in general terms toward the execution of its specific responsibilities towards each group, and towards each member within each group in the entire program of the Y. W. C. A. This, as you can plainly see, takes highly skilled, educated and sensitive judgment and is not achieved by merely hoping that it will come forth but is the product of long years of training and experience.

In other words, to merely and glibly differentiate between the policy and administrative function of board and staff, while this can be done easily enough as I have tried to do here, is saying very little except to point out some basic directions in which an agency needs to go. But simplicity is often deceptive since the danger always exists that statements of theory and principles are taken too seriously as if they reflected life as it really is. Principles and theoretical formulations, therefore, are guides to life but seldom if ever substitute for it.

The lines quoted from Miss Coyle's book at the very onset of this paper are reflective of thoughts which I think are still as pertinent as when they were written down fifteen years ago. Moreover I think that there is wisdom in these lines, provided that they be applied with discrimination. It is true, I think, that success in administration is much enhanced when there is a kind of clear delineation of lines of responsibility and functions which each staff member and each board member hopes for. These lines become most sharply visible when board develops broad policy with the expert assistance of staff, and conversely, when staff administers agency program in line with board determined policies, and keeps in ongoing touch with the board and its various committees. Each, however, must maintain a final area of decision making which the other must never invade.

Policy decisions are only to be finalized by board; while administrative decisions are only to be finalized by staff. Clarity, then, with a concurrent avoidance of rigidity, is the aim of every executive and every staff member and needs to be the aim of each board member and committee chairman..

The "But..." Factor

Yet, each theoretical formulation regarding the staff and board function in a social agency, one might say, has what is here called a built-in "but" factor. A "but" factor is any situation that arises which cannot readily be dealt with on the basis of existing theory, policy, or if you will, principles. The "but" factor is somewhat analogous to the "it depends on the situation" approach with the exception that when you have a "but" factor there is the implication that there is also policy but that it is insufficient, while in the latter case there is often no theory and no policy. In either case, however, the typical response is, and of necessity, must be one of innovation, that is to say the situation is handled on the basis of general understandings of general policy and sometimes independent judgment and intuition in the absence of specific policy.

To illustrate this point let us assume that a hospital works with an intake policy that prohibits it from the admission of children. It has no real facilities for them, is not particularly well staffed to treat children, and has had little or no experience with children. It so happens that this is the precise situation which prevails in a state hospital known to this speaker.

At the present time this hospital has ten in-patient children.

Aside from the adequacy with which it is able to serve the children's needs and regardless of many extenuating factors the simple truth remains that somewhere along the administrative line a "but" factor had to be taken into account which was not accounted for by existing policy and since something had to be done to take care of these children, at least on a temporary basis, the

administration judged it proper to admit these children to the institution, pending further clarification of policy at a later point.

This example is furnished without judgment of the merits of the hospital's actions. It is cited solely for the purpose of leading up to the recognition that in the final analysis there exist in every situation variables which will confront the board and staff with tasks and problems which cannot be met through totally pre-determined policy. In such cases the staff must be free to make decision on the basis of its honest impressions of what the board would do, were it available to discuss the matter before a decision has to be made. Hence, also, the earlier comment about the need to avoid rigidity while attempting to maintain clarity of function and responsibility. For it is true, in this situation at least, that in admitting children to the hospital where no policy had been made by which this could be allowed, the staff at least temporarily, took over a policy function, in this case a decision to admit the children to the hospital.

The variables which thus inject themselves in sometimes very unpredictable ways tend to be of three major kinds: the situational variable, the individual relations variable, and the group variable.

The situational variable.

The first of these, the situational variable, deals with any given situation not covered by specifically drawn policies. The situation has simply not arisen before, and cannot be covered by existing outlines. I shall try to illustrate this point with an example in the form of an excerpt from a record written by a professional person. This is what the group worker writes:

We were having our Wednesday evening lounge night and about fifty boys and girls, ages fourteen to sixteen, were in the recreation hall. Most of the members were dancing while a few were sitting around talking. Suddenly Mary S. who, I had repeatedly noticed, rarely was asked to dance walked over and said that the kids wanted

the lights lowered. Just then Bobby, a tall unathletic boy, put his arms around Mary and said with some suggestiveness in his voice "Yeah, let's put out the lights".

I said that ordinarily we don't lower the lights, but if the kids could handle themselves properly we might try it with the understanding that if there were any difficulties we would have to put on the brights again. Mary and Bobby agreed that this might be worth trying.

Just then Mrs. Smith, a board member, appeared at the door and said that she was just walking by and came in to say hello to me. She commented that there seemed to be many children in the house. I said that they were in the recreation hall and would she like to take a look. Mrs. Smith is the chairman of the youth committee.

As soon as Mrs. Smith stepped into the recreation hall she noticed the lowered lights and looked around at the ceiling. As she looked around further she noticed that some of the couples were involved in "close" dancing. Nothing I could say convinced Mrs. Smith that I was in control of the situation and that the lights had been lowered with a specific professional purpose in mind on my part.

Discussion in the youth committee revealed that there was no policy at all in regard to "lights" while dancing in the recreation hall, since the matter had never arisen in its present form. While it had never occurred to the worker that this might be a matter for policy consideration, it had also never occurred to Mrs. Smith or the committee that such situations need to be covered. The need for covering such situations became readily evident when the committee discussed community, neighborhood and agency implications. But even if policy had existed to cover the request on the part of the children to turn the lights down, there should have been room for worker interpretation in specific situations. In other words, a policy stated with regard to dancing should be stated in specific enough terms to be meaningful and in broad enough terms to give the individual worker enough leeway to handle specific situations. If and when the board of directors has trust in the judgment of its professional staff, one would hope that it would be able to let the individual professional worker use that judgment, it always being understood that the judgment will either be used within the limits of policy defined by the board, or if policy is insufficient to cover situations,

that the worker will bring this matter to the attention of the committee or board for further policy guidance.

The Individual Relationship Variable

A second variable that influences otherwise clearly defined roles between board and staff is the individual relationship variable. The following excerpt from an actual record might make this clear: "I met with the chairman", a worker writes, "before the meeting and we reviewed the agenda for the teen committee." She continues as follows:

As soon as the chairman opened the meeting, Mrs. B raised her hand and said before the chairman had recognized her that she was fed up with me (the worker) because she had noticed that fewer and fewer children came to the afternoon program. She said that all her efforts for an explanation of this situation had failed because the worker had refused to give her a satisfactory answer. She added that she didn't like the worker when she was first hired, had never liked her, thought she was totally incompetent and wanted her fired. She ended by saying that as far as she was concerned that settled the issue and she wanted to talk no more about it.

Quite obviously, several elements emerge from this excerpt. There is evidently very little real communication between worker and committee member to begin with. And the fact that the agency had clearly delineated in its by-laws the functions of the board and its committees on one hand and the professional functions of the professional staff on the other hand did nothing to prevent this kind of comment from a committee member. But had the committee member clearly appreciated the full function and purposes of the committee it might have been likely that she would have raised the question she had in a rational manner and would have involved the committee itself in a discussion as to what could be done to increase the effectiveness of the particular program she was talking about and how to be most helpful to the particular worker who had been assigned to the department and committee who made policy for it. Secondly, Mrs. B was quite unable to try to understand the worker, and without doubt the worker had an effect on Mrs. B which she could not tolerate, regardless of any specific issue involved. And it

is this stress of individual relationship which seems to need greater underlining than it often gets. As will be clearly noted again, the substance of Mrs. B's comments in regard to attendance at afternoon program could have been subject to both policy and administrative definition as I have already indicated. Yet, despite these clearly understood differentiations of policy and administrative functioning it never came to a discussion of this because a variable intervened which tended to block out, for the moment at least, any rational discussion of the issues themselves. Instead of that the committee member injected an obviously personal issue into the situation which was not and could not and never can be covered by policy, constitution and by-laws.

A third variable it is suggested, is one that might be called the variable of group process.

It is necessary to understand in this connection that the greatest amount of policy making as well as administrative planning is done in group settings. The following then, is an example, not only of a not totally unfamiliar question, namely what should be the executive's role in regard to his attendance at committee meetings, but in this case the more important role of the group process itself as an influencing factor apart from the particular issue being discussed. The episode described is from the speaker's personal experience as a board member.

Mr. B, the president, said that he wanted it clear that he could take the presidency only on condition that he would not be involved in trivia which did not need his attention, while at the same time he had to insist that individual committee chairmen clear with him first when they intend to speak for the agency to outsiders. He added that in the past years several occurrences had taken place which made it clear that greater coordination of agency functions was necessary. Mr. B said that he thought one way of solving the problem would be to have the executive secretary present at all committee meetings, since it is he, anyway, who would have to carry out the board's decisions. At this point Mr. M said in an angry voice that he isn't going to have "some professional" as he put it, run the whole organization. Pretty soon we would have nothing to say anymore, he added. At this point Mr. K said that

while this was his first meeting as a new board member and he really should not say anything, it was his experience as a union man of twenty years' standing that it is best not to give professionals too much authority. At this point, Mr. V spoke up and suggested that perhaps we could formulate a by-law which would set down the executive director's authority. The group thereupon settled down to the writing of a statement.

It should be mentioned that Mr. M was a member of very low prestige who served on the board once before but was dropped for non-attendance. He had, however, been re-elected by the agency membership two years later. It was Mr. K, however, who re-inforced Mr. M's comments, although aware of some degree of inappropriateness in his comment. Throughout the entire discussion, moreover, the staff members present listened in silence as did several other board members until the board was ready to write the by-law.

Nov 1944

The final result, that is to say the final writing of the by-law, was no means as negative nor as violent as would have been indicated by the preceding discussion. And the reason for this was that the actual writing job was not done by those people on the board who had engaged in this discussion but by some people who had said nothing while giving the others an opportunity to "blow off steam". For, in the final analysis, the by-law reads as follows:

The executive director shall attend meetings either at his initiative, provided that he notify the chairman of the committee of his intention prior to the meeting, or at the invitation of each committee chairman.

While one would not claim a great victory for the executive of the agency in this meeting, the tone and content of this statement nonetheless reflect an altogether more flexible stance than was apparent from the discussion excerpted earlier. It was hoped, however, that what has been called the variable of the group process is thus illustrated by this example. The difference between the individual relations variable as illustrated by the teen committee meeting and the variable of group process as in the latter example should be noted. In the former the attack upon the worker was in highly personal terms and thus served as a block to the rational consideration of the problem that needed solution; while in the latter case, the name of the executive or of the staff was never mentioned and the tone of the meeting was reasonably impersonal.

In other words it is possible to claim for this latter meeting that problem solving took place and that a variety of points of view, either spoken or unspoken, influenced the final product in form of a by-law which I read to you.

Yet, the real point is, that the executive's role was defined as much by the peculiarities of this specific group's nature as it was on the basis of agency efficiency and need. For had it not been for the relatively high prestige of Mr. K and the willingness of the rest of the group to enter into some compromise as reflected in the final writing of the new by-law, Mr. M would probably have been ignored altogether and a statement would have evolved which he would have liked even less.

I have now cited what I consider to be the "classical position" and I have made some remarks on what I think often is the relationship between theory and practice. I think you will agree with me that the theoretical, or the classical position, which I have outlined at the beginning of this paper has very real usefulness. But my entire subsequent discussion was presented in order to make the point that policy or theory or guidelines are just that and that there must be stated flexibility and yet specificity. It is ^{incumbent} upon the professional staff of an agency to understand policy which it needs to execute faithfully both in its most specific as well as in its broadest terms. This always requires judgment. Indeed, this requires professional judgment. But it must be clear to the board and it must be clear to the staff and it should certainly be hoped that each will have the kind of trust and faith in the other so that neither will shackle the other with such a degree of specificity that no decisions can really be made and nothing can really be carried out towards the welfare of the membership. For, as I indicated in the very beginning of this paper, the ultimate purpose of the agency is not for the board and staff to learn to get along with each other; the ultimate purpose of this agency and any other

social agency is to render the best possible service to the membership and the clientele that intends to use it. And furthermore, an important purpose is to present and develop with and for the membership the kind of program which the community itself feels is most creative, most useful, and reflects the best use of its money and the resources which it can afford.

Now all of this, while it can be stated in theoretical terms, essentially means that beyond policy and beyond theory and beyond discussions of the roles of board and staff the essential ingredient as I think I have demonstrated through my examples is one of relationship. And relationships are not engaged in by office titles such as executive director or president or youth committee chairman; these relationships are engaged in by human beings who have feelings, who have sensitivities, who have intelligence and who have blind spots. While I would not depreciate the importance of a clear delineation of board and staff functions, I think it is important to see a balance between the usefulness of such delineation on one hand and the crucial importance of kindness, forbearance, and human charity on the other. I can think of no more difficult work in this universe than to try to render in an effective manner services to people in our community who need and desire them. For these kinds of services which we render are services which deal essentially not with sentences written on paper but with the problems of living and growing in a confused and confusing world in which conflict is rampant. We are all dedicated to the goal of bringing more harmony, more peace and greater happiness to all people. All that this means is, that these kinds of goals and these kinds of aims need to be demonstrated not only by those who are our members and clients in our activities, but must be demonstrated first of all by those of us who are privileged to play key and major parts in the administration of social welfare agencies. Such people are members of the board of directors and members of the staff. While policy is certainly useful and absolutely necessary for the guidance of all, the lubricating fluid, in other words that which makes policy a reality is the good will, the ability and the kindness of human beings who live together, work together and bring happiness to others.

1

This dissertation is an attempt to link several conceptual constructs to each other and to learn the nature of their relationships. More concretely, it is hoped to attain at least a partial, operational definition of the professional behavior of social caseworkers.

The question is posed as to what the relationships might be between three sets of ideas. They are: (1) a social-systematic definition of professionalism; (2) a practice-theoretical formulation of social work behavior; (3) a set of verbalizations about operational social casework behavior.

The procedures followed in the investigation are threefold. First, we examined the writings of Talcott Parsons for his social-systematic definition of medicine and investigated its relevance to social work; secondly, we perused primary social work sources for formulations of social work professionalism; third, we conducted a field study to gather data which we examined for relationships to the sociological as well as social work theoretical constructs mentioned earlier.

The sociological investigations showed that while social work might accept some concepts, it would have to modify others. Especially noteworthy in this con-

2

nection is the change necessary in Parson's idea of affective neutrality as it relates potentially to social work. The social work theoretical investigation was used as a confirming and modifying mechanism in relation to the sociological analysis. It was found that some fairly adequate amounts of materials were available to do this job. The field study showed that workers on the job tend to bear out theoretical social work formulations, generally speaking, and that workers could handle theoretical rationales for their work with some facility. However, there is very considerable unevenness in respondents' choice of rationales and concepts, and it seemed on the whole that workers would most often deal with concepts and ideas subject to very general kinds of formulations. While thirteen (13) major behavior rationales (practice theoretical constructs) were identified, they were not all used too consistently. While the four (4) most frequently mentioned rationales were utilized by in excess of eighty (80) percent of the respondents, the other nine (9) were identified from fifty-nine and five one-hundredths (59.5) percent downward to sixteen and nine one-hundredths (16.9) percent with a median of forty-one (41) percent.

The main conclusions are that while respondents identified practice theoretical concepts frequently and

3

clearly enough to justify certain observations about their relationship to "what the books say", more effort might be called for in professional teaching and in-service training to broaden workers' perceptions. More importantly, however, the research demonstrates what is at least a beginning manifestations of social work practice-theoretical concepts which are identifiable and presumably applied.

conclusion.

**SOCIAL WORK IN THEORY AND PRACTICE:
EXPECTED BEHAVIORS IN SOCIAL CASEWORK**

by

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Approved.....

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PREFACE

Every profession devises formal systems by which newcomers to its ranks submit themselves to some kind of occupational socialization. Such procedures are held necessary to bring about full acceptance of the novice into a new reference group. In some occupations, especially the professions, this process of formal socialization ends with a beginning, symbolized by commencement, a ceremony of initiation into a normative reference group. The Oath of Hippocrates is an example, as is the professional degree, the license, the bar examination, and other procedures.

Moreover, regardless how formally or informally symbols of initiation may evidence themselves, all professions possess powerful mechanisms for socialization, such as already mentioned, for the transmission of skills, knowledges and attitudes deemed essential for absorption of the uninitiated. One of these mechanisms is the professional school, usually university-centered. Such schools may be on the graduate or the undergraduate level and are frequently both. Thus a profession controls the career history of the budding professional from the very earliest post-high school days. Indeed, in some areas, such as certain physical science occupations, attempts

are being made to extend this influence to the high school level. The professional school, then, is powerful for several reasons. It is a formal structure with carefully planned curricula formulated by members of the given profession. It evaluates the learner from his earliest days of exposure to the standards of the profession and this evaluation is continuous. Nor are schools, although under university control, exclusively subject to its wishes. Professional accreditation is almost always vital to their very existence and this lies in the hands of the representative bodies of the professions themselves. Professional schools are also most sensitive to the demands of the practitioners in the field. Not only does a school need their cooperation to recruit newcomers but it is also dependent upon them to place its graduates. Furthermore, some professional schools depend heavily upon practitioners to perform teaching duties as in social agencies and hospitals, as well as in law schools, schools of social work and others. It may be stated with confidence that as part of the way in which professions exercise control over their members, they exert powerful influence upon the educational institutions who socialize the lay person to the status of "professional".

As has been pointed out repeatedly, part of an

educational institution's task is to teach newcomers the skills with which to practice their profession. In other words, professional schools aim to teach their students to "do something" and to do it at the level of sound standards. And yet it is in the nature of professional practice that each "case" experienced by practitioners may be different from the next and yet in some ways like each other case. The great variety of cases seen by social workers may call for as many different kinds of techniques. It is nonetheless true that cases have certain like properties which in turn make it possible for the professional to work on the basis of a theory of practice, applied in discriminating ways to meet the individual needs and demands of client systems.* This is to say then that professional schools are called upon to teach principles of practice, primarily, and to illustrate their application to practice in many ways, yet never exhausting the potential number of situations in which these principles may find application.

While it is suggested that this foregoing formulation enjoys validity in reality, it is important to remember also that any theory of practice changes, is learned unevenly

*The term "client system" is used in Ronald Lipsett, Jeanne Watson, Bruce Westley, The Dynamics of Planned Change (New York: Harcourt Brace and Company, 1959). The term is used by the authors throughout the book, as will be done here, in the generic sense --- including individuals,

V

unplanned

by students, taught unevenly by professors, and applied unevenly by practitioners. Yet, it is especially with the practitioners with whose theory-related beliefs, assumptions, and behaviors we are most intensively concerned. We assume that the practitioners in the field as a group determine collectively and concretely the general direction a profession takes, including in this the educational institutions. It is assumed further in this connection that in the case of practitioners who claim to practice professionally, their practice, or at least their verbalization about it, ought to reflect in identifiable form some of the major theoretical principles learned, either in school or in some other way. This also means that in some way the budding professional must let the profession "speak to him", preferably through educational institutions, but in any case sufficiently well so that he can meet the demands placed upon him in practice. How well the practitioner has learned to meet these demands would reflect itself in how well he can operationalize them in the face of practical situations.

The project here presented was designed to find out to what extent social work practitioners would be able to

groups and communities. They point out, as we wish to do here, that this is not meant to infer the existence of such phenomena as group will and group mind.

32

verbalize professional social work behavior when confronted with case records of other workers in the profession. The outline of purposes, significance and methods of study will elaborate further upon this goal.

A. The Purpose of the Study

The purpose of this study is to define operationally, professional social worker behavior.

Professional social worker behavior will presumably ^{encompass} (1) promote change in the behavior of client-systems; (2) promote better social agency operations; (3) promote better agency-community relationships. Although there is the assumption that professional behavior is synonymous with effective worker behavior, it is not planned to test for this relationship in this study. Instead, the study will confine itself to the verbalized definition of professional behavior, and its relationship to theory of practice, when working with clients by the use of casework method.

B. The Significance of the Study

1. The definition of effective social worker behavior is one of the most complex problems faced by those who would wish to measure the effect of services rendered by social workers. One of the assumptions having to do with this is that professional and effective behavior are the same. This concern is significant since social workers

are persons who render professional services, and their education must relate itself to helping them meet the needs of client-systems. Curricula contents for the education of social workers are drawn from practice and theory. Are there conflicts between the two? Does professional social worker behavior as operationally defined agree in content and emphasis with what is taught in schools of social work as practice theory?

2. We expect that the results of the study may be suggestive for the contents of in-service programs in social agencies and in supervision of employed workers. Discussion of "what is professional behavior and what ought it be" may well result from the findings --- in any case, it is hoped this may be so.

3. Another significance of the study may lie in the method used to ^{obtain measurements} accrue findings about professional behavior, and may be useful to similar investigations in regard to other professions.

4. Finally, re-study of respondents at some later date and after intensive in-service efforts may demonstrate certain changes to have taken place in the operational definition of professional social worker behavior. In other words, the possibility may exist that our study may be a potential measuring instrument for changes in the self-image of professional social

worker roles.

C. Methods of Investigation

1. Introduction

This study will use two major methods of investigation. They are: (a) a content analysis of professional social work materials, organized within a sociological framework; (b) the use of selected casework records in order to elicit from social workers-on-the-job certain ^{relevant} pertinent information.

2. Analysis of Professional Literature

a. A group of social work texts commonly used in graduate schools of social work will be analyzed for their content of material describing what is widely known in the profession as the concept of the Conscious Use of Self, i.e., the professional way in which social workers use themselves in relation to, and in behalf of, client-systems.

b. The text material will be organized within an already existing, sociologically conceptual framework. It will be accompanied by certain observations regarding the sociology of the professions in terms of internal and external controls. Despite certain limitations of the Parsonian theoretical approach, it will nonetheless be used, and for reasons which will be stated.

3. Analysis of Case Records

For purposes of eliciting significant responses from social workers-on-the-job, which would attempt to describe the meaning of professional behavior in operational terms, a questionnaire-type of approach is used. This approach follows basically a case analysis pattern very commonly used by social workers and thoroughly familiar to them.

4. The Sample

A questionnaire will be administered to all available social workers in Buffalo and Syracuse, New York who meet the following qualifications: they hold the Master's degree in social work from a school of social work. They are presently employed as caseworkers in either family service agencies or as caseworkers in psychiatric settings, such as hospitals and clinics.

5. Summary

This investigation does not start "from scratch". The fact is that the social work profession possesses substantial material, reflecting what are considered to be professional behaviors. The clearest reflection of this fact can be found, as one would expect, in textbooks used by graduate schools of social work. In other words, while it will be attempted to demonstrate that professional social worker behavior can be defined theoretic-

8

cally through an analysis of the major literature, it remains to be seen whether or not social workers-on-the-job would define professional behavior in the same sense. To test this, we will, as already stated, (1) define professional behavior in the theoretical sense, and then (2) see how practitioners respond to selected case situations and a series of questions about them, designed in such a way as to make it possible that social workers will reveal their verbalized ideas about work with client-systems.

Following the collection and analysis of the two sets of data a further analysis will be made regarding the degree of agreement and/or difference shown in relation to the sets of data. Findings will be summarized and discussed in relation to their implications.

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This study is the result of the efforts of many people. Among them are the many social workers in the thirteen agencies who participated in answering a very long and difficult questionnaire. I owe a great debt to my students who stimulated my thinking and to my colleagues at The University of Buffalo School of Social Work who have taught me a great deal about social work. To my teachers at Syracuse University, especially Dr. Kindelsperger who has served me in that capacity for a decade, as well as to

X

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"Piedmont Case" and the "Mr. H." case as part of this research project.

To my wife and to my daughter go those thanks unspoken in words.

CONTENTS

PREFACE	
I. THE EXPECTED BEHAVIORS OF SOCIAL WORKERS: THE RELATIONSHIP OF THEORY TO PRACTICE: ITS RE- FLECTION IN PROFESSIONAL SOCIAL WORK LITERATURE	1
II. THE RESEARCH METHODOLOGY FOR THE FIELD INVESTI- GATION.....	36
III. THE SAMPLE AND ITS CHARACTERISTICS.....	47
IV. THE ANALYSIS OF SOCIAL CASEWORK BEHAVIOR.....	60
V. THE EXPECTED BEHAVIORS OF SOCIAL WORKERS: THE RELATIONSHIP TO THE PARSONIAN FORMULATION OF PROFESSIONALISM.....	101
VI. THE SUMMARY OF THE INVESTIGATION.....	110
VII. CONCLUSIONS AND DISCUSSION.....	118
APPENDICES:	
A. THE QUESTIONNAIRES.....	129-154
B. CASE INTERVIEW: THE PIEDMONT CASE.....	
C. CASE INTERVIEW: THE "MR. H." CASE.....	
D. LETTER TO EXECUTIVES OF PARTICIPATING AGENCIES.	
E. LETTER FROM FAMILY SERVICE ASSOCIATION.....	
F. LETTER FROM COUNCIL ON SOCIAL WORK EDUCATION...	
G. OUT-OF-CATEGORY RESPONSES.....	
H. INSTRUCTION TO JUDGES FOR THE CODING OF RE- SPONSES.....	
BIBLIOGRAPHY	

LIST OF ILLUSTRATIVE MATERIALS

TABLE

- I. DISTRIBUTION OF SAMPLE BY SCHOOLS AND YEARS OF GRADUATION IN UNITS OF FIVE YEAR PERIODS.....
- II. SCHOOL ATTENDED AND METHOD OF SPECIALIZATION.....
- III. SOCIAL WORKERS EMPLOYED IN FAMILY AND PSYCHIATRIC SETTINGS.....
- IV. EMPLOYMENT SETTINGS AND SEX OF RESPONDENTS.....
- V. RESPONDENTS' AGES BY FIVE YEAR PERIODS, AND SEX.
- VI. PERCENTAGE OF TIME SPENT IN DIRECT SERVICES ACCORDING TO SEX OF RESPONDENTS.....
- VII. MAJOR ACTIVITIES OTHER THAN DIRECT CASEWORK SERVICE, AND SEX.....
- VIII. SETTINGS OF EMPLOYMENT AND PERCENTAGE OF TIME SPENT IN DIRECT CLIENT SERVICES.....
- IX. EMPLOYMENT BEFORE AND SINCE GRADUATION FROM SCHOOL OF SOCIAL WORK.....
- X. CATEGORIES FOR PROFESSIONAL BEHAVIOR RATIONALES AND THE FREQUENCY OF THEIR USE.....
- XI. BEHAVIOR RATIONALES AND THEIR USE BY RESPONDENTS ACCORDING TO EMPLOYMENT SETTINGS.....
- XII. USE OF BEHAVIOR RATIONALES ACCORDING TO SCHOOLS OF GRADUATION.....
- XIII. USE OF BEHAVIOR RATIONALES COMPARED TO AGE GROUPS.....
- XIV. BEHAVIOR RATIONALES AND LENGTH OF EMPLOYMENT BY YEARS.....
- XV. THE USE OF BEHAVIOR RATIONALES AND THE SEX OF RESPONDENTS.....
- XVI. USE OF BEHAVIOR RATIONALES IN RELATION TO CERTAIN CHARACTERISTICS OF THE SAMPLE.....

CHAPTER I

THE EXPECTED BEHAVIORS OF SOCIAL WORKERS: THE RELATIONSHIP OF THEORY TO PRACTICE: ITS REFLECTION IN PRO- FESSIONAL SOCIAL WORK LITERATURE

Every textbook and every teacher in a professional school holds a certain potential for the professional self-image of each student. Professional schools exist for the purpose of educating and training the untrained for the practice of the profession of their choice. To practice a profession is to "do something" in specified ways toward specific goals. Each behavior, so to speak, must furthermore be justifiable and explainable within a theoretical framework--a theory of practice--which changes more slowly than each of the professional behaviors which the professional person basis upon it. In other words, while professional education is to some extent method and skill training, the overriding concern in professional schools is with knowledge of information and principles which, when properly used in concrete and practical situations may yield answers relevant to specific professional problems. Thus also, field practice experiences must be carefully defined and selected so that they truly amplify school-centered theory teaching. Professional practice, once the fundamentals have been learned, consists of the operationalization of theory in

relation to the needs of client-systems. Nonetheless, not all "learnings" take place on a conscious, theory-centered level. There are many attitudes and values which depend on imitation and on identification with the attitudes and values of others.

As an example of the "non-academic" kind of learning from a teacher in a graduate school of social work, we cite an excerpt from a student paper, written in response to the following assignment: "Write a brief description of an episode involving a group decision in which you played a part." This is an excerpt from what one student wrote:

The professor asked what we thought about drinking coffee in class. There was a dead silence. He then looked across the room and focused on me. Although I could feel his question coming, I felt like eating the cup and its contents in order to dispose of it. It was too late. He asked the question: 'Since you are drinking coffee, John, what do you think of it?' I could sense the tension in the room and became anxious...

Unwittingly, and almost without control of my voice, I gave my feeling quite freely. I said that although I didn't like smoking, I nonetheless had to sit in a classroom full of smoke which was to me as distasteful as it was to the professor who disapproved of drinking coffee in the classroom...

The professor laughed and accepted this criticism well, since he, too, was puffing away on his pipe...

The professor then asked for a show of hands of all those in favor of keeping the status quo...

The vote was unanimous in favor of continuing to smoke and to drink coffee during class time. The professor graciously accepted this vote and let the group have its way.

This, indeed was a democratic process in decision-making which was shared by the entire

group.¹

This student had an opinion about the way his professor should act, i.e., an expectation of teacher behavior. He also had some suspicions about the way in which the professor might have acted. Moreover, he displayed some fear to speak his mind and about the possible consequences. Once he found, however, that he was safe on both counts he could in effect say: "You acted as I would want to expect you to act and this I can admire." Moreover, it should be noted that this class never dealt with teacher behavior in any explicit sense, since such considerations in and of themselves would have had little meaning or relevance to the class content.

While one must recognize that this kind of "learning" can be extremely important, especially in a graduate school of social work, it is nonetheless diffuse unless organized into the curriculum. Such a curriculum, as already pointed out, stresses academic knowledge of information, theory and principles, while at the same time it stresses field work. Eventually, some integration between class and field is expected to

¹From a paper by John Rapisardi, first year student, The University of Buffalo School of Social Work, October, 1958. Quoted by permission of the student.

4

take place and a professional person begins to develop who can use himself purposefully, i.e., in a conscious manner in order to help those in need of his services.

The Norms of Professional Social Worker Behavior

Introduction

In the present chapter we will begin to examine two major ideas in what constitutes a common social work concept known as the conscious use of self. (1)

These ideas have meaning primarily in reference to (1) the worker-client-system relationship, and (2) worker-colleague relationships.

The first idea, namely worker-client relationship, will be developed on the basis of three major sources. They are Professor Talcott Parsons' "Social Structure and Dynamic Process: The Case of Modern Medical Practice"², his "The Professions and Social Structure"³, and "The Emergence of a Social Work Profession" by Wilensky and Lebeaux.⁴

The second idea, namely worker-colleague re- (2)

²Talcott Parsons, The Social System, (Glencoe: The Free Press, 1951).

³-----, Essays in Sociological Theory, (Glencoe: The Free Press, 1953).

⁴Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare, (New York: Russell Sage Foundation, 1953), chapter XI.

5
relationships, will be discussed primarily in the light of the work done by Wilensky and Lebeaux.⁵

Because the main focus of this project will be on worker-client system relationships, the first idea will receive the greatest amount of attention. The worker-colleague idea will be treated only insofar as to indicate to the reader our concern with it as a factor in social work professionalism.

The chapter will end with a section entitled "The Conscious Use of Self". It is to be viewed as a generalized summation of all that preceded it, for it is our ^{Behauptung} contention that both sets of ideas--the worker-client system and the worker-colleague system--depend ultimately upon what is defined as the concept of the conscious use of self.

The Theoretical Framework

It is appropriate to speak here of the theoretical framework within which the worker-client system behavioral norms are organized. As already pointed out, the basis of the normative concepts used here, stems from Talcott Parsons' formulation in regard to physician behavior and as treated and modified in Industrial Society and Social Welfare.⁶ This investigator will suggest some

⁵Wilensky and Lebeaux, chapter XI.

⁶Supra.

6
further modifications.

As the literature on the sociology of the professions increases it becomes rather clear that most of it is written from either of two standpoints. Either it deals with the internal organization of occupational groups--prestige, status, codes of ethics--or it deals with external factors. Such concerns tend to be with relationships to other occupations, the general public's image of a given occupation, and somewhere in between these approaches with the problem of occupational role acquisition. We have found no attempt other than Parsons that views professional status-role from the point of view of what the professional person does in relation to client-systems and thus in the ^{fulfillment} discharge of his professional duties, based on consciously decided professional choices. This advantage in our approach and that of Parsons we see as the one element that would most recommend itself to justify our decision. Furthermore, there is a strong affinity between this approach and what we know to be true in the social work profession, namely that it, too, places great value on the social worker's conscious use of self. It would seem logical, therefore, that the Parsonian approach--the approach that investigates what the professional does, rather than what he is--would seem the method of choice.

7

Additionally, it is quite clear that the Parsonian approach is a systematic approach, i.e., as the reader will see, its parts fit together and form a logical picture of professional behavioral expectations.

Thirdly, the Parsonian system is essentially a socio-psychological one. This is to say that it deals with human relationships--worker-client systems--that can also be studied empirically.

On the debit side it must be pointed out that occasionally Parsons seems a bit too systematic, too neat, and that he may try to cover too much on the one hand, while on the other hand he covers too little since he hardly takes into account norms of external relevance, such as inter-professional relationships, and the relations of the professions to the larger, general "lay" community. Furthermore, as we shall show, he seems in part, at least, in need of modification for the sake of accuracy.

All in all, however, it is the belief of this investigator that at this stage of knowledge the modified Parsonian approach which we are using is useful and quite satisfactory for our purposes. Perhaps, our research may in some measure contribute to the theory of knowledge regarding the professional norms of workers in interaction with client systems.

8

The Professional Relationships Between Social Workers and Client-Systems

Sometimes workers have been known to discuss how "they handled a group" or how "they handled a certain individual". It is important to emphasize that the essence of professional work lies in the way in which you handle yourself as a worker rather than in the way in which you handle somebody else.⁷

A rather similar approach can be found in Parsons' discussion of medical practice. In essence, he too, asks "what does the professional person do?" As a professional, that is as an occupant of a particular status-role (physician), the professional is expected to behave in certain specific ways. These are suggestive for social work because we think that the social work literature reflects to a very considerable degree what Parsons sees among physicians. Accordingly, the professional person acts, to use Parsons' language, in ways that are functionally specific. This is to say that he acts as a trained specialist in technical ways, based on education and experience. Wilensky and Lebeaux also use this formulation and apply it directly to social workers:

Social work practice illustrates this in many ways. Inquiry into the client's life is defined as legitimate, not as snooping. The worker typically does not "make friends" with the client. He does not reveal his personal

⁷Harleigh B. Trecker, Social Group Work - Principles and Practice, (New York: Whiteside Press, 1955), p.28.

9

life, entertain the client socially in his home, or visit with the client on a social basis. As far as possible, the social worker insists that service be given in the office rather than in the home, because the latter threatens a more extensive personal involvement than is good for the professional relationship. The client is kept to a strict appointment schedule, symbolizing formality of relationship and measuring restriction of contact.⁸

In other words, the relationship between the worker and the client-system is kept on a "business" basis and a constant effort is encouraged in which the worker attempts to avoid totality of involvement in favor of partial, functionally specific involvement. The relationship is kept "functional", i.e., within the confines of the purposes of the client-system's as well as the worker's presence in the situation. As Perlman states,

...the caseworker explained, simply and sincerely, that, were he the woman's friend, he could not be her helper and that, in order to help her with the manifold problems, certain conditions different from friendliness would have to be maintained.⁹

The worker, in other words, is reminded of the purposes which underlie his activities as a worker. Implicit in them is the fact that they are only of such kind as will assist to resolve the client-system's problems. What the client-system shares with the worker,

⁸Wilensky and Lebeaux, p.299-300.

⁹Helen H. Perlman, Social Casework, A Problem-Solving Process, (Chicago: University of Chicago Press, 1957), p.80.

10

consciously at least, is expected to be shared because it is relevant to the worker's professional purpose: he needs the information in order to perform his task--to help the client-system in the resolution of its problems. One may see then that one aspect of professionally expected behavior as reflected in the social work literature coincides with Parsons', namely that workers must perform on a "business" basis rather than on a friendship basis; worker responses to client-systems are to be solely on the basis of professional services to be rendered.

A second Parsonian concept having relevance to professional social worker behavior is called affective neutrality. To cite Parsons:

1.

2.

Affective neutrality is also involved in the physician's role as an applied scientist. The physician is expected to treat an objective problem in objective, scientifically justifiable terms. For example, whether he likes or dislikes the particular patient as a person is supposed to be irrelevant, as indeed it is to most purely objective problems of how to handle a particular disease.¹⁰

As will presently be seen, social work literature disagrees with such a view and there is evidence available that this formulation does not really hold for medicine either. As a matter of opinion, the investigator would

¹⁰Parsons, The Social System, p.435.

11
suggest that Parsons' position is really quite untenable, in even the most objective circumstances, since the physical scientist, too, to say nothing of the social scientist, operates within a social value system that brings to bear upon his efforts a certain degree of subjectivity. In reply to the hypothetical question as to whether the social worker treats the problem apart from the client-system, the position is quite clear. Indeed, social work literature recognizes quite explicitly that affective involvement with the client-system is not only unavoidable but quite desirable, provided that to the greatest extent possible it be conscious involvement and for a professional purpose.

High among the qualities essential to a social worker's skill is the capacity to feel with others... But this very quality of concern for others can be translated into helping only if it is acknowledged and disciplined so that it does not control the worker in his relationships with those whom he would help, and so that he is free to sense and meet the feelings that are theirs and distinct from his own.¹¹

Perlman, while essentially in agreement with Phillips, states the problem with its suggested resolution in, perhaps, not quite as radical terms; yet, clearly recognizes the inherent paradox:

¹¹Helen E. Phillips, Essentials of Group Work Skill, (New York: Association Press, 1957), p.94.

12

The case worker, too, has relationship reactions, and part of his professional skill is the management of them.

The caseworker in the foregoing discussion of what he must be and do, how he must observe and feel with the client and yet be responsible for the control of his and the client's feelings, and how he must carry forward the business at hand sounds almost superhuman, an Olympian in mufti.¹²

Wilensky and Lebeaux, then, sum up the problem but offer no direct and substantial solution in proclaiming that

There must be involvement and no involvement at the same time.¹³

In this connection it is perhaps relevant to observe that social workers are frequently characterized by the general public on the same contradictory basis already discussed above, for the following sins: (1) "she was cold and unfriendly", and (2) "the social workers treat people too much with kid gloves". These characterizations, while contradictory also tend to point up the dilemma here cited. The answer of the profession would seem to be first, that one cannot really be affectively neutral as Parsons would suggest. Instead, what should be proposed, as it has been, is that the objectivity--subjectivity dilemma must first of all be recognized, rather than denied, since "...the caseworker, too, is only a human being, subject, like his

¹²Perlsman, p.31.

¹³Wilensky and Lebeaux, p.300.

13
client to feelings of anxiety, dislike, lovingness, and vulnerability".¹⁴

Secondly, the worker must either change or at least control his feelings, once he becomes aware of them. This, Perlman and many before her (Hamilton¹⁵, Phillips, Trecker) point out, is achieved by regular supervisory conferences between social worker and case supervisor. Finally, it is suggested that "subjectivity diminishes with experience"¹⁶ and the problem is summed up in these words:

Warmth, receptivity, sympathetic responsiveness; acceptance of the person as he is and expectation that, with help, he will strive toward change in himself or his situation; purposiveness, objectivity, and goal; the ability and willingness to be of help; authority and expertness and of change --- all these characterize the caseworker's professional relationship. Within this dynamic matrix of acceptance and expectation, security and

¹⁴Perlman, p.81.

¹⁵Gordon Hamilton in her classic The Theory and Practice of Social Casework, (New York: Columbia University Press, 1940) points that the working out of worker subjectivity in relation to client-systems results in an "attitude of detachment (that is) one of the products of the widespread scientific development of the nineteenth century and is not, as we sometimes imagine, wholly an innovation of psychiatry" (page 32). Nonetheless, as Hamilton also points out she approaches the problem in the same psycho-analytic manner as Perlman, suggesting what we may call the "self-awareness --- understanding of self --- understanding of others --- helping others" sequence. Hamilton concludes that "social workers, when caricatured on the stage or in books, are apt to be described either as sentimental or hard-boiled. The best caseworker is neither..." (page 32).

¹⁶Perlman, p.33.

stimulation, the conscious work of problem-solving takes place.¹⁷

In the light of our discussion of the concept of affective neutrality and in the light of the views of the social work literature we think it appropriate to re-cast the Parsonian term into the concept of self-controlled use of feeling. For our purpose, at least, this term is more accurate, since it does not deny the presence of the social worker's feelings, but rather accepts them and implies a way of using them. Further, we mean to say that the expectation of the worker is to handle his feelings, having first recognized their presence and finally, we mean to reflect the thought documented by us from the literature, that a social worker is expected to be able to handle his feelings at least to some extent.

A third concept, in addition to functional specificity and controlled use of feeling is the Parsonian formulation called the ideal of service:

With regard to the pattern variable, self vs. collectivity orientation, the physician role clearly belongs to what in our occupational system, is the "minority group", strongly insisting on collectivity-orientation. This "ideology" of the profession lays great emphasis on the obligation of the physician to put the "welfare of the patient" above his personal interests, and regards "commercialism" as the most serious and insidious evil with

¹⁷Parsonian, p.81.

15
which it has to contend.¹⁸

Service is a norm for professional behavior and an ideal. It plays a real and substantial part in all helping professions, including social work.

To begin with, a client-system comes in contact with a social worker almost always at the point at which the former is the recipient of the latter's help. Worker and client-system are strangers. The client-system is in some way dependent because it cannot, or perhaps does not, do for itself what with help of a worker it can perhaps learn to do. It puts its trust in the worker and expects in return that the worker, although he must be paid from some source, will "give of himself to the subordination of his own personal needs and with devotion to the client-system's interests". Conversely,

because of the client's belief in the professional's service ideal he does not typically attempt to bind him to a contract; he has confidence in and gives his confidence to the worker.¹⁹

Perhaps, of the Parsonian concepts discussed so far, this is the one which would have the least obvious application to the social work profession. The reason seems clear. Social workers are almost always employees and are

¹⁸Parsons, The Social System, p.435.

¹⁹Wilensky and Lebeaux, p.302.

16

salaried. There are, however, some exceptions. The reader is referred to the fact that an increasing number of social workers tend to move toward private practice. Nevertheless, there are only relatively few such practitioners and considerable question has arisen as to whether or not such practice is still "social work". In other words, there are some who hold that social work can only be done in agencies, since the agency itself is often used as a dynamic in the casework process. Other questions have been raised about the need for supervision (which presumably would not exist in private practice), and the need for psychiatric consultation which would at best be practitioner-initiated, rather than raised as a possibility by the supervisor. Finally, and somewhat connected to the above questions, there arises the problem of malpractice for which no insurance policy is available, against which however, an agency structure would offer greater protection than the independent practitioner ever could. The National Association of Social Workers is dealing with the private practice question through one of its committees, and is attempting to develop some kind of regulatory statement.

In any case, in agencies where fees are charged

22

77

the income does not find itself directly into the social worker's pockets. The social worker's salary depends only marginally, if at all, on whether or not the client pays for the service. Even if he pays, as experience has clearly shown, the percentage income so derived is in most cases a small item in the agency's total budget. Indeed, large numbers of social worker employing agencies charge only small fees or none at all. Yet it is of course true that a worker can take advantage of the client in non-monetary ways. However, these tend to be subtle psychological parts of the relationship, difficult to observe and identify. In a sense our conclusions may seem rather surprising since of all the professions, social work has always been one of the most verbal in proclaiming its ideal of service. However, from the standpoint of overtness of evidence in this regard, the evidence of the social worker's beliefs is a generalized one, such as dedication to the profession, the long-time willingness of social workers to work at poor remuneration, and the fading tendency of social workers to openly identify with "liberal" causes for the good of the larger society. In a sense, then, the service ideal in its concrete form is already built into the situation in which the worker finds himself, namely as an employee of an organization which exercises internal control over its

workers and protects the client-system from personal exploitation of the part of the worker.

There is one area, nonetheless, over which the social structure, called the social agency, has only very limited control and where the major responsibility lies with the worker in terms of offering the client-system protection from worker exploitation. We have in mind the problem of what to do with the information the client-system reveals to the worker.

Social workers receive, of course, a great deal of confidential information, to which they are entitled as was pointed out in the section on functional specificity because they need the knowledge regarding the client's personal life in order to perform their professional functions. Potentially, the social worker can use his information in careless ways, thus bringing harm to a person or persons who trusted the worker when they revealed it. In the most extreme sense such information may well be used for blackmail. Additionally, there is the issue of whether social workers may be compelled to testify in court, using data received from the client-system under confidential circumstances. Indeed, the unauthorized use of such confidential information as the client-system may reveal can be as damaging as unethical medical practices on the part of

the physician. In other words, where a client-system may not be in need to be protected from financial exploitation when going to a social worker for help, it may indeed be very much in danger of other types of exploitation through the careless or malicious use of something more valuable than money: his reputation. Provided that the social work professional believes in an ideal of service and operationalizes this by use, the client-system may be adequately protected. In other words, the use of confidential information must be subject to criteria implied in the service ideal, namely, that it must be used only in the interest of, and indeed with the consent of the client-system, with the exception of certain legal procedures whereby a worker may be forced to act contrarily, even if often against his own better professional and ethical judgment, to testify in court. Moreover, even if the professional person may act against what to him and his profession is sound protection of a client-system's right, the fact remains that as a professional person he must at least give thought to the problem and take a position in harmony with his professional commitment although he may be unable to carry it out on account of forces stronger and more powerful than he. In no case is he expected to simply ignore the client-system's rights. Repeated

20

charges have been heard that, for example, welfare departments tend to ignore the rights of ADC mothers, especially if they are out-of-wedlock persons, and the right to appeal in this and some of the other public assistance categories under the Social Security Law.

Fourthly, and finally, Parsons speaks of universalism as still another behavioral expectation placed upon the physician. In a discussion of this concept as it applies to social workers, Wilensky and Lebeaux rename this concept for reasons which are left unexplained by them, as impartiality. L

What is meant by universalism or impartiality, essentially, is that the client-system should be served to the worker's best ability regardless of any personal characteristics on the part of the former. "Don't discriminate among clients on a personal basis", the worker is told, for

...if the practitioner were free to give or withhold his services, to serve poorly or well, on the basis of personal characteristics, then there could be no confidence and no ground for establishing professional helping relationships. Moreover, if likes and dislikes were made to be the basis for service, then the client would tend to develop attitudes and behavior to win the practitioner's favor.²⁰

Impartiality can be observed in various ways. One

²⁰Wilensky and Lebeaux, p.301.

21

of them, especially in social agency settings, is by an examination of the agency's intake policies. If the agency truly follows and observes them as stated in its literature, for example, it becomes a matter of fact rather than opinion. Either the agency serves Negro client-systems or it does not; either it serves Puerto Ricans or it refuses to do so; either, a Jewish agency admits those Non-Jews who apply or it does not. However, beyond this there is another level, and it is at this point that an earlier concept ties in: controlled use of feeling. It is, of course, consistent with a Freudian approach to psychodynamics to recognize that no one will ever know all his motives in a conscious sense, and yet we hold that there are pre- and sub-conscious dynamics which, with help, can be recognized by a worker. This is to say, that although an agency's policies may be carried out faithfully insofar as intake is concerned, when the client-system and the individual worker come face-to-face with each other, what becomes most important is not the agency's intake policy but the worker's assumptions, conscious and pre-conscious, that may play a role which it is held possible to control to a certain extent. It has been repeatedly observed that professionals of all kinds, social workers included, tend to be committed to a middle-class value system that includes

52

22

punctuality, cleanliness, ability to talk about one's feelings with a degree of self-control, and a host of other behaviors which are expected of client-systems by workers and by their agencies. Albert K. Cohen in his book Delinquent Boys has treated this subject quite interestingly, observing that

However much we may speak of tolerance of diversity and respect for differences, we cannot help but evaluate others in terms of the measure of their agreement with ourselves.²¹

And further,

In the settlement houses and other adult-sponsored and managed recreational agencies similar conflicts may often be seen between the middle-class values of the adults in charge and the working-class values of the children for whose benefits the institutions ostensibly exist. Such organizations smile upon neat, orderly, polite, personable, mannerly children who "want to make something of themselves".²²

Cohen is a sociologist and not a social worker and this is of some significance because social work textbooks give little, if any space to discussions of cultural relativity. It is nonetheless true that Social Work, the quarterly journal of the National Association of Social Workers, published several articles on the subject,

²¹ Albert K. Cohen, Delinquent Boys, (Glencoe: The Free Press, 1955), p.57.

²² Cohen, p.116.

23

particularly as it relates to casework.^{23,24,25,26}

It seems to this writer that it would be fair to say that social work has long recognized the obligation to be ^{unpartisan} impartial in its intake procedures and in the general treatment of client-systems. As long as this demand is confined to a relatively superficial level it is possible to meet it policy-wise. Whereas some social workers also recognize that something must be done about those client-systems to whom the general middle-class value assumptions are strange and unreal, it has been extremely difficult, if not impossible, to find any substantial literature regarding the methods of dealing with the intellectual recognition that something must be done. In other words, there appears to be real difficulty in operationalizing the concept of impartiality on any but the most overt level. Moreover, this problem, one would suspect, is not

²³Lloyd E. Ohlin, "Conformity in American Society Today", Social Work, Vol. 3, No.2, (April 1958). Dr. Ohlin is a sociologist engaged in research at the New York School of Social Work, Columbia University.

²⁴Ruth F. Brenner, "Cultural Implications for a Child Guidance Clinic in a Court Setting", Social Work, Vol. 2, No.3, (July 1957).

²⁵Berta Fantl, "Integrating Psychological, Social and Cultural Factors in Assertive Casework", Social Work, Vol. 3, No.4, (October 1958).

²⁶Elliot Studdt, "The Delinquent and Community Values", Social Work, Vol. 1, No.4, (October 1956). Mrs. Studdt uses Cohen's theoretical framework, treating 'teen age gang be-

27
confined to social work alone, but can perhaps be traced etiologically to the fact that professionalism and its expectations regarding client-system behavior presume a middle class value system, a priori. The alternative would be to find a kind of lower-class treatment approach or an upper-class value orientation. We are forced, therefore, at least for the time being, to test for impartiality on a fairly overt level which would presume acceptance of client-systems for service regardless of race, color, religion and national origin, plus the most obvious kind of avoidance of value super-imposition by worker and agency upon client-systems.

Summary

In the year 1951 the American Association of Social Workers, now absorbed into the National Association of Social Workers, adopted a code of ethics which the successor organization still recognizes as binding. Under sub-paragraph "A", there appears the following statement:

- A. Relation to Clientele --- whether individuals, groups or communities

The American Association of Social Workers believes that the social worker should:

1. Regard as his primary obligation the welfare of the persons served, consistent with the common welfare and as related to the agency function and/or defined by law.

havior as reflective of sub-cultural norm fulfillment.

- 25
2. Accept that in professional relationships his professional responsibility takes precedence over his personal aims and views.
 3. Accept the right of persons served to make their own decisions and to act for themselves unless they freely give this authority to the agency or unless the agency must act in a protective role in order to safeguard the persons served or the community.
 -
 5. Respect and safeguard the right of persons served to privacy in their contacts with the agency, and to confidential and responsible use of the information they give.
 6. Conduct all relations with and concerning the persons served with respect for individual differences and without discrimination either because of special interests or of personal identification with particular ideologies.²⁷

All of the concepts here discussed and re-formulated in part, appear in the above statement, either in explicit or in implicit form. They are: ¹ functional specificity, ² controlled use of feeling, ³ ideal of service, and ⁴ impartiality. It is these concepts for which we shall test operationally later in this project. In the meantime, we shall briefly deal with another facet of professionalism, namely worker-colleague relationships. To end this section, however, we recall that

²⁷ American Association of Social Workers, Standards for the Professional Practice of Social Work, (New York: American Association of Social Workers, 1951), p.5.

21

...the success of the claim to professional status is governed...by the degree to which the practitioners adhere to a set of moral norms that characterize the established professions. These norms dictate not only that the practitioner render technically competent, high quality service; but that he be impersonal, objective (the professional avoids emotional involvement), impartial regardless of personal sentiment), and be motivated by a service ideal (devotion to the client's interests more than profit should guide his decisions when the two are in conflict).²⁸

The Professional Relationships Between Social Workers and Colleagues

Introduction

A second major theme in the discussion of the "professional self" among social workers deals with colleague relationships. While this study deals mainly with worker-client system relationships, it is important to be aware that staff relationships play facilitating functions which are essential to the development of sound worker-client system relationships. This is emphasized by the fact that social workers typically work as colleagues in social agencies. This is, of course, especially meaningful because (1) social workers are mostly employees and thus part of a bureaucratic structure; and (2) social work, both as re-

²⁸ Wilensky and Lebeaux, p.301.

27
flected in its teaching in graduate schools of social work and in its operational sense in agencies, has consistently emphasized the need for a kind of supervision that puts premium on the development of a psycho-social "self" in relation to client-systems as well as colleagues.

Parsons' ideal-type model of professionalism reaches to the limits of adequacy when seen as a model for professional behavior such as becomes apparent by the application of his four criteria: functional specificity, affective neutrality, universalism, and ideal of service. As has already been pointed out, social work fits the model only in general terms and it is important to recognize that there are important questions unresolved, i.e., the objectivity-subjectivity problem. Moreover, Parsons says little or nothing about the relationships of professional people to each other, whether as independent practitioners or as employees who belong to professions with strong internal controls (medicine). Evidence that colleague relationships may play a significant part in the assessment of professional social worker behavior is presented by Rosner and DiPasquale's study of professional teacher behavior.²⁹ By the use of a critical incident type

²⁹Benjamin Rosner and Joseph DiPasquale, Studies in Professionalism in Education: Part One: "A Study of Professional Teacher Behavior", (Buffalo: The University of Buffalo, 1958), pp.35-55.

28

of investigation a substantial number of items were analyzed by which respondents indicated that such relationships were perceived by them as important components in their images of professional (and unprofessional) teacher behavior. If colleague relationships do play this important role in the effectiveness of the profession, one would expect to find similar emphasis in the major social work literature. With a single exception this does not seem to be the case.

The primary attention will, therefore, shift to the one major work which deals with the worker-colleague relationships in any major sense. It is a work already cited, namely, Wilensky and Lebeaux's Industrial Society and Social Welfare. The authors cite four norms as governing such relationships. The first is listed as follows:

Do what you can to maintain professional authority and professional standards of work.³⁰

A major issue among social workers is, and has for some time been, a strong concern with the meaning of professional standards and authority. Such words as "our professional self-image" occupy social workers a good deal. Thus social workers are also interested in

³⁰Wilensky and Lebeaux, p.303.

definitions of professional authority as reflected by the degree of Master of Social Work, which many holders use to differentiate themselves from "untrained" workers, mostly persons who hold the B.A. or B.S. and employed quite often in public agencies. And yet, such concerns are not unique to social work. They are quite generally necessary in the professions since they refer to the setting of educational qualifications and standards for those who are newcomers to the ranks. Ultimately, of course, such considerations are taken to protect the client-system from malpractice, always a real danger in professions not yet too well organized.

The second norm:

Do not air professional problems, complaints and mistakes publicly.³¹ 2)

There is a startling contrast in regard to this norm between social work and most of the older professions. It is most unlikely to ever hear public criticism of physicians by physicians, lawyers by lawyers, ministers by ministers. Yet, among social workers such criticism is common occurrence. Even when outsiders criticize social workers irrationally and in public, it is rare for social workers to close ranks and fight back. Indeed, quite the contrary seems to take place. If, indeed, to withhold public

³¹Wilensky and Lebeaux, p.306.

criticism is a social work norm it is not too well understood. The "laundry" is not only washed without much reference to who might be listening, but occasionally workers have been known to rationalize their self-criticism by reference to the democratic value system to which the profession is committed and the implicit right of the public "to know". Self-criticism, while without doubt healthy to some extent, is common in social work, hence perhaps also the frequent "self-study" activities of social workers and social agencies.

The third norm:

Be aware of the limited competence of your own specialty within the profession; honor the claims of other specialties; and be ready to refer clients to a more competent colleague.³²

In contrast to the second norm, this norm is widely taught in the field. It is operationalized primarily in relation to the referral process. Although recurring complaints can be heard that workers think that "if I can't do it, nobody else can", there is considerable literature available in the profession dealing with referral. Wilensky and Lebeaux feel, however, that the norm is not strongly developed. In connection with this it may be significant to realize that there is a tendency among social workers to refer to other professions (such

³²Wilensky and Lebeaux, p. 307.

as psychiatry) rather than to refer to other social workers.

The fourth norm:

Interpret colleague as well as client behavior in professional (for example, casework) terms.³³ 4)

There is a considerable tendency in the profession to think of colleague's behavior in somewhat similar terms as of clients'. While on the one hand this may result in more considerate relationships among colleagues it is also frequently resented by colleagues who complain of being "caseworked". Possibly, the psychodynamic supervisory orientation in social work adds to this tendency, or perhaps merely expresses it.

Summary

We have very briefly reviewed four norms of worker-colleague behaviors in social work. No research has been done to substantiate them empirically, but they do seem to play a role with various degrees of emphasis in the training and development of professional workers. All of them appear to be somewhat indicative of the profession's efforts towards greater internal control and a more favorable public image of the profession.

The Concept of the Conscious Use of Self

Every major social work textbook discusses what has

³³Wilensky and Lebeaux, p.308.

long been known as the concept of the "conscious use of self". It is, aside from the purely academic subject matter in graduate school curricula, perhaps the most significant and important "learning" the student is expected to do.

At the outset of this chapter we already referred to Trecker's succinct formulation:

...the essence of professional work lies in the way in which you handle yourself as a worker...³⁴

Murray Ross, recently appointed president of York University, in a recent volume entitled Community Organization-Theory and Principles gives the following summation:

The professional worker in community organization must learn to accept, and be comfortable in this role; and it may be added, the worker who does not function comfortably in this role, with its strict limitations, should learn to do so or not continue in the field... The temptation is to pass judgment, to set the group on the course the worker is certain is right, to provide the answers. But to do so is to forsake the role of the professional worker...³⁵

Rudolph Wittenberg, although a lay analyst--yet close to social work and social workers--speaks of the same concept:

The concept of the leader as a person with real

³⁴Supra, p.7.

³⁵Murray Ross, Community Organization - Theory and Practice, (New York: Harpers, 1955), pp.209-210.

needs of his own is of real importance, since it can help us to become more aware ourselves and gradually enable us to distinguish more clearly between our needs and those of the children we serve...

The person who has insight to recognize where his needs and those of persons with whom he works are in conflict, has developed another self. This is known as the "professional self" and in essence this is what distinguishes the beginner from the expert.³⁶

Finally, Henry Maas observes that

The principle of self-awareness requires that the caseworker be sufficiently conscious of responses to a client to separate out what goes on in the professional relationship that is professionally motivated --- that is aimed at fulfilling the caseworker's own personal drives.³⁷

In other words, the worker must be consciously aware of his specific purpose (functionally specific) as well as conscious of his own affect; by implication his attitude must be universalistic in the sense that his tendency to be culturally biased and discriminatory would only meet his own needs, and finally he must be service-oriented. Above all he must know what to do with feeling, using it to whatever extent he can, professionally.

One of the classics in the area of social group work methodology is Wilson and Ryland's Social Group Work

³⁶Rudolph Wittenberg, So You Want To Help People, (New York: Association Press, 1947), pp.23-24.

³⁷Henry Maas, "Social Casework" in Concepts and Methods of Social Work, ed. Walter Friedlander, (Englewood

37

Practice. For many years one of the most universally used group work texts in social work schools, it is worth quoting from a sub-section entitled "Conscious Use of Self":

When the student embarks upon his professional education he brings with him his own patterns of behavior based on his particular set of values and norms... These he must understand as objectively as possible... He must develop insight into his own motivations and problems, for he can assume the responsibilities of his professional role only when he clarifies his understanding of himself.

... In other words, the social worker must handle his own problems (with help, if necessary) outside of his professional role.³⁸

Professional social workers are expected to develop a "conscious use of self" which consists of four major aspects, each implying a potential series of expected behaviors. They are: (1) functional specificity or clear definition of purpose, goals, and work content within the social worker-client system relationship; (2) a self-controlled use of feelings, rather than affective neutrality which would imply absence of feeling as a goal; (3) impartiality, i.e., a non-discriminatory approach to client-systems; (4) a theme of service to mankind, or an altruistic approach to the problems of client-systems.

³⁸ Gertrude Wilson and Gladys Ryland, Social Group Work Practice, (New York: Houghton-Mifflin & Co., 1958), pp.14-15.

35

Finally, professional relationships are expected to be extended to colleagues with some specific norms reflecting appropriate and expected behaviors.

CHAPTER II

THE RESEARCH METHODOLOGY FOR THE FIELD INVESTIGATION

The sample for the field investigation in this study was drawn from the social agencies in Buffalo, Rochester, and Syracuse, New York. We used one agency in Rochester because of a shortage of family agency workers to whom access was not possible in sufficient numbers in other cities.

Several weeks before we planned to visit the selected agencies a letter went out to the executives of each briefly explaining the nature and purpose of the project, its intent, and mentioning that each participating worker would need to give about one and one-half ($1\frac{1}{2}$) hours of his time. (See Appendix D.)

Those executives who replied to the request in the positive were called on the telephone in order to make final arrangements and in some cases another follow-up letter was sent. We contacted fifteen (15) agencies. Thirteen (13) responded favorably within a few days. One (1) failed to reply; another replied favorably but dropped out when a follow-up was attempted. Thus, we were left with thirteen (13) agencies; seven (7) psychiatric and six (6) family settings.

While the original plan had called for the use of

27

caseworkers regardless of setting, a question was raised as to whether it could be assumed that a genericism existed in their preparation and practice upon which one could generalize about caseworkers as one group. Out of this question arose the decision to limit the research to two (2) groups: caseworkers active in family settings and those active in psychiatric settings.

This decision, however, raised another question, namely whether, if it were invalid to assume the genericism of the experience of both groups, it would be valid to let both groups react to the same case interview we had originally planned to use. As a result it was decided to use two (2) case interviews, one published for teaching purposes by the Family Service Association of America (see Appendix E), and another published for the same purpose by the Council on Social Work Education (see Appendix F). Both interviews are matched as far as possible from the standpoint of the main activities of each worker. Both are what are known as "beginning interviews"; both contain content which clearly challenges workers to come to terms with situations in which their own judgmentalism may come into play; both deal with content relating to workers' information-giving functions and their judgment regarding its appropriateness. Both cases show workers' tendencies

28

28

to over-identify with clients and both cases are of such nature as to bring worker empathy into play. Both deal with content in which diagnosis making is clearly at work, and both cases are long and varied enough to provide respondents the opportunity to choose and pick examples illustrating their choices as to what they would have done had they been the workers and why.

Prior to the final determination as to the cases to be used, a questionnaire was drawn up and pre-tested on six (6) respondents (not included in the administration of the final product). In its final version it contains seventeen (17) questions. The first ten (10) questions deal with personal information regarding each respondent (see Appendix A). The results in form of a description of the sample are given in the next chapter. The balance of seven (7) questions related to the substance of the study and were designed to test whether and to what extent respondents would judge worker behaviors, according to the behavioral expectations of social workers, as outlined in the first chapter of this study. In the process of working out and pre-testing the questionnaire we found, however, another problem. While it was obviously possible to elicit information from respondents regarding the functional specificity with which workers should or should not relate to clients

incumbent

39

(technical judgment and appropriateness) as well as the attitudinal appropriateness and skill (use of feeling as part of the professional relationship), we saw evidence from the beginning that such specific motivations as willingness to help and impartiality would be difficult to identify in any real depth. Although the data might give evidence that respondents could pick up such attitudes and motivations, they did not seem to emerge clearly enough to play a major role in either the pre-test or in the actual study. The questions on the questionnaire were, therefore, designed primarily to elicit information regarding the first two major areas of inquiry: functional specificity and controlled use of feeling.

The administration of the questionnaire followed a simple routine: a group of workers would meet around a conference table, away from office and telephone. First, the investigator distributed the case interviews, explaining that as soon as workers had begun to read them he would distribute the questionnaires. Workers were requested to read the interviews once and as quickly as possible without examining the cases for subtleties, just so they would learn the "drift of the story". Next was to answer the questions on the printed questionnaire. The instructions preceding the

40

questions emphasized the importance of indicating the reasons for choosing certain answers over other answers. The necessity for this was furthermore pointed out orally prior to each session, and we have strong reason to believe that these instructions were followed quite well. While we were also ready to answer any questions and record them, only once or twice did anyone ask any questions and these related to technical procedure. In other words, the instructions appear to have been clear to the respondents.

A few words must be said about some of the general reactions on part of the respondents because the latter point up some of the advantages and perhaps disadvantages of this research methodology. All respondents seemed satisfied with the arrangements for confidentiality of their responses. We guaranteed this absolutely and there were no explicit questions about it. Many workers said afterwards that they found very considerable interest and enjoyment in doing the work. Several commented that they wished there were more opportunity in their professional lives to do this kind of close examination of case interviews. Some thought the questions were so general that "one could answer almost anything" and could not see how their responses could possibly tell us anything about them. A number of others, however, recognized afterwards that the

questionnaire was quite "projective", i.e., seemed to reveal a good deal about themselves (we suspect a few respondents may have been a little worried about this ex post facto). Practically all workers said that they would like to know the results of the study. A handful of people, despite all assurances to the contrary, seemed to regard the aim of the study as an evaluation in regard to their casework skills--which it is not. We were also watchful for fatigue, which in a project taking the better part of two hours of concentrated work might indeed be a factor. However, practically all respondents were well prepared for the fact that a major effort was being asked of them and approached the project with energy. The vast majority of workers worked from the beginning to end without a break and a surprising amount of perseverance and evident good will. We think that fatigue, although in ninety degree heat there must have been some of it, was not a major factor. Additionally, we think that because respondents knew something about the investigator, there appeared a tendency in some workers to express the need to "do well". There was some evidence of this in a few comments afterwards. All in all, the investigator found that, with the exception of one agency, executives and

42
supervisors had prepared their workers quite well and, again with one exception, the work was done willingly and voluntarily by those taking part in the project.

Subsequent to completion the questionnaires were collected, receiving a code number in either the F series or in the F series depending on the setting in which the respondents were employed. The answers to the first ten (10) questions, dealing with personal characteristics, were immediately punched onto McSee Keysort Cards.

Once data collection was completed, the next step was to set up categories into which the answers to the next seven (7) questions could be classified. This presented a choice of at least two approaches. The first would have been to use the concepts discussed in an earlier section of this study as categories and to see to what extent the answers from the questionnaires might fit in. Moreover, we would have had the advantage of having been able to compare the responses to theoretical formulations--which is indeed the purpose of the entire project. However, we decided to use another approach, namely, to draw the categories from the data. Thus, whatever categories might emerge and wherever they might lead us, the advantage was seen in the fact that thus we let the data speak for themselves. To accomplish this aim we took ten (10) questionnaires,

118

listed all responses and set up categories in terms of clusters, i.e., from those themes that repeated themselves. From this analysis we developed thirteen (13) categories and attempted to classify the rest of the data if they fit one or several of them. Nevertheless, just under twenty (20) percent of the data defied such classification. Since, however, all data had to be accounted for in some way, we established a classification entitled "ooo" (for "out of category") and one called the "minus" (-) group for responses so unclear to the investigator that they seemed unusable. However, the latter group is so small that it is totally insignificant, numerically.

Another decision that had to be made regarding the further use of the categories also revolved around two choices. Since we have data for each respondent's reaction pattern, both as to whether he had used all categories as well as how frequently he had used them, we might have tabulated all of this information. However, we decided to answer only the first explicit question, namely, did a respondent use a given category or did he not? This is one of the foci of the study, the further question being, how do these categories and their use or non-use relate to the theoretical (or behavior expectancy) material? On the other hand, it may well be

92

47
the case that an analysis of the frequency of the use of categories would offer potential for further investigation, outside and in addition to this project.

Finally, it should be said with all candor that this study has certain weaknesses and shortcomings. To begin with, it should be said that we have found no comparable study using this particular methodology so that some of our work might be considered experimental, at least insofar as social work is concerned. Nevertheless, certain alternatives do suggest themselves. The most obvious was to do a series of depth interviews around the same case material used in this study design. While, however, a more elaborate individual response might have been received, there are other drawbacks. The first is the extreme difficulty in the categorization of this kind of material unless the interview would have been very sharply focused. The second would have been the problem of the researcher's bias in distorting the responses as they would have been written down by him. The third would have been the potential reluctance of respondents to express themselves without the benefit of confidentiality, particularly in view of the fact that many respondents were former students of the investigator.

A further approach might have been in the use of the Flanagan Critical Incidence technique in which a respondent

45

is given a case situation and asked to respond to some very specific questions, defined by the researcher. For our purposes, however, it was felt that there would have been too many forced choices. Instead, and as experiences bore out, a broader approach leaving a great deal of choice seemed better and more effective.

Perhaps a weak spot in our methodology is the development of categories from our respondent data. We do not know whether other social worker-investigators would have drawn the same categories from the data as we did. Conversely, we do know that all our categories are such as are often discussed and listed in one way or another in the social work literature. Nevertheless, bias is always a problem in this kind of research no matter how carefully one tries to check for bias, and even with the use of judges to double-check the investigator's judgments.

A further danger, therefore, lies in the possibility that we may have forced data into categories when they might not have belonged there. To check on the reliability of our classification process, however, two psychologists (Ph.D.) examined a twenty (20) percent sample and repeated our classification process. It was found that there existed agreement to the extent of

92

forty-five (45) percent on the thirteen categories plus the "out of category" and the "minus" group (see page 43). However, when the thirteen categories are taken by themselves, the agreement is nearly seventy (70) percent (68.5%). Inspection of the data indicates that the two judges were considerably more likely to apply the criteria for classification (Appendix II) with greater flexibility than the investigator, himself, who showed greater tendency to discard responses into "o o o" and "minus" if they, in his judgment did not clearly fall into categories one to thirteen.

Of, perhaps, greater significance was the attempt to find a Critical Ratio for the categories.

A random sample of thirteen cases was drawn. These were classified independently by the two judges. Reliability of the classifications was checked to measure the degree of agreement between the judges and this investigator. The method selected to determine reliability used the following formulae:

P_o = observed proportion of agreement Q_o = observed proportion of non-agreement

P_e = proportion of agreement expected on the basis of chance. It is the sum of the squares of the proportions of the numbers classified into each category.

$$\pi = \frac{P_o - P_e}{1 - P_e}$$

C R = Critical Ratio

$$C R = \frac{\pi^2}{\sqrt{\frac{1}{1-\rho_{e1}} \frac{2}{n_1-1} \frac{\rho_{e1} q_{o1}}{2} + \frac{1}{1-\rho_{e2}} \frac{2}{n_2-1} \frac{\rho_{e2} q_{o2}}{2}}}$$

The critical ratio for this study is 4.04 at the .01 confidence level. This would indicate that there is considerably more agreement than one would expect on the basis of chance alone, and the null hypothesis is thus rejected.

The methodology outlined is presented as one way of collecting and interpreting data. No doubt there may be many others. This investigator, with practically no precedent to go by, feels that it has served the particular aim.

CHAPTER III

THE SAMPLE AND ITS CHARACTERISTICS

47

The net sample in the field study consisted of sixty-five (65) completed questionnaires. Of this total, thirty-one (31) or forty-seven (47) percent are graduates of The University of Buffalo, which agrees roughly with the usual estimates made regarding the proportion of social workers graduated from this school and serving in the Central New York and the Western New York area. The remainder, thirty-four (34) respondents or fifty-three (53) percent are graduates of fourteen (14) other schools of social work in Canada and the United States.

Table 1 shows that of thirty-four (34) respondents fifty-three (53) percent were graduated from schools of social work since 1955, the remainder being spread over the preceding twenty (20) year period. In other words, from the standpoint of recency of professional education we are dealing with a very young population. In addition, it should be observed that fifty-six (56) or eighty-six (86) percent of the sixty-five (65) respondents received their professional degrees since the end of World War II.

Examining Table 2 the relationship between school of graduation and method of specialization during

92

4/8

training, it is found that sixty (60) of sixty-five (65) respondents favored preparation for casework practice, while one (1) person, each, specialized in social group work and community organization. Three (3) failed to reply to the question. What this shows is that there is almost no change of method specialization once the worker enters the field of professional employment.

Table 1

DISTRIBUTION OF SAMPLE BY SCHOOLS AND YEARS OF GRADUATION
IN UNITS OF FIVE YEAR PERIODS

University or College	Years of Graduation by Five-Year Periods						Total
	30-34	35-39	40-44	45-49	50-54	55-	
Boston College						1	1
Boston U.			1	1		1	3
Buffalo			1	6	5	19	31
Catholic U.						4	4
Columbia	1	1					2
Denver					2		2
Fordham					1		1
Ottawa						2	2
Pittsburgh		1		1			2
Simmons				1			1
Smith		3	1	1		1	6
St. Louis U.					1		1
Syracuse						4	4
Washington U.						1	1
Western Res. U.				1			1
No Answer					2	1	3
Total	1	5	3	11	11	34	65

Table 3 shows a comparison of workers employed in family and psychiatric settings. Of the sixty-five (65) workers who responded to this question twenty-nine (29)

or forty-five (45) percent are employed in family agencies, while thirty-six (36) or fifty-five (55) percent work in psychiatric settings.

Table 2

SCHOOL ATTENDED AND METHOD OF SPECIALIZATION

University or College	Method of Specialization		
	Case Work	Group Work	Community Organization
Boston College	1		
Boston University	3		
Buffalo	29	1	1
Catholic U.	4		
Columbia	2		
Denver	2		
Fordham	1		
Ottawa	2		
Pittsburgh	2		
Simmons	1		
St. Louis U.	1		
Smith	6		
Syracuse	4		
Washington U.	1		
Western Reserve U.	1		
No Answer	1	$\frac{1}{2}$	1
Total	62	$\frac{1}{2}$	1

Table 3

SOCIAL WORKERS EMPLOYED IN FAMILY AND
PSYCHIATRIC SETTINGS

Setting	Number	Percent
Family	29	45.
Psychiatric	36	55.
Total	65	100.

37

When the figures in Table 3 are re-arranged according to those who graduated from The University of Buffalo and those coming from other schools, it can be seen that there is a two to one ratio in psychiatric over family settings, while non-Buffalo graduates divide on a one to one basis between the two settings. It should be pointed out that for many of its twenty-five years of existence The University of Buffalo School of Social Work offered an accredited specialization in psychiatric social work, which was discontinued only in 1968 when the Council on Social Work Education decided not to accredit specific sequences any longer.

Table 4 presents a breakdown of respondents' data according to settings in which employed and sex. First, forty-one (41) or sixty-four (64) percent of the respondents are women, while twenty-four (24) or thirty-six (36) percent are men, or a ratio of women over men of two to one. Secondly, it is apparent that, taken by itself, each sex category shows that among males there is an almost even division between family and psychiatric employment, while among females there is a ratio of not quite three to two favoring psychiatric over family employment. In other words, proportionately speaking, women tend to favor psychiatric

51
settings to a greater extent than men do.

Table 4

EMPLOYMENT SETTINGS AND SEX OF RESPONDENTS

Settings	Total		Sex	
	N	%	M	F
Family	29	45.	11	18
Psychiatric	36	55.	13	23
Total	65	100.	24	41

When the sex breakdown is compared to the respondents' ages it is found that about three-fourth ($3/4$) of the men and women are between the ages of twenty-five (25) and forty-four (44) years. In other words, the distribution is about the same for the sexes, except for the fifty-five (55) to sixty (60) year category in which we found no men but found four (4) women.

Table 5

RESPONDENTS' AGES BY FIVE YEAR PERIODS AND SEX

Age	Sex		Total
	M	F	
25-29	4	5	9
30-34	5	6	11
35-39	7	11	18
40-44	3	10	12
45-49	3	3	6
50-54	3	2	5
55-59	-	4	4
Total	24	41	65

52

The median age for the entire sample is thirty-nine and five one-hundredths (39.5) years. The median age for the men is thirty-six and five one-hundredths (36.5) years while for women it is forty (40) years.

We were also interested in knowing whether there are differences between the sexes in the amount of time spent in direct casework services, rather than in administration, supervision and other major activities.

Table 6

PERCENTAGE OF TIME SPENT IN DIRECT SERVICES
ACCORDING TO SEX OF RESPONDENTS

Percent of Time in Direct Service	Sex		Total
	M	F	
None	3	1	4
10- 25	4	8	12
25- 50	2	5	7
50- 75	4	3	7
75-100	6	17	23
100	5	8	13
No Answer	-	1	1
Total	24	41	65

Table 6 demonstrates that of the twenty-four (24) men in our sample, fifteen (15) or sixty-three (63) percent said that they spend more than half their worktime in direct casework services. Of the forty-one (41) women, however, twenty-nine (29) or nearly seventy (70) percent said that they are so engaged. While the differences may not be very large, they tend to support the general

53

knowledge that men tend to be favored over women in the assignment of supervisory and executive positions.

The total sample is numerically too small to generalize with much assurance on the above observations, namely, that the difference between men and women in rendering direct casework service is accounted for by the favoring of the former for supervisory and executive positions. However, inspection of the data reveals the following:

Table 7

MAJOR ACTIVITIES OTHER THAN DIRECT CASEWORK
SERVICE AND SEX

Sex	Staff Education Super- vision	Education of Non-Social Work Personnel	Adminis- tration	Public Re- lations	Student Super- vision
Male	9	3	7	1	2
Female	13	4	10	1	3
Total	22	7	17	2	5

In other words, of twenty-four (24) men, nine (9) or thirty-seven and five one-hundredths (37.5) percent supervise social work staff while of forty-one (41) women, thirteen (13) or thirty-one and eight one-hundredths (31.8) percent engage in the same activity. Seven (7) or twenty-nine and two one-hundredths (29.2) percent men said they engage in administration and ten

34

(10) or twenty-four and four one-hundredths (24.4) percent of the women do the same. The total sample may be too small for generalization; yet, our data hint at and tend to support what is quite generally known.

We also analyzed respondents' replies regarding the amount of time spent in direct casework services in comparison to whether or not they are employed in family or psychiatric settings. Thirty-one (31) or forty-five (45) percent work in family settings. Of these, nineteen (19) or twenty-nine (29) percent said they engage in direct casework services more than fifty (50) percent of the time spent on the job. Among psychiatric workers, of which there are thirty-six (36) or fifty-five (55) percent, twenty-four (24) or thirty-seven (37) percent are with clients more than fifty (50) percent of the time. In other words, there is a higher incidence of direct client service, eight (8) percent, among the psychiatric workers in our sample.

Table 8

SETTINGS OF EMPLOYMENT AND PERCENTAGE OF TIME
SPENT IN DIRECT CLIENT SERVICES

Setting	Percent of Time Spent in Direct Service							Total
	NA	0	10-25	25-50	50-75	75-100	100	
Family	-	3	5	2	-	11	6	29
Psychiatric	1	1	7	3	7	12	5	36
Total	1	4	12	5	7	23	11	65

When we analyzed possible relationships between number of years of social work employment (since graduation) on the part of our respondents, we found that among those thirty-five workers who were employed five years or less, twenty-five (25) or seventy-one and five one-hundredths (71.5) percent gave direct client services half-time or more. Among those twelve workers employed five to ten years, nine (9) or seventy-five (75) percent did the same, and among those ten workers employed between ten and fifteen years, six (6) gave more than half their time to direct client services. Of the other eight respondents, only three did the same.

In the absence of any definitive studies on the use of worker time, the investigator did some informal checking with a study in progress, sponsored by the Western New York chapter of the National Association of Social Workers. The data seem to indicate that our respondents grossly over-estimated the time spent in actual client service. Tentative figures seem to show that the actual time so spent runs between thirty (30) and forty (40) percent! This is to say that our data on the subject would need much more intensive study than we have been able to do in order to obtain the actual facts. What is pointed up, however, by this

56
great discrepancy is the need for more research and the danger of relying on gross estimates.

Table 9 presents an analysis of the length of employment before graduation and the total years of employment on the part of the respondents. Nineteen (19) workers or twenty-nine and two one-hundredths (29.2) percent had no experience in the field before graduation from schools of social work. Twenty-one (21) or thirty-two and four one-hundredths (32.4) percent of our sample were employed from a few months to five years; ten (10) or fifteen and eight one-hundredths (15.8) percent were employed five to nine years; nine (9) or thirteen and eight one-hundredths (13.8) percent were employed ten to fourteen years, and six (6) or nine and two one-hundredths (9.2) percent were employed fifteen to twenty years before they received the Master's degree in social work. In other words, seventy-one (71) percent of the respondents had professional experience in the field before they received the terminal professional degree.

Fifty-seven (57) respondents or eighty-eight (88) percent have been in practice up to fifteen years since graduation from schools of social work. These figures agree, roughly, with the figures in Table 1, indicating that eighty-six and no one-hundredths (86.0)

percent graduated from school since 1945. More significantly, this implies also that most, if not all, the workers have been employed without interruption since graduation.

Table 9

EMPLOYMENT BEFORE AND SINCE GRADUATION FROM
SCHOOL OF SOCIAL WORK

Number of Years Employed	Number of Respondents Employed	
	Before Degree	Since Degree
No Employment	19	-
0- 4	21	35
5- 9	10	12
10-14	9	10
15-19		4
20-24	6	3
25-29	-	1
Total	55	55

Summary

In summary, there appear to be certain trends regarding the characteristics of the respondents.

1. Thirty-one (31) or forty-seven (47) percent of the workers were graduated from The University of Buffalo School of Social Work;

2. Thirty-four (34) workers or fifty-three (53) percent were graduated from their respective schools of social work since 1955;

3. Sixty (60) of sixty-five (65) workers

57
specialized in social casework method while in graduate school;

4. Thirty-six (36) workers or fifty-five (55) percent are employed in psychiatric settings; twenty-nine (29) or forty-five (45) percent are employed in family settings;

5. Forty-one (41) respondents or sixty-four (64) percent are women; twenty-four (24) or thirty-six (36) percent are men;

6. From the standpoint of age distribution there is little difference between men and women: seventy-seven (77) percent fall into the twenty-five (25) to forty-four (44) year category. On the other hand, the median age of women over men is three and five one-hundredths (3.5) years;

7. Seventy (70) percent of the women and sixty-three (63) percent of the men reported that they spend more than one-half ($\frac{1}{2}$) their time in direct casework services;

8. Almost six (6) percent more men than women reported that they engage in staff supervision and administrative duties as major parts of their professional activities;

9. Among respondents who said they spend more than one-half ($\frac{1}{2}$) their time in direct casework

58

59

services, those employed in psychiatric settings outside their colleagues in family settings by about eight (8) percent;

10. Ninety-one (91) percent of the sample indicated no experience or from none to fifteen (15) years experience in the field prior to receipt of the professional degree.

CHAPTER IV

THE ANALYSIS OF SOCIAL CASEWORK BEHAVIOR

Introduction

The purpose of this study, as stated in the Introduction is "to define, operationally, professional social worker behavior". In order to accomplish this goal we set out to define what was meant by "professional" from the standpoint of the major writings of social workers whose materials are used as standard teaching resources in the training of social work graduate students. This material, on one level of abstraction, has been related to Parsons' concepts of professional behavior among physicians and other professionals.

The implicit hypothesis is that there is a positive relationship between the expected behaviors the students learned in graduate school and the verbalized behaviors of the practitioner when brought face to face with certain case record material. Since all respondents are employed at the present time, are graduates of schools of social work accredited by the Council on Social Work Education, and work in settings of generally acceptable standards, one would expect that the hypothesis would have a good chance of confirmation.

The definition of professional social work practice

was sought, to whatever extent it might be a complete definition, in terms of what social workers are expected to do in the casework situation and why they ought to do it. If one were to stop, however, at merely asking "what should social workers do?" the element of chance is considerably present that many workers might intuitively give "the right answer". If, on the other hand, one asks, as we did, "why should they (or should they not) do it?", one begins to probe for rationales. Moreover, knowing and being able to explain the reasons for one's behaviors in relation to clients is usually considered one of the most important attributes of professionalism. Thus, while a person without professional education might intuitively know the "proper" response to client situations, the professional person is expected to act on the basis of identifiable principles, that is to say, a rationale that is applicable to a variety of cases in which a professional person is expected to render assistance. Collectively, these principles amount to a theory of practice which can be made explicit, applied and taught.

In asking the respondents for their rationales in making certain decisions about the manner in which they would have worked with the cases had they been the caseworkers, we did, in fact, receive some general ideas

about the kind of practice theory operative in the behavior of the respondents. Furthermore, to some extent we are also in a position to draw certain conclusions regarding the major hypothesis presented earlier. As will be demonstrated in some detail in the material to follow, it is claimed, that generally speaking the hypothesis is proved, i.e., there is a clear positive relationship between the participants' ^{beliefs} rationales regarding what they would and/or would not do, and the expectations the major authors in the social work profession and the graduate schools place upon them.

Prior to the presentation of the evidence and data collected from respondents, a further explanation regarding the nature of the data is necessary.

Were one to categorize the responses in terms of what workers should or should not do, their significance might be meaningful only in relation to the two case situations to which the participants in the study responded. Moreover, each interview is too narrowly situational to permit generalization beyond its boundaries. The data, however, reflect not what a worker should or should not do in the specific situations with which respondents were presented, but rather the real significance of findings is held to be in terms of the rationales according to which workers are expected

to behave generally. It is suggested that the rationales for particular judgments are more broadly applicable than they are to the particular situation and thus carry the attributes of guiding principles underlying social casework. In this project the answer to the question "what would you do?" is always used in the sense of rationales, since the questions themselves were so framed as that the respondent by simply answering them indicated whether he agreed or disagreed with what the workers in the case situations did. Thus, whatever it was respondents put down on paper was reason for agreement, disagreement or alternative choices. The real behavior in a certain sense is the latent meaning or intention underlying the more manifest statement or question as seen in the records. As will be demonstrated also, when the data are properly used, they tend to suggest much wider applicability than would appear to be the case if one were merely to ask respondents whether they agreed or disagreed with the manner in which the workers in the case interviews handled themselves. Briefly, then, we are dealing here, not with the actual words workers might speak to clients, but with the reasons underlying them, which in themselves are certain kinds of behaviors.

Questions and Answers

The first ten questions in the questionnaire

deal with the personal characteristics of the respondents. The findings from these questions were listed and discussed in a previous chapter and will be repeated here only insofar as they relate to the answers to the other seven (7) questions listed here as follows:

11. You have probably noticed that the social worker asked the client a number of questions as well as made statements which really amounted to questions. Please indicate which six of these questions and/or statements you would also have made. Briefly indicate your reasons for each choice.

12. Which questions would you have avoided asking and which statements would you not have made? Briefly indicate the reasons for each choice.

13. Think of three questions the worker might have asked in this interview which he did not ask. Be sure to specify your reasons for each choice.

14. Please identify and list from the case record some of the statements reflecting the feelings, opinions, and/or values the worker expressed.

15. Which feelings, opinions and/or values do you think the worker was justified in expressing? Why? (Please be specific).

16. Which feelings, opinions and/or values do you think he was unjustified in expressing? Why? (Please be specific).

17. Please write a brief statement on the following topic: "In my opinion social workers should handle their feelings when confronted with client situations in which there is a great deal of emotion, as follows: Please indicate your reasons."

Some examination of the questions reveals that

65

questions eleven, twelve and thirteen ask for the same information, and that questions fifteen, sixteen, and seventeen are similarly inter-related. Question fourteen was placed on the questionnaire to let respondents identify material needed to answer the next two questions. Hence the answers to this question were not intended as usable data for analysis and have not been used. Question seventeen does not relate to the specific interviews to which the respondents reacted but was included to test the clarity and the consistency with which workers could identify and respond to (in case they could identify it) a well known social work principle. It was specifically designed to test Parsons' concept of affective neutrality and its modification in this study, controlled use of feeling as formulated and explained in an earlier chapter.

It was considered most necessary to develop the questions in such a manner as to provide the widest possible leeway in answering them, but at the same time to obtain as specific a response as possible. This was achieved by making the questions quite general, at the same time insisting that respondents be as specific as possible in stating their reasons for taking a given position. As already stated earlier, the need for the

22

latter was also stated orally and, according to many respondents, was the "real work".

Table 10

CATEGORIES FOR PROFESSIONAL BEHAVIOR RATIONALES
AND THE FREQUENCY OF THEIR USE

Categories	Respondents Using Each Category	
	Number	Percent
1. Engaging in diagnostic fact-finding.	57	87.6
2. Helping clients express thoughts and feelings.	54	83.1
3. Defining proper professional relationship between worker and client in regard to purpose of agency and scope of services.	27	42.5
4. Avoiding worker behavior which promotes fear, anxiety, guilt and/or confusion in the client.	38	58.5
5. Helping clients examine objective and subjective reality.	22	33.9
6. Providing information and interpretation of facts and events.	28	43.0
7. Developing and maintaining structure and focus of the interview.	26	40.0
8. Moving with clients at their own rate; staying with clients; not pushing and pressuring them.	26	40.0
9. Showing empathy for, and acceptance of the client; demonstrating interest and concern for him; helping him feel supported.	56	86.1
10. Helping client feel more comfortable.	10	16.9
11. Being aware of and able to handle own feelings; avoiding expression of value judgments regarding client behavior.	53	81.5
12. Avoiding opinions and comments based on insufficient information and evidence and/or otherwise inconsistent with professional behavior.	34	52.3
13. Avoiding over-identification with clients.	10	16.9

As Table 13 shows, categories one, two, nine, and eleven reflect those concepts which emerged most frequently from the respondents' answers to the seven questions stated to them. Fifty-seven (57), fifty-four (54), fifty-six (56) and fifty-three (53) respondents respectively, provided data categorized as shown in this table. There then follows a sharp drop, the next frequently used categories being numbers four, and twelve, used by thirty-eight (38) and thirty-four (34) respondents respectively. These are followed by categories three, five, seven, and eight, all of which are used by between twenty (20) and thirty (30) respondents; finally, by categories ten and thirteen, these being favored by eleven (11) and ten (10) respondents each. In other words, in regard to the sample as a whole, engaging in diagnostic fact-finding; helping clients express their thoughts and feelings; showing empathy, acceptance, interest and concern as well as support; and being able to know and recognize as well as being able to handle one's feelings, emerged as the most frequently emphasized and expected social worker behaviors.

These data, here presented, are seen in a most interesting light when compared to a recent study by

Jaques, entitled Critical Counseling Behavior in Rehabilitation Settings.³⁹ This study, sponsored and financed by the Office of Vocational Rehabilitation, United States Department of Health, Education and Welfare, lists a series of conclusions arrived at by the use of a Critical Incidence type of investigation of four hundred and four (404) rehabilitation counselors in twenty (20) states. Some of the major ones are that:

From the point of view of the rehabilitation counselor the key sub-roles or critical requirements in performing the counseling function of his job are in the following areas:

- a. The creation of a therapeutic climate in which the counselor is calm and composed, listens to the client, provides motivation and acceptance in a non-punitive atmosphere where the client feels understood and safe to explore his problems and plans.
- b. The interaction between counselor and client which involves working together as a team, collaborating in a mutually shared counseling experience with neither dominating or controlling, trying to arrive at some solution to the problem at hand.
- c. The evaluation of the client's problems by getting a clear and thorough picture through drawing out the client's ideas as well as through observation of the physical, social and psychological condition of the client...

³⁹ Marceline E. Jaques, Critical Counseling Behavior in Rehabilitation Settings, (Iowa City, Ia.: The University of Iowa Press, n.d.), pp.79-80.

- 69
- d. The giving of information and factual data to the client which offers authoritative explanations in the nature of professional knowledge but with no immediate pressure for action, thereby permitting the client to decide his own course of action.
 - e. The definition of the limits within which counseling takes place in terms of time, the nature of counseling and the responsibilities of both counselor and client.
 - f. The gathering of information about the client from himself and others who have evaluated or worked with him so that there will be a comprehensive understanding of the client and his present situation.

There exists a strong and pronounced suggestion when one compares the data Jaques accumulated and interpreted and our data in this study. The significance in this relationship is that both sets of data are research-based, a relatively uncommon situation, rather than assumptive and philosophical in nature as is frequently the case in the helping professions. The data in this study and the conclusions of Jaques' study do a good deal to confirm each other.

It would be somewhat natural to assume that a sample containing some important variables might produce a variety of response patterns. Of very particular interest in this connection is the potential answer to the query asked in this study when it was still in the planning stage, namely, can one assume that caseworkers

32

of generally similar training have much in common, regardless of the type of setting in which they might be employed? Table 11 provides at least some answers to this question.

Table 11

BEHAVIOR RATIONALES AND THEIR USE BY RESPONDENTS
ACCORDING TO EMPLOYMENT SETTINGS

Setting	Total Workers	Use of Categories												
		1	2	3	4	5	6	7	8	9	10	11	12	13
Psychi- atric	36(55%)	34	31	16	24	9	23	14	19	32	9	28	21	5
Family	29(45%)	23	23	11	14	13	5	12	7	24	1	25	13	6
Total	65	57	54	27	38	22	28	26	26	56	10	53	34	11

In nine of thirteen categories psychiatric social workers were found to excel in their use. The same is true of family workers in regard to four other categories. In the case of the four most frequently used categories, psychiatric workers excelled in numbers one, two, and nine, while family workers placed greatest emphasis on category eleven. In terms of percentage differences the gaps between the two settings are greatest in relation to category six. While sixty-four (64) percent of the psychiatric workers used it, only seventeen and two one-hundredths (17.2) percent of the family workers used it. While the significance of

the difference cannot be demonstrated conclusively, there are certain reasons which suggest themselves. It is quite common, for example, for psychiatric workers to give information and interpretation to clients, or the relatives of patients, in regard to psychiatrist determined diagnoses. This is particularly so in settings in which the psychiatrist treats certain patients psychiatrically and the social worker gives casework treatment to his relatives. A further reason for the greater tendency on the part of psychiatric workers to pick up material for category six may lie in the fact that interpretation as a clinical technique is quite common in psychiatric practice and it might be that caseworkers have picked this up to a greater extent from psychiatrists than family workers might have a chance to do. Finally, it may be that the psychiatric case is more strongly suggestive along these lines than the family case, although we think the evidence would not support this conclusion.

The next largest difference between workers in psychiatric and family settings centers around category eight, "move only as fast as the client can go; stay with the client; don't push and pressure him". While seven (7) of twenty-nine (29) family workers used it, nineteen (19) of thirty-six (36) psychiatric workers did the same. The use, percentage-wise, is fifty-two and

72

eight one-hundredths (52.8) percent for the latter and twenty-four (24) percent for the former. One might suspect that perhaps the difference is due to unlikenesses in the interviews read by the two groups. However, both records reflect considerable material suggesting this concept, which was recognized as such by one-quarter ($\frac{1}{4}$) of one group and one-half ($\frac{1}{2}$) of the other. The reasons are difficult to establish, except to point out once again that this may be a function of the association of psychiatric workers with other clinical personnel among whom this idea may be more clearly developed than among social workers. Even more puzzling, however, in the face of the fact that in both records the clients are people who, each in their own way, are deeply concerned and upset over their problems, only one family worker thought that the worker in the record should help the client feel more comfortable within the context of the interview itself, while among psychiatric workers, nine (9) or twenty-five (25) percent thought she should function in this way.

Although, as pointed out above, in those categories most often used by all workers (one, two, nine, eleven, psychiatric workers excelled in the first three. The use of these by family workers is nonetheless quite considerable. In category one the

rich was written

difference is ninety-four and five one-hundredths (94.5) percent to seventy-nine and four one-hundredths (79.4) percent; in category two it is eighty-six and one one-hundredths (86.1) percent to seventy-nine and four one-hundredths (79.4) percent; in category nine it is eighty-eight and nine one-hundredths (88.9) percent to eighty-two and eight one-hundredths (82.8) percent. In category eleven where family workers excel psychiatric personnel, the difference lies between eighty-six and two one-hundredths (86.2) percent for family workers and eighty-two and eight one-hundredths (82.8) percent for psychiatric workers. In other words, the percentage differences in the most often used categories are nearly the smallest when compared to the percentage differences between the use of the categories in other areas. This would indicate a very high degree of agreement between the two groups. All four categories were used by in excess of three-quarters of the workers in both groups. This would seem reflective of the importance attached to them by social workers in general and thus appear of great importance as definitions of social work practice theory on an operational level.

Table 12 summarizes the data when broken down according to whether the respondents are graduates of

The University of Buffalo School of Social Work or graduates of other schools.

Table 12

THE USE OF BEHAVIOR RATIONALES ACCORDING TO SCHOOL OF GRADUATION

Schools	Total Re- spondents	Respondents Using Each Rationale												
		1	2	3	4	5	6	7	8	9	10	11	12	13
University of Buffalo	31	27	24	15	17	8	14	14	14	24	6	24	15	4
Other Schools	<u>34</u>	<u>30</u>	<u>30</u>	<u>12</u>	<u>21</u>	<u>14</u>	<u>14</u>	<u>12</u>	<u>12</u>	<u>32</u>	<u>4</u>	<u>29</u>	<u>19</u>	<u>7</u>
Total	65	57	54	27	38	22	28	26	26	56	10	53	34	11

As is the case throughout the breakdown of the data by a variety of variables, categories one, two, nine, and eleven appear as the most frequently used. Equally true is that they are used by at least seventy-five (75) percent of the respondents, no matter how defined. Nonetheless, as the above table shows, graduates of The University of Buffalo tend to use the most frequently chosen categories fewer times than do other workers. In category one the difference is only one and three one-hundredths (1.3) percent; in category two it is ten and eight one-hundredths (10.8) percent; in category nine it is sixteen and six one-hundredths (16.6) percent; in category eleven it is

seven and nine one-hundredths (7.9) percent. On the other hand, Buffalo graduates excel in their use of categories three, six, seven, eight, and ten. Here the differences run thirteen and one one-hundredths (13.1) percent, four and no one-hundredths (4.0) percent, nine and nine one-hundredths (9.9) percent, nine and nine one-hundredths (9.9) percent, and seven and six one-hundredths (7.6) percent. It is also true that none of these are used by more than fifty (50) percent of the total sample.

While the data indicate a trend in the variation of emphasis on certain categories when comparing graduates of different schools to each other, it is equally important to point out that never are the percentage differences greater than sixteen and six one-hundredths (16.6) percent. In eight categories these differences run less than ten (10) percent. All of this would indicate a very high degree of agreement among graduates of different schools, as to which seem to be important concepts of sub-roles which workers must assume when working with clients. The results may be suggestive also of certain fundamental likenesses of what has been taught in schools of social work, at least since World War II.

In order to obtain a somewhat clearer picture regarding any associative trends between workers graduated

from schools since the war and those graduated before the end of the war, as well as to determine differences on the basis of age, we did an analysis according to age and length of employment in the profession. Table 13 summarizes the data according to age.

Table 13

USE OF BEHAVIOR RATIONALES COMPARED TO AGE GROUPS

Age Groups Total (in years) Re- spondents	Respondents Using Rationales													
	1	2	3	4	5	6	7	8	9	10	11	12	13	
25-44	50	45	40	19	30	16	23	19	19	43	6	41	24	10
45-60	<u>15</u>	<u>12</u>	<u>14</u>	<u>9</u>	<u>9</u>	<u>6</u>	<u>5</u>	<u>7</u>	<u>7</u>	<u>13</u>	<u>4</u>	<u>12</u>	<u>10</u>	<u>1</u>
Total	65	57	54	27	38	22	28	26	26	56	10	53	34	11

Once again, categories one, two, nine, and eleven stand out as the most frequently used. However, when one compares the first two on an age basis there is a difference of ten (10) percent favoring the younger group in the first category. In other words, younger workers tend to be slightly more aware of diagnostic fact-finding than older workers. However, this difference of ten (10) percent is so small that one would not claim too much for it. A slightly larger difference appears in category two, that is in the areas of helping clients express thoughts and feelings.

Here the relationship is reversed. Older workers turned out, by thirteen and four one-hundredths (13.4) percent to stress this area more than younger workers did. This is still not much of a difference on a total sample of only sixty-five (65) persons. In regard to categories nine and eleven the differences practically disappear. On the first of these the difference is only zero and six one-hundredths (0.6) percent while on the latter it is two and no one-hundredths (2.0) percent. In other words, there is none or small difference on the basis of age in regard to the four most frequently used categories. The entire rest of the categories show less than a twenty (20) percent difference between the age groups. Age does not appear to be a major factor in the judgments of respondents regarding what they might or might not have done, had they been the workers in either of the case interviews.

In Table 14 we summarized the relationship between length of employment and the way in which the respondents' replies relate to the categories reflecting expected behaviors.

When the data in the four most often used categories are compared to the same set of figures in the foregoing discussion (regarding age), it is found that whereas in the former there is a slight ten (10) percent

48

difference favoring the younger group, there is no significant difference between workers with more experience (employed fifteen (15) years or longer) as compared to workers with less experience (employed up to fifteen (15) years) insofar as the first category is concerned. Workers with more experience show no greater tendency to be aware of the need for diagnostic fact-finding than their colleagues with fewer years of employment. However, insofar as helping clients express their thoughts and feelings in a more general sense than would be the case in the goal-directed manner implied in diagnosis making, it is found that more experienced workers show more likelihood to emphasize this activity. Ninety-four and five one-hundredths (94.5) percent of the more experienced workers used this category, while seventy-eight and eight one-hundredths (78.8) percent of the less experienced workers did the same. Insofar as category nine is concerned, dealing with empathy, acceptance and support of and to the client, there is very little difference (eighty-five and two one-hundredths (85.2) percent and eighty-nine and no one-hundredths (89.0) percent). There is, however, a difference between more experienced and less experienced workers in regard to the awareness of one's own feelings in the professional situation, the need to handle one's biases and judgments

92

and behaviors meeting worker rather than client needs. Less experienced workers exceeded more experienced workers by twenty and seven one-hundredths (20.7) percent.

Table 14

BEHAVIORAL RATIONALES AND LENGTH OF EMPLOYMENT BY YEARS

Years of Em- ployment	Number of Re- spondents	Respondents Using Rationales												
		1	2	3	4	5	6	7	8	9	10	11	12	13
0- 4	17	15	12	4	10	3	4	3	5	16	3	14	6	2
5- 9	16	14	13	8	7	5	6	9	4	14	1	16	3	2
10-14	14	12	12	4	9	5	5	8	9	10	3	11	6	4
15-19	6	6	5	4	6	2	4	3	2	6	1	3	5	1
20-24	9	7	9	5	3	6	3	3	5	7	-	6	7	2
25-29	2	2	2	2	2	-	1	-	1	2	2	2	1	-
30-35	1	1	1	-	1	-	1	-	-	-	-	1	1	-
Total	65	57	54	27	38	22	28	28	28	56	10	53	34	11

In relation to the use of category two, almost the same difference found between more experienced and less experienced workers (fifteen and seven one-hundredths (15.7) percent) is also found between older and younger workers (thirteen and four one-hundredths (13.4) percent). This would seem rather logical since younger workers presumably have less experience in the profession than older workers. The fact, however, that in the more experienced worker group only two-thirds (2/3) used category eleven, a key concept in all of social work,

should not be overlooked. It should further be noted that workers with more years of employment are much more likely to be aware of the need to define proper professional relationships between themselves and their clients. Only thirty-four and one one-hundredths (34.1) percent of the less experienced workers compared to sixty-one and one one-hundredths (61.1) percent of the more experienced workers used this category. Another considerable difference between the two groups appears in relation to category twelve, dealing with the expression of opinions unsubstantiated by evidence. Here we find again that workers with more experience used this at the rate of seventy-nine and nine one-hundredths (79.9) percent while less experienced workers used it to the extent of forty-two and five one-hundredths (42.5) percent. As was true in relation to the age factor, the entire balance--seven categories--show very little difference when examined from the standpoint of length of employment.

Table 15

THE USE OF BEHAVIOR RATIONALES AND THE SEX OF RESPONDENTS

Sex	Number of Re- spondents	Use of Behavior Rationales												
		1	2	3	4	5	6	7	8	9	10	11	12	13
Male	24	22	19	10	13	7	9	11	7	21	4	19	7	5
Female	41	35	35	17	25	15	19	15	19	35	6	34	27	6
Total	65	57	54	27	38	22	28	26	26	56	10	53	34	11

81

In Table 15 there is a summary of the use of the categories when compared to respondents' answers as to sex differences.

While there are many more women in our sample than there are men, proportionately speaking, there is very little difference in the data supplied by both groups, with the exception of categories twelve and eight. Women were substantially more sensitive to the need for clear evidence in the expression of opinions and comments on the part of workers than the men were. While twenty-nine and nine one-hundredths (29.9) percent of men used this category, sixty-six and no one-hundredths (66.0) percent of the women did. In relation to category eight, moving with clients at their own speed, women were again more sensitive than were the men. While forty-six and four one-hundredths (46.4) percent of the women responded in this area, only twenty-nine and two one-hundredths (29.2) percent of the men did the same. In all other categories, including the four most often used, the differences between men and women were less than ten (10) percent.

Summary

The purpose in presenting a somewhat detailed analysis of the data in relation to the variables of employment settings, school of social work, age, length of

82

experience in practice, and sex, has been to learn something about the internal nature of the sample's reactions and, of course, to identify, if possible, major variations. In order to summarize these data, we have plotted a selection in Table 16, which will follow at the end of this chapter. Certain ones stand out:

A. Four (4) categories stand out over all others in the number of respondents who used them, regardless of socially significant variables within the sample.

1. Engage in diagnostic fact-finding, eighty-seven and six one-hundredths (87.6) percent.
2. Help clients express their thoughts and feelings, eighty-three and one one-hundredths (83.1) percent.
9. Show empathy for, and acceptance of the client; demonstrate interest and concern for him; help him feel supported, eighty-six and one one-hundredths (86.1) percent.
11. Be aware of and able to handle one's own feelings; avoid expression of personal value judgments regarding client behavior, eighty-one and five one-hundredths (81.5) percent.

B. Six (6) additional categories were developed which were used by forty (40) percent or more of the respondents.

3. Define proper professional relationships between worker and client in regard to purposes of the agency and scope of services offered, forty-two and five one-hundredths (42.5) percent.
4. Avoid worker behavior which promotes fear, anxiety, guilt and/or confusion in the client, fifty-eight and five

83

one-hundredths (58.5) percent.

6. Provide information and interpretation of facts or events, forty-three (43) percent.

7. Develop and maintain structure and focus of the interview, forty and no one-hundredths (40.0) percent.

8. Move with the client at his rate; stay with the client; not push or pressure him, forty and no one-hundredths (40.0) percent.

12. Avoid opinions or comments based on insufficient information and evidence and/or otherwise inconsistent with professional behavior, fifty-two and three one-hundredths (52.3) percent.

C. Three (3) categories were developed from the data reflecting the following use:

5. Help clients examine subjective and objective reality, thirty-three and nine one-hundredths (33.9) percent.

10. Help client feel more comfortable, sixteen and nine one-hundredths (16.9) percent.

13. Avoid over-identification with clients, sixteen and nine one-hundredths (16.9) percent.

D. Workers employed in psychiatric settings show a greater tendency than other workers to:

a. engage in diagnostic fact-finding, fifteen (15) percent.

b. avoid the promotion of fear, anxiety, guilt and confusion in clients, eighteen (18) percent.

c. provide information and interpretation of facts and events, forty-seven (47) percent.

92

- 58
- d. work with the client instead of pushing and pressuring him on, twenty-nine (29) percent.
 - e. try to bring about client comfort, twenty-two (22) percent.
 - f. avoid opinions and comments not based on evidence, fourteen (14) percent.
- E. Workers employed in family settings show a greater tendency than other workers to:
- a. help clients examine subjective and objective reality, seventeen (17) percent.
 - b. be more aware of personal judgmentalism, involvement of feelings, biases, etc., eleven (11) percent.
- F. Workers who are graduates of The University of Buffalo tend to be more aware than graduates of other schools are in regard to:
- a. defining the proper relationships between workers and clients, thirteen and no one-hundredths (13.0) percent.
 - b. developing and maintaining the structure and focus of casework interviews, ten and no one-hundredths (10.0) percent.
 - c. moving with the client at his own pace without pressuring and pushing him along, ten and no one-hundredths (10.0) percent.
- G. Graduates who are graduates of schools other than The University of Buffalo tend to be more aware of:
- a. helping clients express their thoughts and feelings, eleven and no one-hundredths (11.0) percent.
 - b. helping clients examine their subjective and objective reality, fifteen and no one-hundredths (15.0) percent.
 - c. showing empathy and support for clients,

seventeen and no one-hundredths (17.0) percent.

- H. Older workers (over forty-five (45) years of age) express the tendency more than younger workers to:
 - a. help clients express their thoughts and feelings
 - b. define the professional relationship between workers and client
 - c. help clients become more comfortable
 - d. avoid expression of unjustified opinions and comments.
- I. Younger workers (under forty-five (45) years of age) express the tendency more than older workers to:
 - a. stress information giving and interpretation
 - b. avoid over-identification with clients.
- J. Workers whose professional experience exceeds fifteen (15) years put greater emphasis than did those with less than fifteen (15) years experience on:
 - a. helping clients express their thoughts and feelings, sixteen (16) percent.
 - b. developing proper professional relationships, twenty-seven (27) percent.
 - c. avoiding the promotion of fear, anxiety, guilt and confusion, eleven (11) percent.
 - d. giving information and interpretation of facts and events, eighteen (18) percent.
- K. Workers whose professional experience is below fifteen (15) years put greater emphasis than did those with more than fifteen (15) years experience on:
 - a. controlling the worker's own feelings for

86
a professional purpose, twenty-one (21) percent.

b. avoidance of unjustified comments and opinions, thirty-five (35) percent.

L. Men have a slightly more pronounced tendency than women to:

a. be aware of the need for a structured and focused interview.

M. Women have a slightly more pronounced tendency than men to:

a. emphasize the need for working with the client, seventeen (17) percent.

b. avoid the expression of unjustified comments and opinions.

The Worker and the Controlled Use of Feeling

It will be recalled that question seventeen was included in the questionnaire despite the fact that it did not relate in any way to the two case interviews. Nevertheless, it was included because it would present some ideas in regard to an important problem in social work practice. This is the problem of objectivity and subjectivity on the part of the worker in the face of client problems.

The basic assumption underlying the fact that this question is raised at all, is that all human relationships, including the professional relationship, contain emotional interaction as well as verbal and perhaps even physical interaction. This has been recognized in the profession

117

and its literature. While an earlier chapter cites the literature on this point quite extensively, a few statements may be recalled here.

High among the qualities essential to a social worker's skill is the capacity to feel with others... but this very quality of concern for others can be translated into helping only if it is acknowledged and disciplined so that it does not control the worker in his relationships with those whom he would help, and so that he is free to sense and meet the feelings that are theirs and distinct from his own.⁴⁰

Perlman, who is currently one of the most respected teachers and writers in the casework area, was quoted as follows:

The caseworker, too, has relationship reactions, and part of his professional skill is the management of them.

The caseworker in the foregoing discussion of what he must be and do, how he must observe and feel with the client and yet be responsible for the control of his and the client's feelings, and how he must carry forward the business at hand, sounds almost superhuman, an Olympian in mufti.⁴¹

And we cited Wilensky and Lebeaux, who sum up the problem

There must be involvement and no involvement at the same time.⁴²

It seemed quite clear, and our data seem to bear out the observation that, as least as far as social work is

⁴⁰Phillips, p.94.

⁴¹Perlman, p.81.

⁴²Wilensky and Lebeaux, p.300.

concerned, Parsons is incorrect when he assumes that there can be affective neutrality in any professional relationship. But if the relationship, almost by definition, cannot ever be affectively neutral, how can workers' personal reactions, such as feelings, personal opinions, and values, be handled without interfering in the relationship which must be protected from these reactions, if the client is to be given a true opportunity to come to his own decisions and recognitions affecting his own life?

Before trying to answer this question, it should be pointed out that to a certain extent both worker and client are subject to the values and pressures of the society of which both are a part. And these play their role to a sufficient enough degree so that no client's decision is ever completely his own. He is, after all, a member of many reference groups and certainly a member of society as a whole, the community in which he lives, his religious reference group whether it is a theistic one or not. At the same time social workers do hold it important to recognize that each individual perceives reality in somewhat different ways and thus reacts individually to it. This is to say that objective reality is seen in subjective terms, and it is further observed that on the basis of democratic philosophy, the client has

89

a right to see it subjectively, and if necessary, obtain help in attempting to deal with it. It thus follows that the process of decision making and problem resolution should be relatively uninfluenced by the subjectivity of someone else--the worker. Nonetheless, as Phillips, Perlman, and others have pointed out, one cannot assume that the worker can truly detach himself. But even if he could, he should not, because the client needs to feel that the worker can be empathic, supportive, interested in him and wanting to help him, all of which are manifested by the expression of proper feeling. It is on the basis of such recognition that Wilensky and Lebeaux can come to the conclusion that "there must be involvement and no involvement at the same time". (S.O.)

There appears one way, however, which offers some hope for a way out of the dilemma described above. This consists first of all of the recognition that workers are capable of differential responses, and secondly, that it is not merely a question of involvement or non-involvement. The real question seems to be, what kind of involvement should there be? This recognizes that there should be involvement, as both Phillips and Perlman point out; that it should be differential, and that it must therefore be subject to the worker's decision. What the latter implies, therefore, is that worker involvement must be self-

96
consciously controlled.

To control one's involvement would be a simple matter indeed, if it depended on verbalization alone. However, it does not. Words carry feeling. They transmit more than what they seem to say. The tone of voice, inflection, timing, facial expression that goes with them, in short the feeling tone they create play an important role in the total communicative act. It is the feeling component, therefore, that is the most difficult to control in a professionally self-conscious manner. MP

It is assumed here that while feeling is part of all human interaction, there are certain situations which tend to point it up most strongly. These are situations in which the subject matter is of strong emotional significance to the client and potentially to the worker. Subject matter such as sex, family relations, religion and morally significant behaviors fall into this category. In order, therefore, to obtain some data from the respondents without putting words in their mouths, a general question was formulated which asks the respondents to be specific in their replies:

Please write a brief statement on the following topic:
"In my opinion social workers should handle their feelings when confronted with client situations in which there is a great deal of emotion as follows:

Please indicate your reasons.

The question as stated produced answers which fall into two (2) classifications; what the worker should do

91

with the client's feelings and what the worker should do with his own. In this section we are concerned with the latter topic, namely, what the worker should do in using the feelings which inevitably arise in a human relationship. The difference here is, of course, that we are speaking of professional relationships.

Inspection of the responses reveals that a total of forty-one (41) workers provided usable answers, that is to say, replies which were clear enough to understand what the worker had in mind. Of these forty-one (41) workers, twenty-four (24) or fifty-eight and five one-hundredths (58.5) percent came from psychiatric settings while the balance, seventeen (17) or forty-one and five one-hundredths (41.5) percent, came from family settings. 41 from 64

Further inspection showed that two major themes emerged clearly and strongly. The first of these is that social workers should, indeed, communicate feeling to their clients, provided, that this is done with judgment as to the kind of feeling shown and its appropriateness to the situation. Thirty (30) of the forty-one (41) respondents, seventy-three and two one-hundredths (73.2) percent or over two-thirds ($2/3$), took this position. There is a fifteen and nine one-hundredths (15.9) percent difference when the group is broken down by setting, with sixty-six and six one-hundredths (66.6) percent psychiatric

and eighty-two and five one-hundredths (82.5) percent family workers using this theme.

The second major theme is that workers should show no feelings and, as some people said, should remain "neutral". Several of these respondents feared the imposition of worker-feelings on clients, thus depriving the latter of free choice and self-determination in a psychological sense. However, only nine (9) or twenty-one and nine one-hundredths (21.9) percent of forty-one (41) respondents (with usable replies) chose this theme. Two (2) respondents said that workers should use their own feelings in the treatment process and failed to specify and place limits on such use.

While the above categories evolved very clearly, a third group appeared which was not included in the two just described. Their responses were internally self-contradictory. While we classified none such responses among psychiatric workers, we did find three (3) of them among family workers. Their significance will be discussed after they are here listed:

F 3: Social workers should become aware of themselves so that they are able to control personal feelings, and not become emotionally involved with clients' feelings and emotions. Social workers can be warm, understanding and more helpful when they feel with clients and not like clients.

When clients express emotions --- worker's calmness, ease, etc. helps the

93
situation and the client --- worker in some professional way also indicates her acceptance of clients' emotions.

Being aware of one's self enables workers to control personal self and work with a warm, understanding, professional self.

What this respondent is obviously suggesting amounts to the position, that in a professional relationship a worker can avoid becoming involved in the feelings of his client and at the same time express feeling himself, designed to cement the relationship! He obviously does not feel, that as the majority pointed out, it is not really a question of whether the worker becomes involved but how he does!

Another respondent appears to render a similar view:

F 13: There should be acceptance, and a non-judgmental attitude but at the same time an avoidance of any emotional involvement. Worker needs to give strength and support by his calm response --- and understanding. However, values must not be sacrificed. Opinion not outwardly expressed.

Another respondent raises the question as to what is meant by the term "detachment". ^{Abandonment} Similarly a number of workers used the word "objectivity" in seemingly different ways.

F 25: Worker's should be able to recognize and differentiate between their own feelings and clients'. To feel with a client is good, however social workers should cultivate a detachment where there is a great deal of emotion. It is only when the social worker

is detached, though sympathetic that client can be helped and also left free to express emotion.

F 9: Social workers need to react in such situations with warmth and sympathy, remaining as professionally objective as possible...

A strict detachment and objectivity as ordinarily defined are not possible when what is asked for is relationship, professional or not! We are, therefore, led to believe that what is really meant is a kind of differential response selection on part of the worker which depends upon, and is the result of self-awareness, self-control and appropriateness to the situation, rather than denial of feeling. Checking once more through the data we find that twenty-six (26) of forty-one (41) respondents who gave usable evidence used precisely these terms: self-awareness; control; handle feelings--all referring directly to what respondents should do in face of the situation posed in question seventeen.

The data presented here seem to express three themes:

1. The expression of worker feeling cannot and should not be avoided. Rather, it is a matter of using one's feelings differentially and for a professional purpose.
2. Workers should be objective and detached (aware, self-controlled) and yet express warmth and support.
3. Workers should be completely neutral, investing no feeling at all.

The largest majority of workers chose the first theme.

95

In the case of the second group we are assuming that they are giving the terms "detachment" and "objectivity" a special social work definition but we would not know this unless we re-interviewed. The third group is clear but lacks knowledge and is obviously contradictory, whereas we pointed out earlier, relationship without feeling is impossible.

The reader will remember that the majority components relating to the use of feeling appeared once before in the presentation of findings, namely, among the thirteen categories drawn from the totality of the data given us by the respondents. These data include the responses to question seventeen but also to two other questions dealing with this subject. Referring back to the findings in Table 10 it is found that categories nine and eleven deal with material drawn from questions fifteen, sixteen, and seventeen. These categories read as follows:

9. Showing empathy for, and acceptance of the client; demonstrating interest and concern for him; helping him feel supported.

11. Being aware of and handling own feelings; avoiding expression of personal value judgments regarding client behavior.

Both these categories say something about the worker's use of his feelings. When taken together, they seem to say what most of the respondents said in answer to question

96
seventeen alone: use feeling with discrimination,
self-control, and for a professional purpose.

Table 16

USE OF THE BEHAVIORAL RATIONALES IN RELATION TO
CERTAIN CHARACTERISTICS OF THE SAMPLE

Categories	Employment				School			
	FS		FS		UB		O	
	N	%	N	%	N	%	N	%
1. Engaging in diagnostic fact-finding	34	94.5	23	79.4	27	87.	30	88.3
2. Helping client express thoughts and feeling	31	86.1	23	79.4	24	77.5	30	88.3
3. Defining proper professional relationships between worker and client in regard to purpose of agency and scope of services	16	44.4	11	38.0	15	48.4	12	35.3
4. Avoiding worker behavior promoting fear, anxiety, guilt, confusion in the client	24	66.8	14	48.3	17	54.9	21	61.8
5. Helping client examine objective and subjective reality	9	25.0	13	41.8	8	25.8	14	41.2
6. Providing information and interpretation of facts and events	23	64.0	5	17.2	14	45.2	14	41.2
7. Developing and maintaining structure and the focus of the interview	14	38.9	12	41.4	14	45.2	12	35.3

Table 16 continued

Age		Experience		Direct Service		Sex									
25-44	45-60	0-15	15+	0-75	75+	M	F								
N	%	N	%	N	%	N	%								
45	90.	12	80.	41	87.3	16	89.	25	89.3	32	88.9	22	92.	35	85.5
40	80.	14	93.4	37	78.8	17	94.5	22	78.5	32	88.9	19	79.1	35	85.5
19	38.	8	53.4	16	34.1	11	61.1	12	42.9	15	41.7	10	41.7	17	41.5
30	46.2	8	53.4	26	55.4	12	66.6	19	68.	19	52.8	13	54.2	25	61.
16	32.	6	40.	18	37.5	8	44.4	9	32.1	13	36.1	7	29.2	15	36.6
23	46.0	5	33.3	15	31.9	9	50.	14	50.	13	36.1	9	37.5	19	46.4
19	38.	7	46.6	20	42.5	6	33.3	13	46.4	13	36.1	11	45.8	15	36.6

99

Categories	Employment				School			
	PS		PS		UB		O	
	N	%	N	%	N	%	N	%
8. Moving with the client at his rate; staying with the client; not pushing and pressuring him	19	52.8	7	24.1	14	45.2	12	35.3
9. Showing empathy for and acceptance of the client; demonstrating interest and concern for him; helping him feel supported	32	88.9	24	82.8	24	77.5	32	94.1
10. Helping the client feel more comfortable	9	25.0	1	3.4	6	19.4	4	11.8
11. Being aware of and able to handle own feelings; avoiding expression of personal value judgments	28	77.8	25	86.2	24	77.5	29	85.4
12. Avoiding opinion and comments based on insufficient information and evidence and/or otherwise inconsistent with professional behavior	21	58.4	13	44.8	15	48.4	19	55.9
13. Avoiding over-identification with clients	5	13.9	6	20.7	4	12.8	7	20.6

<u>Age</u>		<u>Experience</u>				<u>Direct Service</u>		<u>Sex</u>			
25-44	45-60	0-15		15+		0-75	75+	M		F	
N	%	N	%	N	%	N	%	N	%	N	%

18 38. 7 46.6 18 38.3 8 44.4 14 50. 12 33.3 7 29.2 19 46.4

43 86. 13 86.6 40 85. 16 89. 24 85.6 32 86.1 21 87.5 35 85.5

6 12. 4 26.7 7 14.8 3 16.7 6 21.4 4 8.3 4 16.7 6 14.6

41 82. 12 80. 41 87.3 12 66.6 21 75. 32 86.1 19 79.1 34 83.

24 48. 10 66.6 20 42.5 14 77.9 13 46.4 21 61.7 7 29.2 27 66.

10 20. 1 6.6 8 17. 3 16.7 6 14.3 5 13.9 5 20.8 6 14.6

101

CHAPTER V

THE EXPECTED BEHAVIORS OF SOCIAL WORKERS: THE RELATIONSHIP TO THE PARSONIAN FORMULATION OF PROFESSIONALISM

We will now see whether it will be possible to bring this study to its full cycle, that is, back to the Parsonian concepts of professional behaviors. Strictly speaking, Parsons does not speak of behavior as such, but rather about principles or themes which guide professional behavior. He nowhere attempts to list what physicians and lawyers should do, but rather he examines the major rationales from which more specific behaviors could be drawn. The initial concept which Parsons deals with--as already pointed out in the theoretical chapter of this investigation--is called functional specificity.

Professional authority, like other elements of the professional pattern is characterized by "specificity of function". The technical competence which is one of the principle defining characteristics of the professional status and role is always limited to a particular "field" of knowledge and skill. This specificity is essential to the professional pattern no matter how difficult it may be in a given case to draw the exact boundaries of a field.⁴³

And further

Similarly, if a doctor asks a patient a question the relevant reaction is to ask why he should

⁴³Parsons, Essays in Sociological Theory, p.38.

102

answer it, and the legitimatizing reply is that the answer is necessary for the specific function the doctor has been called upon to perform, diagnosing an illness, for instance. Questions which cannot be legitimized in this way would normally be resented by the patient as "prying" into his private affairs. The patient's wife on the other hand, would, according to our predominant sentiments, be entitled to an explanation as to why a question should not be answered. The area of the marriage relationship is not functionally specific but diffuse.⁴⁴

As a social worker, the investigator is immediately confronted with the question as to whether or not the Parsonian idea of functional specificity holds true for social work. In other words, is there evidence that social workers work from rationales (to remain on Parson's own level) which would indicate functional specificity as a theme at play in the professional social work system of which the worker constitutes one part and the client-system the other. Do social workers speak of technical functions which legitimize their inquiries into clients' lives, sanction what they may say to clients and what they may hear from them?

We shall list those categories that reflect behavior rationales and which, we believe, answer the question affirmatively:

1. Engaging in diagnostic fact-finding;
2. Helping clients express thoughts and feelings;

⁴⁴Parsons, Ibid., p.39.

- 103
3. Defining the proper professional relationship between worker and client in regard to purpose of the agency and scope of services;
 4. Avoiding worker behavior which promotes fear, anxiety, guilt, and/or confusion in the client;
 5. Helping clients examine subjective and objective reality;
 6. Providing information and interpretation of facts and events;
 7. Developing and maintaining structure and focus of the interview;
 8. Moving with the client at his rate; staying with the client; not pushing and pressuring him;
 10. Helping the client feel more comfortable;
 12. Avoiding opinions and comments based on insufficient information and evidence and/or otherwise inconsistent with the professional behavior.

The particular technical competence implied is the ability and skill on the part of social workers to engage in professional judgments which are specific and differential.

This is especially true of categories one, three, four, six, seven, eight, and twelve, and only a little less so in other areas. It should be repeated here, moreover, that the categories do not reflect actual behavior but the specific rationales which underlie behavior. They are abstract, theoretical principles and appear to bear out in what they are, the Parsonian idea that functional specificity implies clear professional goal directedness. Within the social work context the themes or rationales here listed point to a rather clear outline of rationales social workers are expected to en-

104

ploy. What the concept of functional specificity tells us in relationship to social work is that there are a number of themes which appear to be appropriate rationales for the practice of that method.

Another major Parsonian concept is called affective neutrality. Parsons speaks of it as follows:

... the professional pattern is "affectively neutral" as contrasted with a positively affective pattern. That is, in his professional capacity the physician is expected to avoid emotional involvements with his patient, either affection or hatred, moral approval or disapproval. He should be "objective" and "impersonal", treat the patient's condition as a problem, a "case". This again is essential to insulation from the patient's system of personal relations and plays an important role in making conscious and unconscious psychotherapy possible.⁴⁵

The question of the emotional involvement of social workers has already been discussed at some length. The themes relating to it and thus to affective neutrality are the following:

4. Avoiding worker behavior which promotes fear, anxiety, guilt and/or confusion in the client;
8. Moving with the client at his rate; staying with the client; not pushing or pressuring him;
9. Showing empathy for, and acceptance of the client; demonstrating interest and concern for him; helping him feel supported;
11. Being aware of and able to handle own feelings; avoiding the expression of

⁴⁵Parsons, Essays in Sociological Theory, p.160.

11. personal value judgments regarding client behavior;
13. Avoiding over-identification with clients.

The five (5) themes or rationales listed above deal with the communication of feeling. It seems indicated, also, that social workers do not subscribe to affective neutrality as Parsons defined it, but rather would support the re-structured concept, namely, the conscious use of feeling, at least insofar as social work is concerned. Conscious use or controlled use, in this context, does not mean conscious repression, or denial, but affirmation after which a controlled use of feeling is sought. This point was emphasized most impressively to this investigator during the discussion of the answers to question seventeen.

The worker is not expected to "avoid emotional involvements with the patient"; quite the opposite is expected; indeed, the control relates solely to the kind of involvement, it being recognized that in casework and in social work as a whole, involvement on an emotional level is quite necessary.

The third Parsonian theme or rationale of relevance is universalism, as here defined:

... the professional pattern is "universalistic" as opposed to "particularistic". The patient is again significant in a technical context rather as a "case" than as a "person". It is not the significance of that patient as a person either in terms of personal relations or of institutionalized social status, not "who" he is, but "what is the matter" with him, which defines the relationship. All cases of typhoid or

schizophrenia should be treated alike, subject to technically founded variations, regardless of "who" they are. This universalism is an essential element of scientific objectivity and without it a high development of medicine as applied science would not be possible.⁴⁶

If, as Wilensky and Lebeaux and we do, one accepts universalism to mean impartiality, the pattern of universality has real meaning for social work. It is deeply inherent in the whole tradition of the profession, particularly in its historical espousal of the rights of all to an even chance in life, with special emphasis on the "underdog". Category eleven, already cited in relation to affective neutrality, also has bearing here:

11. Being aware and able to handle own feelings; avoiding expressions of personal value judgments regarding client behavior.

The reader may recall that eighty-one and five one-hundredths (81.5) percent of the respondents addressed themselves to this idea, which demonstrates the importance in which the concept is held. One cannot expect professional people to like all clients equally; indeed, one would expect that some might be much disliked. However, the profession does expect that workers be universalistic, that is, impartial, regardless of what they might feel, with the proviso that if feelings become so strong, both negatively as well as positively that the client becomes of

⁴⁶Parsons, Ibid., p.160.

107

very great personal meaning to the worker and therefore impartiality cannot be maintained, the worker must transfer the client to another worker if possible. In this sense universalism has considerable meaning as shown by the data. In this sense, also, the client can be a "case", but in this sense only. If, however, as Parsons tends to imply, this inter-relates with the way in which he defines affective neutrality, then social work cannot accept his formulation.

The fourth concept drawn from the Parsonian formulations is the ideal of service, or, to put it into Parsonian terminology, the idea of "self vs. collectivity-orientation". We have discussed its meaning at some length in an earlier chapter and the reader is referred to it (page 15) for some detail of analysis. Suffice it to point out in this place that this concept deals more directly with the motivation of the professional social worker than any of the preceding concepts. To be inclined to want to give service, to share something of oneself for the welfare of others, to be able to express this in sincere, yet concrete ways within the context of the casework relationship, all these inclinations and "wants" speak of what a person truly feels. This latter point needs emphasis, because simply "saying" that one wants to help and place the welfare of the client ahead of one's

(4)

108
own, does not make this so. This is also said in order to point out that the data we have on this subject are verbalizations about the ideal of service. Of course, the "real" motives, even if in all cases unilaterally coincident with the verbalizations might be difficult, if not impossible of measurement in any quantitative sense.

Category nine (9), no doubt, comes closest to this idea.

9. Showing empathy for, and acceptance of the client; demonstrating interest and concern for him; helping him feel accepted.

It is commonly assumed that no man's motives in any situation are singular; either in the quantitative sense, that there are certain numbers of them, or in the qualitative sense that they are either all "good" or "bad". It is, therefore, extremely important to recognize that we claim little, if any, particular meaning for the data in their application to the ideal of service concept. On the other hand, this investigation does not deal primarily with worker motivation; it deals with expected behavior, both theoretically and, in an indirect sense, practically.

Summary

This study, in its beginning aimed at investigating whether or not certain of Talcott Parsons' concepts, as

he believes them to apply primarily to the legal and medical professions, have any relevance to the social work profession. To demonstrate that this had been thought about in similar terms (but not demonstrated) we referred to the work of Wilensky and Lebeaux who said that they thought Parsonian ideas were also applicable. After collecting data which might support or refute this claim, this study demonstrates that indeed such a relationship does exist and that our implied hypothesis is at least partially proved.

116

CHAPTER VI
THE SUMMARY OF THE INVESTIGATION

Statement of the Problem

The purpose of this study was to define, operationally, professional social worker behavior.

This study applied two major research techniques. They were: (1) a combined analysis of sociological concepts as well as theoretical literature in social work, and (2) a field investigation consisting of two casework interviews and a questionnaire to which sixty-five (65) social workers employed in agencies responded. From an analysis of the data obtained it was attempted (1) to determine what kind of relationship existed between social work theory as defined in the writings, and theory defined operationally by social workers on-the-job, and (2) to determine the relationship between the operational definitions of social work and the Parsonian, sociological definitions of professional behavior.

It was thought that more data were needed regarding the relationships of what is taught in schools of social work and what is needed on the job, where, and in which areas of practice more in-service training might be indicated, and in what areas of a worker's activity more clear-cut evaluative efforts might be called for. An

111
objective of this study was to provide some data for these purposes.

Research Methods and Procedures

SAMPLE --- The sample consisted of a total of sixty-nine (69) participants; the responses from sixty-five (65) of these were usable for analysis. They came from thirteen (13) social agencies and hospitals/clinics in three (3) cities. All respondents held the professional degree from accredited schools of social work and were employed, either in family service agencies or in psychiatric settings, such as hospitals and clinics.

INSTRUMENTS AND METHODS --- A questionnaire-type of instrument and two (2) casework interview records were used to elicit the information needed for this study. Each participant was requested to read the interview appropriate for the setting in which he was employed--family or psychiatric settings--and to respond to a series of questions, always emphasizing the reasons for the responses.

COLLECTING THE DATA --- The "literature" data were collected from sociological and from social work sources. The data for the field study were collected over a period of two and one-half (2½) months from thirteen (13) employment settings, by means of scheduled visits. The data were gathered in small group settings where

112

each respondent worked on his own part. The instructions were both printed as well as read aloud prior to each session. The research questionnaire was completed by each respondent within a time span of one and one-half (1½) to two (2) hours.

PROCESSING THE DATA --- A content analysis was made from ten (10) completed questionnaires. From this analysis thirteen (13) categories were developed and subsequently the other fifty-five (55) questionnaires were classified on the basis of these categories. A check of the investigator's agreement with two (2) other analysts was made on a selected sample of questionnaires. The percent of agreement was 45% at a CR of 4.04 and was sufficiently high to warrant the reliability acceptance of the abstracting process. Just over eighty (80) percent of the answers listed in the questionnaires were thus classified. The balance reflected answers not occurring with enough frequency to warrant classification (occurred less than ten (10) times each) but are listed in the Appendix.

Results

Characteristics of the Sample --- The sample of sixty-five (65) caseworkers was made up of forty-three (43) workers who reported that they did no supervision and of twenty-two (22) workers who either supervised

92

full-time or part-time. Twenty-nine (29) workers were employed in family settings or forty-five (45) percent; thirty-six (36) workers were employed in psychiatric settings or fifty-five (55) percent.

AGE --- The median age for the entire sample was thirty-nine and five one-hundredths (39.5) years. The median age for the men was thirty-six and five one-hundredths years and for the women, forty and no one-hundredths (40.0) years.

SETTING OF EMPLOYMENT --- Thirty-one (31) of the sixty-five (65) workers are graduates of The University of Buffalo School of Social Work, while the balance, thirty-four (34), are graduates of the following schools: Boston College, Boston University, The National Catholic School of Social Service at Catholic University of America, The New York School of Social Work (Columbia University), University of Denver, Fordham University, St. Patrick's College at University of Ottawa, University of Pittsburgh, Simmons College, Smith College School for Social Work, George Warren Brown School at Washington University, St. Louis University, Syracuse University, and Western Reserve University.

EDUCATION --- All respondents were graduates of two-year professional programs in social work. Sixty-four (64) held the Master's degree; one (1) held the two-year

114

certificate from the New York School of Social Work before it became a degree-granting institution within Columbia University.

All but three (3) respondents specialized in social casework while in graduate school; two (2) specialized in social group work and one (1) in community organizations.

SEX --- The sample included twenty-four (24) men and forty-one (41) women.

TIME SPENT IN DIRECT SERVICE --- Thirty-six (36) respondents estimated that they gave more than seventy-five (75) percent of their time to direct casework services, while thirty-one (31) said they gave less than that percentage to the same activity.

LENGTH OF EMPLOYMENT --- Seventy-one (71) percent of the respondents had experience in the field (employment) before they received their graduate degrees in social work; eighty-eight (88) percent have had up to fifteen (15) years of employed experience since they received the degree. Eighty-six (86) percent graduated from schools of social work since 1945.

The relationship of sociological concepts of professionalism and the theory of social work practice.

This study began with an analysis of the relationship between two sets of ideas. The first of these consisted of a series of four (4) concepts by Talcott

115

Parsons, which he developed in order to describe medicine as a social system. In this system there are two (2) major roles, those of patient and physician. Of the physicians, Parsons speaks in four (4) conceptualizations: he is functionally specific; he is universalistic; he is affectively neutral; he is motivated by a desire to be of service. The second set of ideas relates to the theory of social work practice. It is stated variously throughout the social work literature. It agrees with the first of Parsons' concepts completely. The social worker must be technically skilled to do very specific jobs and for this purpose is entitled to engage in a variety of activities, justified on the basis of his professional functions and objectives. The concept of universalism finds application in the social work literature through the idea of impartiality. The worker must look at and treat clients regardless of who they are, on the basis that they are human and in need of help. The most obvious disagreement with Parsons comes about because social work does not aim to attain affective neutrality. Rather, it aims to attain the use of feeling by its expression, provided, that it is a controlled use of feeling on part of the worker. Finally, social work accepts completely the idea of service motivation. To a considerable extent, then, social work

116
as reflected in its theoretical literature would accept the Parsonian concepts, with the exception of a major one, affective neutrality which social work restructures, not to say rejects.

The relationship of social work theory and the expected behaviors of social workers as verbalized by practitioners.

A second part of this study was to examine any relationships between concepts found in the theoretical social work literature and what practitioners were able to verbalize about the rationales for their behaviors had they been the workers whose case interviews they studied. This effort yielded thirteen (13) categories of rationales. That all of them fit into the theoretical framework developed by the profession of the years became quite obvious. What, however, needs some discussion, is the fact that only four (4) of these categories or concepts were recognized by more than eighty (80) percent of the workers, the balance ranging from fifty-nine and five one-hundredths (59.5) percent to sixteen and nine one-hundredths (16.9) percent of the respondents using them. Moreover, this does not include a number of uncategorized and only once or twice mentioned behaviors, some of which might fit the framework and others of which plainly do not fit. These are listed in Appendix G.

The relationship between expected behaviors of social workers and the Parsonian concepts.

117

A third potential relationship in this study is in the comparison of the Parsonian concepts of professionalism and what workers said their rationales would be for acting in certain ways when faced with a client situation. Parts one and two suggest the answer for this part, since the operational definitions agree with the social work theory and the social work theory agrees, in substantial part, with the Parsonian concepts. Of note, however, is the fact that in excess of eighty (80) percent of the respondents spoke of the use of feeling as being subject to the conscious control of the worker, rather than in Parsons' terms.

This study is intended to be primarily descriptive in nature. Its main emphasis has not been intended to lie in the area of exact statistical relationships between concepts and rationales. Nevertheless, as pointed out repeatedly, there is an implicit hypothesis in this study, namely, that there are positive relationships between and among its parts. We suggest that these relationships are strongly supported by the data gathered from field study as well as by the results of the study of social work and sociological literature.

CHAPTER VII

CONCLUSIONS AND DISCUSSION

The following conclusions seem to be warranted from the data developed in this study.

Conclusions regarding methodology

1. For the purposes of an essentially descriptive study the methodology followed seems adequate. Of particular usefulness appeared to be the questionnaire with questions that were at once broad enough not to suggest answers, while at the same time insisting on specific reasons for responses each time they were made.
2. The close relationship between the categories developed from respondents' answers and the theoretical materials and concepts developed from a variety of major social work texts, would seem to imply that, although the total usable sample was only sixty-five (65), a much larger sample would probably yield fairly similar results.

Conclusions based on the findings in this study

1. The relationship between theory and practice in the field of social work, particularly in regard to the practice of social casework method, can be effectively studied.
2. Social workers, at least when brought to a conscious facing of the task, are able to produce rationales for their thinking that reflect a considerable amount of agreement with the literature by which they have been taught while in graduate school. This may or may not mean, that they are always conscious of theory while working with clients, but it does mean that social workers can handle the task when faced with it.
3. The theoretical base of the thinking of many workers appeared to be surprisingly narrow. Only four (4) out of thirteen (13) major concepts listed found use by more than eighty (80) percent of the respondents.

119

4. From the standpoint of the important roles demanded of the social worker, the following appear:

- a. The worker should try to do all he can to find out what it is that concerns the client. He should help him express to whatever extent the client is able, what his thoughts are and how he feels about his situation. At the same time the worker should transmit to the client a feeling of friendliness, empathy and concern for him as a person. However, the worker should be careful to avoid the intrusion of his own personal value judgments by being aware of his own biases, opinions, needs and all those feelings, the expression of which could interfere with the helping process.
- b. The worker should define a particularly professional relationship with the client, especially in regard to letting him know what kinds of services the agency can render and what this implies in terms of the worker/client situation. He should take responsibility for developing the focus for the interview and structure it within certain limits, rather than letting it drift without direction. At the same time, the worker is expected to be sensitive to what the client says and does and move with him at the client's own pace without pushing him too fast or pressuring him into action. While the worker should provide needed information and interpretation, his opinions and comments should be based on evidence relevant to the professional situation. The worker should avoid promoting fear, anxiety, guilt and confusion in the client.
- c. The worker should help the client look at reality as he sees it subjectively, as well as involve him in an examination as others see it. He should help him

- 120
- c. become more comfortable in the interview, but must avoid over-identification with the client.

Limitations of the Study

1. At various points throughout the study we indicated the fact that the respondents' replies were verbalizations around what they would have done had they been the workers in the case interviews with which we presented them. This means that we have no knowledge as to what the workers actually do when working with their own clients. In other words, the study did not measure worker effectiveness. There is great need for such a study.
2. The size of the sample was quite limited--sixty-five (65) social workers--and it may well be that a larger sample might have produced different results, although as we indicated earlier, there is implicit evidence that this may not have been the case.
3. Respondents were asked to deal with only one case interview and we do not know whether or not they might not have come out with different results had they had more extensive experience.
4. Some of the categories drawn from the respondents' data overlap to some extent, so that each of them is not as definitively unique as it might be.
5. Since both case interviews were in the beginning phase of the worker-client relationship it is not known what the responses might have been had the cases been in the middle or ending phase.
6. We have no way of knowing what might have been the unique influences on part of each worker's personality and technique on the interview, had each of the respondents actually done the casework treatment.

Implications of this study

A study, such as the one before us, carries with it a number of possible implications. They can be examined on a variety of levels. For example, the study would support

the conclusion, that, on the whole a substantial number of respondents can identify rationales guiding their professional behavior. To know this has certain value as will be discussed later.

On a second level, the question should be asked as to what the study's findings might mean beyond the narrow, academic recognition that certain relationships exist between variables. What do the results of this study, for example, mean to human beings who have problems for which they want help, knowing nothing about the esoteric theoretic relevances which the study might or might not have?

The major relevance is that what is being studied here relates to what people who are professional social workers actually do, or more accurately say what they would do. Implicit in this is that what a worker expresses to a client, how he does this, and how it feels to the client to be a part of the casework relationship, makes a great deal of difference to the success of the treatment. For example, it was found that forty (40) percent of the respondents would base their behavior, among others, on the principle that the client should be helped to consider his problems at the rate of speed and in the directions most meaningful to him, i.e., to take each step as he was ready without

122

without pushing or pressure from the worker. Twenty-six (26) of sixty-five (65) workers consented to this effect. Presumably, it made a great deal of difference to them in their estimate of what might be effective casework service whether or not the client was really involved or whether he was merely the recipient of the professional's need to hurry under a heavy caseload. A further example can be seen in the fact that eighty-seven and six one-hundredths (87.6) percent of the respondents picked the fact that the worker engaged in diagnostic fact-finding as an adequate rationale for certain of his behaviors. In relation to casework practice this tells us that the worker must have the facts about a client's perception of his problems (and perhaps others') in order to help him properly. Social work as well as other professions, however, have emerged out of a tradition of advice-giving. Someone giving advice needs little real information about the client beyond the bare facts, and certainly no clinically valid diagnosis of the problem in all its many aspects. In other words, it is always assumed that what rationales the worker may use to guide his professional behavior redounds to the benefit or harm of the client. What is encouraging about the results of this study is the fact that the expected social worker behaviors tend to emerge clearly and with considerable consensus.

Moreover, while one might argue that certain aspects received over-emphasis (for example, diagnostic fact-finding and helping clients to express themselves) and others have received under-emphasis (for example, avoiding over-identification as well as definition of proper worker-client relationships), the fact remains that the thirteen categories cover a wide range of rationales. One would further conclude that within the short years of four decades social work has, with all shortcomings recognized, nonetheless achieved a considerable amount of theory and its dissemination to practicing personnel in the field.

On the other side of the coin one finds that only four out of thirteen concepts find support from more than eighty (80) percent of the respondents. Furthermore, they deal with only two subject matters. The first of these, is concerned with helping the client share himself, in the one case for purposes of diagnosis, and in the other for a variety of other reasons. The second deals with the expression of worker-examining feeling. One aspect of this is to be empathic and supportive while another is to avoid judgmentalism and the imposition of the worker's value system.

While the literature fully supports this kind of approach by workers it must be remembered nonetheless

124

that beyond these two themes and four categories there follows a sharp drop, since the next highest frequency is fifty-eight and five one-hundredths (58.5) percent and relates to the need on part of the worker to avoid promoting fear and anxiety in the client. Quite surprising, in this connection, is the fact that only forty (40) percent of the workers dealt with the need to define worker-client relationships and keeping the interview within a carefully structured focus. These are key concepts in social work, especially in face of the fact that social work is done in agencies where the professionals are employees, and that within the total welfare structure of the urban community there is a constant effort made to define the purposes and goals, as well as the scope of services agencies offer. Social agencies do not take just any kind of problem for casework services and, similarly, worker-client relationships are not friendships or accidental in nature. They are planned, organized and limited.

Both case interviews contained material where there was a question regarding confidentiality. In the one case the worker shares with the wife of a patient what the latter had said to the worker in a previous interview. In the other case, there arises the possibility of making a referral to another agency and again the question arises

125

as to what the worker would share. Yet the concept of confidentiality was not raised often enough by the respondents so that it could be included as one of the categories.

Without doubt one can argue that certain other concepts should have been picked up by the respondents, and one can hardly overlook the fact that the theoretical base should be as narrow as apparently it is in the case of many workers.

This leads to certain educational implications. We mean by these, both the in-service training functions of agencies and the emphases graduate schools of social work might consider in the education of students.

There appears to be a certain contradiction in the frequency with which the respondents used the categories. While, as we pointed out, on the one side certain categories were used with much less frequency than others, the same underused categories were nonetheless used too frequently to be written off as unimportant. The question, then, becomes one of balance, because the categories such as the set of six which follow in the frequency of their use the highest four, there must evidently have been enough material in the case interviews for as many workers as did recognize them as important,

126

to have done so. These six categories are numbers three, four, six, seven, eight, and twelve, following in the frequency of their use categories one, two, nine and eleven. All of the former were recognized by more than forty (40) percent of the respondents. The final three were categories five or thirty-three and nine one-hundredths (33.9) percent, ten or sixteen and nine one-hundredths (16.9) percent, and twelve or sixteen and nine one-hundredths (16.9) percent. While one would hesitate to dismiss them as unimportant, in the case of the latter two, one could at least question whether or not the interviews had enough content in their direction.

It seems quite evident to the investigator that both agencies who employ workers and schools of social work might want to consider whether or not increased teaching efforts might be appropriate in the following areas:

- a. helping students and workers examine with the client, where indicated, what the client can expect from the agency, from the worker, and particularly in reference to the latter, what kind of relationship he can expect the worker to want to develop.
- b. helping professionals examine the meaning of clients' fears, anxieties, guilt and confusion and their effect upon the casework interview; what kind of worker behaviors might promote them or reduce them; how to use the client's feelings with the aim of increasing the therapeutic value

127

of the interview.

- c. helping professionals examine the place and role of giving information to clients, as well as the relative appropriateness of interpretation, whether this be of the agency or of the meaning of behavior as this is shared by the client in the interview.
- d. helping professionals concern themselves with the problem of how to structure, organize and focus the casework interview; how much of this to leave to the worker and what should be left to the client.
- e. helping students and workers view the place of worker activity in relation to working with the client at his own rate of speed, rather than moving too quickly because of greater insight and understanding on part of the worker.
- f. helping professionals examine the place of the expression of workers' opinions made explicit to clients; what constitutes proper evidence, under what circumstances it is appropriate and/or inappropriate to voice them.

The investigator wishes to re-emphasize that these suggestions are not made because there was little or no evidence of concern with these concepts, but rather and precisely, because there was considerable concern with them; however, much less so than with four other categories. The evidence strongly suggests that the six concepts in the second group are very important ones and this is further borne out by the literature. Hence, an examination of their place would seem to be most appropriate.

128

In conclusion, one would suggest that in some ways the evidence points up a considerable body of theory which is available, and of which workers are aware when faced with case situations. This may to some be an unexpected phenomenon. Moreover, we would think that its real significance lies in the fact that the diligent application of what the profession already knows might be a much more fruitful way of clarifying the role of the social worker in today's society than a public relations centered concern with statements of the social worker's public image. This does not mean that it would be wise to parade abstract, theoretical concepts before the general public. What it does mean is that if these concepts, when applied, tend to bring about real help for people with social and emotional problems, then their careful and discriminating use, of which at least insofar as our sample is concerned social workers are quite capable, would be the most eloquent contribution to an improved public image of social work as a profession. Success, perhaps, is any profession's best sales talk.

APPENDIX A

RESEARCH STUDY ON SOCIAL WORK THEORY

Instructions

In what follows, we ask you to analyze a casework interview. For this purpose we have supplied you with a list of questions. We would like you to be as specific as possible and encourage you to refer to the specific statements of the worker as often as necessary. When you do this it will not be necessary to copy out all the worker's words from the record. Merely write the first three words of the workers' statements to which you are referring on the answer sheet. Then discuss the individual statement giving your reasons for your reactions.

PLEASE DO NOT SIGN YOUR NAME

Secondly, we would like you to read the case record. Read it as quickly as possible. Do not turn over this sheet until you have finished reading the case record once.

When you have finished reading the case interview, please turn this page over and begin to answer the questions. You will need to refer back to the case record many times.

Please remember, there are no right or wrong answers. Your answers are not intended to reflect upon your competence as a social worker. As additional insurance complete confidentiality of all identifying data, both as to agency and individual worker is guaranteed.

We would like to thank you for giving your time to participate in this project. We hope you will find the material interesting.

I. Do you presently work directly

First, we would like to find out something about you.

1. From what school of social work have you graduated?

2. What is (are) the degree (s) you received?

_____ M.A.
_____ M. S. W.
_____ M. S. S.
_____ M. S. (Soc. Ad.)
_____ One-year diploma
_____ Two-year diploma
_____ Graduate Certificate in Social Work
_____ Other

3. Please indicate the year in which you received your social work degree _____.

4. How old were you on your last birthday? _____.

5. Male _____ Female _____

6. What was your method of specialization while in graduate school of social work?

Please check one or more:

Social Casework _____
Social Group Work _____
Community Organization _____
Social Work Research _____
Administration _____
Other _____

7. In what kind (s) of setting (s) are you presently employed?

Family service _____
Psychiatric service _____
Medical service _____
Other _____

8. Compute the number of years you have been employed in social work:

- a. before you received your highest social work degree _____

131

8. b. since you received your highest social work degree _____

9. I presently work directly with clients (please check category applicable).

None of the time _____

More than 10% but less than 25% of the time _____

More than 25% but less than 50% of the time _____

More than 50% but less than 75% of the time _____

More than 75% but less than 100% of the time _____

100% of the time _____

10. What are your major professional responsibilities other than carrying cases? (please list)

11. You have probably noticed that the social worker asked the client a number of questions as well as made statements which really amounted to questions. Please indicate which six of these questions and/or statements you would also have asked or made. Briefly indicate your reasons for each choice.

12. Which questions would you have avoided asking and which statements would you not have made. Briefly indicate the reasons for each choice.

13. Think of three questions the worker might have asked in this interview, which he did not ask. Be sure to specify your reason for each choice.

- 137
14. Please identify and list from the case record some of the statements reflecting the feelings, opinions, and/or values the worker expressed:

a.
b.
c.
d.
e.
f.
g.
h.
i.
j.
k.
l.

15. Which feelings, opinions and/or values do you think the worker was justified in expressing? Why? (Please be specific)

16. Which feelings, opinions and/or values do you think he was unjustified in expressing? Why? (Please be specific)

17. Please write a brief statement on the following topic:

"In my opinion social workers should handle their feelings when confronted with client situations in which there is a great deal of emotion, as follows:

Please indicate your reasons.

APPENDIX B

RESEARCH STUDY ON SOCIAL WORK THEORY

Notes: The following material is used by permission,
Family Service Association of America.

1. Piedmont: Marie, age 36
John, age 8

3-23 Mrs. Piedmont, mother of John, 8, phoned the Travelers Aid Society to request travel service for her son who was going to his grandmother in another state for the Easter vacation. Mrs. P. said she was employed in an office and went to work daily. She felt that John was capable but she would like some help for him at the two change points. She had planned for him to leave on March 30. Our procedures were explained in regard to travel service for children and Mrs. P. accepted an evening appointment.

Later in the day Mrs. P. called to say that she might not be able to keep the appointment since she thought it might be unnecessary. After some discussion, she decided that she would keep the appointment after all.

Mrs. P. was on time for her appointment and was accompanied by John. I spent some time with John and Mrs. P. together. John was a talkative child with a good deal of verbal facility and was apparently a bright youngster. I noticed how nicely the mother disciplined him when, in discussing the exact itinerary, he contradicted her. She suggested that if he had an opinion of his own, he could offer it with more grace than he had shown in contradicting her openly. John took this good-naturedly and told me that he had made the trip before, once with his mother and another time alone when he returned from visiting his grandmother during the Christmas holidays. Obviously, he loved the grandmother very much. Mrs. P. and John talked very easily together and I noted how permissive she could be with John when necessary. Once we had talked about the exact service that could be offered, John wandered out of the office expressing interest in drawing some pictures and sitting on one of the high stools at the window. He did this for some time while I talked with Mrs. P. She was an attractive woman, with a great deal of infectious charm.

When alone with Mrs. P., I said that she had not mentioned John's father. She told me she had been widowed when John was 11 months old. In a wistful manner she said that they had been married about five years at the time,

130
and that her husband's death had been a shock to her, to say nothing of having been left with a baby. I asked how she had managed since then. She felt that she had got over it pretty well. Being widowed was nothing new in her family; her mother and several aunts had been widowed when young. I remarked that that might be so, but I wondered about Mrs. P. herself.

Speaking in almost a compulsive way, in that the story flowed easily and in a rush, she told me that she was seeing someone now, a fireman, to whom she referred throughout the discussion as Jack. About two years ago she had begun to pass some pleasantries with Jack whose station was near their home. As time went on he asked if he could call on her. She then began a real friendship with him; he visited regularly at her home and was pleasant to John, occasionally taking them out together on trips to the country. His own wife had deserted him. He and his child were living with his parents and he had few actual worries, since the child was well cared for. Mrs. P.'s real feelings came out as she talked about him. I asked if they planned marriage. She sighed deeply and said she wished she knew, that she felt very confused and troubled. I asked if she would like to talk a little about it. She did so eagerly, letting me know immediately that she had had since the previous August a sexual relationship with Jack. This relationship had real meaning for her and had become a necessary part of her life. On occasion when she herself brought up their future together and he raised questions that seemed like a wall to her, she was most fearful of the consequences. She described Jack as a very devout Catholic; while he could easily secure a divorce in this state on grounds of adultery, he had never considered such an action since he knew he could not marry again in the Catholic church, something of great importance to him. Once, after a misunderstanding, she did not see him for a while and felt she "almost went mad." He was handsome, very masculine, and most attractive to her.

When they got together again, she did not bring up the matter of marriage and they drifted along in this way. She had never met his child or his parents, nor had he ever suggested that she do so. With a very troubled air, she said, "You must think me terrible". I said that I did not and that I was not here to judge her. I added that she was obviously referring to her having a sexual relationship with a man not planning marriage. She nodded. I said that I saw her as a woman alone and in need of companionship, meeting basic needs as best she could. It was not really important whether or not I or anyone else would judge her. What was

135

important was the distress she was feeling, since obviously the situation was causing her some torment. Her eyes filled with tears but she did not cry. She said that she was confused, often upset, yet afraid to do anything drastic for fear of losing Jack. I said the fear of losing him, her not doing anything "drastic," in no way resolved the problems that were bothering her. She said she was always full of fears about men anyway. When I asked her why, she forced a smile and said that she had not yet told me that four years after her husband's death she had married again.

As she described her second marriage, which terminated in divorce, it was apparent that she was still living in active fear of that whole experience. She had known that man about three months and while she was most attracted to him they had become wonderful companions, there had been in the premarital period a brooding quality about him that she could not quite understand. She was anxious to get married again to make a normal family life for John, so that she did not let these impressions stand in her way. Shortly after her marriage, however, she learned that her second husband was a "hopeless" alcoholic. She could never understand how it was that she could not see this during their courtship, since they would take a drink together occasionally as all couples do. His behavior when drunk was so violent that on one occasion her family had to save her from serious harm. Eventually she secured a divorce. She had no word from him for some years and had no idea where he was or even whether he was alive. It had been a terrible experience, during their eighteen months of marriage her husband had been on one binge after another. When she first met Jack she had severe anxiety about drinking and would beg him not to drink. She tried to realize that all men were different from one another and that she must learn to accept Jack for what he was.

I wondered whether in reality she had thought out things for herself as simply as she had just stated. She said that no one knew better than she that often "whistled in the dark". I remarked that while Jack was filling a very real need for her, he was also causing a good deal of conflict since her relationship with him was making her guilty and confused. She verified this impression quickly, telling me that in order to help pay for her apartment, she had a young social worker living with her. This woman had suggested to her that Mrs. P. go to some sort of marriage bureau for counseling.

I let her know that I saw her recognition of things were bothering her as a sign of health. She was growing more and more troubled since she knew she was avoiding

136

facing an issue that she could not escape. I said that John must be a factor in all of this. She acknowledged that he was one of the focal points in her confusion and conflict because, the closer her relationship with Jack, the more John clung to her and wanted to be alone with her. She thought, however, that he had accepted the plan to visit his grandmother for the Easter holidays as a matter of course, since he loved his grandmother and she loved him. I recognized that her fear of loneliness was a very real thing and understandable under the circumstances. Her wanting to go on with this relationship and to question it as well, her indecisiveness about what to do, plus her very real fears of what would happen if she did anything one way or another, all pointed to her need for some help in thinking these things through. She picked up on this quickly and said that she knew she needed help, that it had been a comfort to just talk about things with me today. I explained that it would be possible for me to refer her to a family agency where she could have counseling and help on a regular basis for as long as she and the worker thought necessary. I told her I would check further about the agency which she indicated she was eager to use. An appointment was arranged following her placing John on the train.

3-27 Mrs. P. telephoned to cancel travel plans for John since he wanted to remain here. She sounded relieved. She was planning to keep her scheduled appointment.

Telephoned the family service agency and talked with the intake worker. It was agreed that I would give Mrs. P. their phone number and suggest she could call them for an appointment.

3-28 Mrs. P. on time for her appointment. She seemed a little breathless; said that she had left John in a reading section at the library and expected to pick him up after her talk with me. I let her know that I have heard that she had canceled travel service for John. She smiled broadly, said that John had decided that he did not want to go after all, but instead wished that she would use some of the money she was going to spend on his fare for oil paints for him. They had a wonderful time going together to buy them. I learned that John apparently had considerable talent, and that there were several painters in her father's family. I suggested that she seemed very pleased that John was not going to visit his grandmother after all. She verified my impression that she was pleased to have John remain and said that her mother's disappointment had made her real sad. As we talked together further, I asked her if she thought

137

that John's decision not to go was based on his desire to have oil paints. She replied that she knew very well that he had no heart in going, that his wanting to be with her is part of the whole situation she was presently living through with Jack. I let her know that it was good that she could see how easily her own confusion and insecurity about her relationship with Jack would in many ways affect her child.

I told Mrs. P. that I had telephoned the family agency and that she could call them directly. Mrs. P. seemed very pleased about this, telling me that it was a small world after all. There were a few pleasantries between us about her plans to go to her mother's home with John this coming summer and her plan to have him enter the local drawing class. When she said goodbye, I let her know that I was hopeful that she would look for the kind of help she recognized that she needed. She thanked me and said that some day she and John would pass by and show me one of his oil paintings.

3-31 Telephoned the family service agency and learned that Mrs. P. had made an appointment with them for the evening of 4-20.

4-21 The family agency worker telephoned to let me know that Mrs. P. had kept her first appointment and was planning regular counseling interviews.

138

APPENDIX C

RESEARCH STUDY ON SOCIAL WORK THEORY

Note: The following is an excerpt from a teaching record, entitled "Mr. H." It is used by permission, Council on Social Work Education.

Setting: The setting is a private, Neuropsychiatric clinic under contract with Veterans Administration. Previous to this interview the worker saw Mr. H. who is now in psychiatric treatment. The excerpt that follows is a first interview with Mrs. H.

11/26/46 Mr. and Mrs. H. arrived promptly for their appointment... Mr. H. turned to me and said that he had told his wife why I had invited her to see me and that she wanted to come in today. As he was preparing to leave for the psychiatrist's office, he told Mrs. H. that he would meet her in my office after his interview. Mrs. H. smiled shyly...

I asked whether she would like to come to my office now, and she said that she would. As we were approaching the staircase, Mrs. H. was intrigued with the home-like atmosphere and the attractive surroundings, so we walked through the reception room downstairs before proceeding to my office. In answer to my questions I told her that these reception rooms were for the use of the hospital patients and their visitors. Mrs. H. could hardly believe that this "lovely place" was for mentally ill patients. I explained the purpose of this hospital, the type of patients that are admitted and added that the majority of these patients get well in a reasonably short time...

I agreed that the hospital was very beautifully furnished and great care was taken to make the patients feel as comfortable as possible; nevertheless, the patients, when they got well, were very glad to return to their own homes. I asked whether her husband had told that he was coming for treatment to our neuropsychiatric clinic and not the hospital and she said that he had.

We then went to my office. She took off her heavy winter coat and sat down facing me. I asked whether she was surprised by my invitation and she said she was. Her husband had told her of his interview with me and told her that he and I thought that it would be a good idea if she came in to see me. I agreed that we had, and as I was about to explain my reasons, she said that after talking

139
with her husband, she thinks that it is a good idea, too. When her husband had received the letter from the VA Mental Hygiene Clinic to report to this clinic for treatment, she nearly fainted. She began to think of all kinds of things. I asked whether she recalled what they were. Mrs. H. rolled her eyes in horror, and replied that although she knew her husband was impatient and had a bad temper it had never occurred to her that he would have to be treated in "such a hospital". She began to think that he must be in a bad way, perhaps for all time. She has never been in contact with a person suffering from such a disease.

I said that she certainly must have gotten a fright. I know from her husband that he had almost been frightened to death, also, but I gather he now feels a little better about it. It is for these very reasons, -- the fright, the many questions a patient's wife has about her husband's condition, his need for psychiatric treatment and what that means, -- that we have found from our experience in working with our veterans that we might be able to be of assistance with the wife and her questions about her husband's illness, the questions she might have about treatment in a neuropsychiatric clinic, and with the problems that his illness often creates for her.

Mrs. H. took a deep breath. She has led a sheltered life and doesn't know very much about life. She certainly doesn't know anything about nervous trouble and treatment. Members of her family and friends have been ill with colds, etc., but outside of that she is ignorant. Of course, there are one or two people who are "queer" in her home town, but they are old and harmless. I said, then, that I was glad she came in to see me today. Maybe we could straighten out some of her misgivings.

I said that her husband is nervous and that is why the VA sent him to this clinic. Our psychiatrist will be working with Mr. H. to try to help him get well, but since this is only Mr. H.'s second visit the doctor is not in a position, at this time, to say very much about her husband's condition and what the results will be. However, Dr. K. feels that Mr. H. is not seriously ill and believes that Mr. H. has a very good chance to pull himself together and function better than he has these past months.

Mrs. H. was obviously relieved. She asked whether Mr. H. would have to be hospitalized and I said that as far as Dr. K. could tell, this would not be necessary. Mr. H. does not have a mental condition. His problem is emotional. He seems to be jittery, on edge, and he told me that he "flies off the handle" easily.

Mrs. H. smiled knowingly and remarked -- "does he fly off the handle! He is terrible! Everything upsets him, his

141
face gets white and he lets everybody know it." I said that I can well believe this to be true. This behavior is a symptom of his present nervous condition and Mr. H. evidently realizes that and wants to get help so that he won't feel nervous and act like that. Mrs. H. said that she is glad to hear this because there have been times that she thought that she would have to leave him. His behavior is often unbearable.

I said warmly that I could certainly see her point and that no matter how patient she is, at times she must certainly feel up against it.

Mrs. H's face clouded. She said that she was worried about her husband and his attitude toward her parents with whom they are living. Her parents are good to them and devoted to her husband, but no matter how nice and patient they are, Mr. H. loses his temper at them for no good reason. The H's couldn't find living quarters so her parents invited them to live with them until they did. There are only four adults in a six room house and the H's are at liberty to use the entire house. Mr. H. squirms and can't wait to get through with his meals, when they are eating together. He fusses and is irritable when they are sitting in the living room and usually goes off to his room. If neighbors should drop in unexpectedly, her husband gets red in the face and leaves the room. Mrs. H. said that she wouldn't think of deliberately inviting guests for fear that she would irritate her husband and embarrass her friends. At her age she has become a hombody. They seldom go to the movies. She wouldn't think of suggesting it.

I asked what she does about all of this and her immediate reply was that she used to try to reason with her husband, but he only became more upset, so she "keeps in her feelings". I thought that her position was certainly a trying one. I wondered whether she felt that her husband was trying deliberately to annoy her. Mrs. H. looked thoughtful and then replied that at first she had thought he was just ungrateful and she hated him for it. If he is nervous to the point where he will come to see a doctor, she believes that his trouble is deeper than she thought. The fact is that he has treated everybody alike, her, her parents, and everyone who comes within his reach. As unpleasant as his behavior is, I thought the hopeful part of it is that her husband has voluntarily decided to come to the clinic to get help.

I referred to the VA referral letter and our initial interview which we use to determine whether the patient, himself, was interested in getting psychiatric help. Her husband, I thought, expressed real interest in getting help to get well, or else I would not have referred him to Dr. K.

147
I explained our 4-6 weeks exploratory period when both Dr. K. and Mr. H. will decide on future plans for him. I thought Mr. H. was in earnest about coming to the clinic, and therefore, I thought that there was a good chance that he might get well.

Mrs. H. heartily agreed with me because this is the first time her husband wanted to see a doctor. She referred to his medical doctor who was treating him for the pains in his spine and feet, and the poor results.

I asked whether she was encouraged by her husband's decision to come for help at our clinic and she replied that she was. It is a new experience for him and she believes that he is in earnest about mending his ways.

Mrs. H. then changed the subject. She said that although she was terribly worried about her husband, she has an even greater worry. She is worried about herself. She is four months pregnant and she is sure that either she will die in childbirth or the baby will be born dead or die shortly after birth. Mrs. H. looked childlike and worried as she told me this. I asked her why she felt this way; wasn't she well? Mrs. H. said that she is feeling fine. She has not even felt nauseous, but two of her friends' other child was born dead. Her mother had seventeen pregnancies and only seven children survived. I agreed that this must be alarming to her. Had she seen a doctor about herself? Mrs. H. said that she had and that the doctor told her that she was in good physical condition but she was "small inside". Mrs. H. said that her mother had the same trouble and she believed that this was responsible for her long periods of labor and the miscarriages.

I asked whether she had told her doctor about her fear and she said that she had not. What can he do about it if she is "small inside"? I thought that the doctor might be able to be a little more specific about the connection between her being "small inside" and her concern. I wonder whether he had expected her to make the deduction she did from his statement. What did she think about seeing her doctor about this? He is the only person who can give her a professional opinion. She said she would think about it. I thought many women were "small inside" but have their babies and are well after childbirth. Why doesn't she talk this matter over with her doctor? The worry must be awful. She said that it was, and what is worse, she can't talk to anyone about it. She mentioned it to her mother and a friend and both tried to make light of it. She mentioned it to her husband, and he blanched, and said nothing. I thought that since her husband gets panicky so easily now, he might be of little comfort to

92

145
her now about this worry which evidently increases his general feeling of anxiety. Perhaps later when he is feeling better himself, he will be able to enter into her concerns. Mrs. H. said simply that she doesn't talk to him about this anymore because she realized that he became too upset. "He upsets me and I upset him", she said, by way of summing up what she had told me.

I added lightly that that is why we like to see the patient's wife, - to give her a chance to talk over her worries with us. The patient has the doctor to talk with about his problems and the wife can see the social worker about problems such as Mrs. H. has talked over today. Perhaps I could help her with them. I asked her how she felt about this and her reply was that I am the first person who hadn't made light of her worry. After all, she doesn't even want to talk to her parents about her husband. They mean well, but they might misunderstand. As far as her fears are concerned, no one took her seriously until I did, today. "I feel that I have known you a long time; you are like a sister. I'd like to come in every week." I thanked her for feeling so comfortable with me and I was glad that she had realized so soon that I was interested in her difficulties. Yet, on the other hand, she might not want or need to come in every week. What did she think about this? We might think about how often she should come in and for approximately how long. We didn't have to decide this today as next week or so would do unless she wanted to make a tentative arrangement for the time being.

Mrs. H. looked relaxed and she told me that they have bought a small house which her parents owned. She and her husband are looking forward to putting the house in tip top shape. He cannot wait until it is ready to move into. She thought that she had better ship next week in case they had to move. We arranged for an appointment on 12/19/46 and every other week for a time.

As time was drawing to a close and we were about to leave, she said that she would try to see her doctor and would tell me "the verdict"...

143

APPENDIX D

Research Study on Social Work Theory
Hans S. Falck, School of Social Work
University of Buffalo

Dear

I am writing to you to ask your participation in a research project which is to meet the requirements for my doctorate.

The study which I am undertaking has to do with some theoretical questions in social work education and practice which need a good deal of attention.

As part of the project I would like to ask your permission to spend about one and one-half hours with you and your staff people who hold a Master's degree in social work. In order to save time all around I would like to meet with them as a group.

I shall be in touch with you again at a later point to discuss my plan with you further. I would like to say, however, that all identifying materials, both as to agency and individuals will be held in strictest confidence. In addition I would be very happy to share my findings with you and your staff after the conclusion of my dissertation.

I would be deeply grateful for your cooperation.

Sincerely,

Hans S. Falck

147
APPENDIX B

C O P Y

family service
association of america 215 Fourth Avenue, New York 3, N.Y. Oregon
4-6100

May 27, 1959

Mr. Hans S. Falck
School of Social Work
University of Buffalo
Buffalo 14, New York

Dear Mr. Falck:

Mr. Blackburn has asked me to answer your letter requesting permission to use one of the cases from Unit I of Case Records for Study and Teaching. We are glad to give you permission to use this piece of material and would suggest that you state in your dissertation that it was published by the Family Service Association of America in 1954.

Sincerely yours,

/s Shirley M Martin

(Mrs.) Shirley M. Martin
Business Manager
Publications Service

SMH:rm

145
APPENDIX F

C O P Y

COUNCIL ON SOCIAL WORK EDUCATION, INCORPORATED

345 East 46th street New York 17, New York

June 29, 1959

Mr. Hans S Falck
734 Harrison Avenue
Buffalo 23, New York

Dear Mr. Falck:

This letter is to confirm our conversation of June 28th to grant you permission to use the "Mr. H" Case Record published by the Council on Social Work Education, in your dissertation.

The only qualification is that you give proper credit to the Council in your dissertation.

Sincerely yours,

s/ Katherine A. Kendall

Katherine A. Kendall
Associate Director

KAK: ees

146

APPENDIX G

OUT-OF-CATEGORY RESPONSES

The following is a listing of those behavior rationales which respondents gave in the process of answering the questionnaire and which were not classified as part of the thirteen categories with which the main part of the study deals. The primary, and almost exclusive reason, for leaving the following rationales out of the categorization is that they did not occur with enough frequency (ten times or more) in order to be accepted as separate categories. Yet, most if not all of them are of such nature that in our judgement they would not fit into the existing categories.

The material is broadly and loosely organized into classification which are given preceeding each section.

A. What the worker does for and to the client

Do

Give advice
Clarify problem
Verbalize what client has said
Point out discrepancies
Individualize client
Say what client can't say
Recognize wife's wishes
Be natural and truthful
Encourage independence
Give clients status and encourage seeking solutions
Give choice re: continuation or treatment

Question directly re: what client leaves out
Question unrealistic acceptance of client situation
Make clear it is not necessary to please worker

Don't

Don't be too direct and blunt
Don't say too much too quickly
Don't question too abruptly
Don't abruptly change the subject and pry
Don't be too personal
Don't overstate what client said

107

What worker does for and to client (continued)

Do

Alleviate human distress
Recognize client's rights
Protect right to self-determination
Make suggestion to go to the M.D.
Assume client can give attention to self
Let client know she is important
Let client know next steps
Challenge rationalizations
Watch own language
Bring out responsibility in client's situation
Encourage wife to co-operate
Make client part of treatment process
Direct client toward action
Direct wife to think in terms of rehabilitation

Don't

Don't interpret too early
Don't give false sense of security
Don't cut off client too abruptly
Don't be too directive
Don't put words in client's mouth
Don't give client too difficult choices
Don't explain what client knows
Don't reduce client to child-like person
Don't promise too much
Don't assume intellectualization will help
Don't make statements which will backfire

B. Reassurance and Assurance

Do

Reassure client that there is health
Reassure client she can use referral
Assure client fear is normal
Give reassurance

Don't

Don't reassure directly
Don't give false reassurance
Don't reassure too much

C. Opinions

Do

None

Don't

Don't express opinions
Don't express opinions about what is personal to client
Don't sacrifice worker values

C. Opinions (continued)

Do

None

Don't

Don't reveal how you think client feels
Don't accuse client of causing panic

D. Client feelings

Do

Help client handle emotions
Handle client's fright re mental hospital quickly
Make client less anxious
Stay with client's feelings
Leave client's feelings with her
Recognize fear
Help client see value of relieving self of fears

Don't

Don't let client express too much emotion in one interview
Don't slip over client's feeling tone

E. Help

Do

Help client understand that doing something is expected
Let wife raise questions
Help client recognize she needs help
Help client come to own recognitions
Help client make real choices
Help clarify conflict in client
Help client see she can help herself
Help client limit her verbalizations
Let client initiate the subject
Leave choices as to what to say to client

149

APPENDIX H

INSTRUCTIONS TO JUDGES FOR THE CODING OF RESPONSES

You are asked to read a series of responses to questions in a questionnaire. Please code these responses with the help of criteria which are attached. You will find that some responses will fit the criteria very easily and there will thus be no difficulties in coding. You will find that other responses may be marginal to the categories. In order to help you with the coding job the following system has been devised:

- A. If you find a response that fits one or more categories, code it for each category by writing the category number(s) on a sheet of paper.
- B. Those responses which you find you cannot classify because you cannot find any category in which they might fit, should be marked "000" which means "out of category".
- C. There may be some responses which are so unclear to you that you do not understand them at all. Such responses should be put in "minus" (-) group.

Please do not write on the questionnaires. Remember, if you feel that a response may fit into more than one category, code it accordingly.

32

139

CRITERIA FOR THE CLASSIFICATION OF RESPONSES

1. Engage in diagnostic fact finding.

This should be used if (a) the respondent indicates this explicitly; (b) implies that this is the purpose of the worker's behavior; (c) you have reason to believe that this is what the worker had in mind.

2. Help the client express his thoughts and feelings.

Classify here if the respondent gives this as the rationale for the response. Classify here if helping the client express his thoughts and feelings is client-directed, rather than for the purpose of providing worker with diagnostic information.

3. Define the proper relationship between the worker and the client especially in regard to the purpose of the agency and the scope of the service it can render.

Use this category if you find a response that indicates effort by worker to define the professional relationship between himself and the client, i.e., re: agency purposes, scope of service, professional versus friendship relationship.

4. Avoid worker behavior which promotes fear, anxiety, guilt and/or confusion in the client.

Classify here only if respondent clearly indicates that worker is engaging in behavior having stated consequences and if he (the respondent) indicates these to be undesirable.

5. Help the client examine his reality; subjective and objective.

Classify here if response indicates attempt to help client face his own problems and the implications thereof. Be sure to differentiate from categories 1 and 2 as well as 6.

6. Provide client with information and interpretation of facts and events.

Use this if and when the worker provides this for client--- do not use if he helps the client come to this by himself (see category 5).

151

7. Develop and maintain the structure and focus of the interview.

Use this when there is comment re: the relationship of what is being said in the interview to the relevance it has to the worker's or agency's purposes. It may be pertinent, tangential, or out of focus. However, this category deals with the worker-directed organization of the interview, not with agency purpose and scope.

8. Move only as fast as the client can go; stay with the client; don't push, hurry or pressure him.

Use this category if there is response re worker's possible attempt to violate the rule. The respondent must be specific with his answer in this regard.

9. Show empathy for, and acceptance of the client. Show interest and concern for him. Help him feel supported.

Use this if you feel that any of the above obtain, but remember that re-assurance and support may not be the same thing.

10. Help the client feel more comfortable.

Use this only if there is either a direct or strongly implied statement that client comfort (within the interview itself) is the desired objective.

11. Be aware of and handle your own feelings. Avoid expressing personal value judgements regarding client behavior, and be aware of those, especially, which meet worker's needs.

12. Avoid opinions and/or comments based on insufficient or false evidence.

13. Don't over-identify with clients.

Use this classification if the evidence is specifically labeled as over-identification.

92

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154

BIOGRAPHICAL DATA

Name: Hans Siegfried Falck

Date and Place of Birth: January 26, 1923; Hamburg, Germany

Elementary School: Public School System, Hamburg, Germany
Graduated 1933

High School: Adult High School, Cleveland, Ohio
Graduated 1946

College: Cleveland College of Western Reserve University,
Cleveland, Ohio, B.A., 1949

Graduate Work: Graduate School of Syracuse University,
Syracuse, New York, Humanities Fellow, M.A., 1950

School of Social Work, The University of Buffalo,
Buffalo, New York, M.S.S., 1953

Graduate School of Syracuse University, Syracuse,
New York, Doctor of Social Science, 1960

Saw 1

Wm 1960

SOCIAL GROUP WORK NEED NOT STAND STILL!

by Hans S. Falck, M.S.S.
Assistant Professor of Social Work
University of Buffalo School of Social Work

A number of articles have recently appeared in the social work literature pointing to the increased difficulties on the part of employing agencies in obtaining professionally educated social group workers. A check of enrollment figures in schools of social work show what every agency executive knows, namely, that the number of social work students selecting the group work method is not holding its own in comparison to those electing casework activity.

This situation has led to considerable difficulties in the personnel administration of group service agencies. The supply of group workers was never adequate, and continued difficulties have forced agency executives to re-think the use to which professionally educated group workers are put. Many agencies have naturally looked forward to the day when they would be able to engage full staffs of social group work personnel. Even if they were never certain that such hopes would be realized, they usually consoled themselves with the thought that eventually the shortage of social group workers would lessen and that personnel inadequately trained in social work could then be replaced by adequately and professionally educated workers. Experience, however, and the signs of the

present argue towards the opposite conclusion, even if one were to grant that all group service agencies should ideally be staffed by social group workers only.

A very large group of agencies have been employing group workers primarily as department heads or coordinators whose essential activity is to plan program for program units, supervise staff, and work with departmental or activity committees. The disadvantages in this widespread approach are evident. They result from having practically all "group work" services rendered by marginally trained personnel, usually part-time or volunteer. This marginal training may consist of in-service courses arranged for and/or given by the agency as well as some general courses in psychology, sociology, education, and undergraduate social work taken in college. Especially in the larger, multi-departmental agencies an additional disadvantage lies in the fact that social group work method is not practiced on a high enough level of professional sophistication. As a result few, if any research data are gathered with professional discrimination nor are they collated and interpreted and thus made to contribute to a theory of practice which is so urgently needed in much greater quality, quantity, and scope than is and has been the case.

A very few group service agencies which are small and reasonably well financed have been able to engage in the comparative luxury of a full time staff all or most of whom

are social group workers, actually rendering direct service to groups. Such agencies are usually those who have been able to convince themselves and the financing sources that limited intake is absolutely essential if a high quality group work job is to be done. Sometimes such agencies are special purpose agencies. For example, there is a well known agency near the eastern seaboard engaging in what is known as "family group work". Relatively speaking, its services cost a great deal more per capita than those of other agencies in the same community. Nonetheless, through thirteen years of continuous effort the executive and staff have been able to educate the agency board, the financing agency and large parts of the community to the idea that this agency performs a professional service, namely, that of "reaching out" to families through social group work and social casework services.

While the latter type of agency, and there are perhaps a few more of these than is generally realized, has much to recommend itself and probably comes as close to the "ideal" of a fully trained group work staff as one would hope, nonetheless it is totally unrealistic to assume that more than a handful of agencies can engage, for whatever reason, in this kind of an approach. For better or worse, community understanding and the understanding of the uses of group work method among social workers generally, is still not nearly at the point at which one would like to see it in order to realistically

hope that group workers be turned out by the thousands rather than by less than two hundred each year. The question, then, is what to do both in terms of supplying agencies with group work services as well as maintaining opportunity for group work method to become more firmly established theoretically and more frequently tested empirically? In other words, what can be done to assure growth and development beyond the present point of near standstill in the use of group work method? To begin with, it is held that no method, regardless of the profession of which it is a part can be all things to all people. Methods have very real limits as is being demonstrated rather well in the field at present. We tend to forget this at times although the importance of recognizing the limits of our particular methods becomes more important and more dramatic all the time. An excellent example of the limits of methods is provided in the widespread current adoption by casework agencies of group centered agency services, usually carried out by casework trained personnel. The fact of the matter simply is that too many caseworkers approach groups as if they were a multiplicity of individual clients, ignoring the empirically confirmed fact that a group is much more than a collection of individuals. Such activities, while commendable and encouraging in intent nonetheless leave a great deal to be desired in terms of the quality of services rendered because unfortunately most casework trained personnel have had very

little class training and no field training in the use of the social group work method. The very application of casework method to group situations points up the very real limits of casework method and implicitly, of course, its very real possibilities in one-to-one relationships. Of course, though much less frequently in evidence, the same is true of group work method. A social worker who trains in group work method without adequate experience and training in casework method without question finds himself severely limited by his lack of knowledge and experience. While he would no doubt recognize certain likenesses between group work method and casework method, nonetheless, I am convinced that on an any more profound level the group worker would face serious difficulties and the service rendered to clients would suffer from poor quality.

All of this points to the fact, it seems to me, that for too many years group work trained social workers have been used for too many activities in which they have no special competence and which has resulted in such thinning out of group workers over vast areas of activity and despite the great shortage of group work personnel their special competence has not been understood, and that as a result the practice of group work method and its benefits have been largely vitiated to the disadvantage of agency members, to the profession of social work, and to the ever increasing frustration

of many social group workers. The fact that it is so difficult to recruit young people to go into social group work might well be due, at least in part, to the lack of specificity of function of which social group workers have been suffering and which has made it extremely difficult for us to interpret in clear and unequivocal terms to the potential initiate what it is we do and why what we do deserves support and perpetuation. No method, be it group work, casework, community organization, administration, or research within social work or outside of social work can possibly hold a corner on all the answers. Intellectually we have always recognized this and while the theory of group work practice has certainly recognized this---- see the earlier writings of Coyle and Trecker as well as Wilson and Ryland---- agencies on the whole have been reluctant, and far more reluctant than the casework agencies, to define the scope and nature of the group work job in line with the competence, education and strength of social workers coming out of graduate school with group work specialization. It is perhaps a blessing in disguise that under the danger of losing our method and our identity we are compelled to re-examine in depth and with great care the discrimination and the specific function for which we engage and consequently assign social group workers.

The reader is warned at this point that there is no attempt made here to provide "all the answers". The answers will have to come from intensive debate and study by interested

social group workers^{and}/agencies, who, meeting together and after mature study and consideration must work out a coherent plan and if at all possible, a set of specific criteria for the use of group workers. The implication is that group workers have specific skills and knowledges which qualify them for specific positions. Or to put it another way, agencies on the basis of their professional objectives would include certain activities and programs for which the use and employment of social group workers is essential. The question, then, is what are these activities and how do social group workers fit into agencies wishing to engage in them?

I believe that the main activities of social group workers should include at least two areas: 1) the direct rendering of professional services to clients and members, and, 2) the professional supervision of personnel. There is of course a direct connection between the first major activity and the second major activity. Yet the first, namely direct services rendered by a social group worker where and when appropriate in the agency's overall activities, is the essential basis from the experience of which whatever the social group worker brings to supervisory activities becomes truly significant. We are witnessing, however, many situations in which relatively inexperienced social group workers "supervise" very large numbers of personnel, while they themselves have had their last direct service experience as students in graduate schools of

social work. We maintain that this experience is insufficient unless it is constantly reinforced by direct service experiences on the part of the worker. This does not mean that a worker must necessarily lead groups as a major activity for the rest of his life but it does mean that all social group workers ought to lead at least one group in order to maintain their skill, deepen it, become aware of their changing abilities and experience and with and on the basis of such experience become better supervisors. We should recognize in other words that social group work method is used by social group workers. Were this not so, then it would be pointless to try to induce people to go to graduate schools of social work at great expense in time, money and energy. Without trying to imply that the work and contributions of volunteers and part-time people is necessarily poor, it should nonetheless be recognized that what is done in most cases is not social group work.

This leads us to the next suggestion. It is that not all groups need the services of a social group worker. In other words we should now discuss the criteria and the circumstances which would determine whether what is needed for the fulfillment of a particular agency goal is a social group worker, a volunteer, a recreation worker, a physical education worker or an adult educator.

Part of the problem, in this connection lies in our traditional reluctance to express objectives in specific

enough terms. While the objectives as stated by most group service agencies are perfectly valid and logical, they are nonetheless so general as that the more specific objectives of the group worker become lost in the generality. They are, briefly stated: the growth and development of the individual through group experience; the learning of new dexterous, relationship and intellectual skills; the ability to become self-motivating toward taking action in groups; improved capability for getting along more adequately with one's social surroundings whether this be the peer group, the family, the neighborhood or the community. All of these are good objectives. However, they are shared equally by educators, recreation workers, psychologists, and medical doctors. Perhaps the reason they need to be more specifically stated in group work terms is that the application of certain methods to achieve the objectives must form the basis for the selection of the proper professional method used. In other words, if an agency were to decide that social group work method is the proper method with which to meet a given agency objective, then it should be possible to make objectives very specific in terms of agency, the particular group, and each particular individual in each particular group. The mere application of generalized objectives to groups and individuals is not enough. While groups and individuals share general objectives, each group and each individual have very specific objectives indigenous to them. It is these specific, indigenous objectives which should form the basis upon which the social group worker

works. They should never be stated in terms of age groups or departments or agencies, except for generalized discussion. In professional terms, however, they should be stated as specifically and as realistically as possible. And this presumes that the social group worker like his colleague, the caseworker, engages in a systematic process of study, diagnosis, and treatment. Study, diagnosis and treatment are not done in general terms, they have meaning only in the most specific of the terms. All of this takes time. All of this costs money. But I think that there has been enough evidence accumulated in the sociology of the professions and in American society in general to point out that when people understand that a specific service is to be rendered by a specific method and by people who have mastered the use of that method, on the whole there is willingness to exert the effort and provide the necessary funds. This is clearly illustrated by the cropping up of a number of recently new born professions. Occupational Therapy is a good example. Under the impetus of federal financing there are a number of programs in universities entitled Rehabilitation Counseling. They are being supported because there is at least the attempt to reach a minimum degree of clarity as to what people trained in these professions can do and will do. Social group workers are not needed to provide entertainment for children. There are large numbers of recreation workers, well educated and trained with

many more "program skills" than most social group workers possess. They are insightful and understanding when it comes to entertaining children and adults. The same is true of adult education workers, and it is true of physical education workers. If, then, the social group worker has a function it must be a unique function by which he is identifiable, which can be described, enumerated, and taught. The philosophical framework of social work and the general theory of practice in social work provides caseworkers and group workers, I believe, with an adequate theoretical framework by which social group work as a method can be further developed and grow. But, there must be the provision that the relationship between the theory of practice and what specifically and concretely, the group worker does in his agency and with his groups and individuals is clear. When this is the case it should then also be easier and more readily possible to interpret what social group workers do.

I am suggesting that not all agencies, and especially the larger agencies should look forward, even if all the group workers in the world were available, to staffs made up only of social group workers. They might better look forward to using those group workers who are available in terms of their specific capabilities as group workers and in relation to specific needs of agencies for social group workers. We cannot assume that we can do all things for all people. Other

professions are neither better nor worse. They are different. And so are we. Perhaps we can learn considerably from those of our colleagues who as caseworkers have for many years now worked in the so called "interdisciplinary" or "multi-disciplinary" settings. These workers have thought about and experienced the problems and possibilities of working side by side and in close cooperation with other professions without losing the essential characteristics of their own. That this causes difficulties is undeniable but they have been shown to be surmountable. They are built upon a mutual sense of respect for the competence, education and interests of each others' profession. Nor have social workers necessarily suffered because the head of the service or agency happens to be someone other than a social worker. As a matter of fact, there are very many agencies in which physicians, and particularly psychiatrists, carry out the executive's functions and where nonetheless social casework is accepted as a valid method with all the status and respect due its practitioners. If there have also been difficulties and if sometimes social workers have merely been seen as "ancillary", this still does not deny the essential soundness of the idea that it is possible for a variety of professional people to work together towards common goals. I see little reason why the traditional group service agency could not do the same. As a matter of fact, those social group workers who have moved into the

"non-traditional" field are the very ones who are now experiencing the joys and the difficulties of working with other professions in hospitals and clinics. We have heard it suggested nowherethat because there are difficulties that they overshadow the assets and real possibilities to such an extent that such collaborations ought to be discontinued.

I would propose that group workers be employed and used for groups who have a specific need in the judgment of agency's professional staff for something other than activities per se. It is, of course, true that all people in groups have such needs. But there are many degrees of need and there are many ways in which these needs express themselves. If one were to take most groups who show both needs for activity as such, as well as the need to learn something about the individual's social relationships from each other this will still not lead one to conclude that only a social group worker can provide this. A friendly skilled recreation worker or adult education worker can provide these very same services. But where there are groups who have difficulties or whose individuals have particular difficulties relating to specifically identifiable social problems on part of the members and where the question of social interaction and process becomes a very serious and paramount one, then, it seems to me it is the social group worker who have the knowledge, skill and experience to do a very specific and particular job in dealing with

Specialist

these behavioral patterns. And this is where he should be employed. This might mean that there may be agencies who need no group worker at all. On the other hand, it may mean that there are agencies who might need several social group workers. In any case, it becomes essential that boards and committees as well as coordinating and financing agencies understand the social agency's reasons for assigning particular groups and individuals in groups to a group worker or to a recreation worker or to a physical education worker. In other words, there must be specifically identifiable, concrete reason for the assignment of staff to certain agency tasks.

What I have been trying to suggest adds up to several main elements. First of all, there is no immediate hope of getting enough group workers so that all agencies who are now looking for them can be adequately staffed. Secondly, even if this were the case, I would still question the indiscriminate staffing of agencies by social group workers only. Social group workers like all other professionals should be used for specific tasks in relation to specific groups and specific individuals. This may mean that if a given agency does not have a sufficient amount of work for a full-time group worker some kind of system could be used whereby two or more agencies could share the services of one group worker in relation to several groups in a variety of agencies.

Thirdly, if one were to take this kind of basic approach, not only might the very great personnel shortage be somewhat relieved by the appropriate use of group workers, but it might also be somewhat easier to interpret what group workers do and to induce new people to come into the field. Fourthly, it should under the circumstances outlined be possible to pay social group workers more adequately and thereby provide an additional inducement. Fifthly, and finally, we would be dealing with the supply at hand in a strategic, planned manner in which those assets which we do possess would be used and utilized far more effectively, economically, convincingly, and to the greater service and welfare of those in need of them.

Groups, Systems and Roles

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Introduction

The Age of Specialization has sharply modified the occupational structure of the Western World. Specialization is often condemned and just as often praised. It has brought about changes in the ways in which we spend our professional lives over those of our predecessors. It has influenced our personal existences in ways too numerous to analyze in a paper such as this. This presentation is itself a reflection and in essence a discussion of specialized occupational activity and its demands and expectations within a very narrow field.

All of us are the living examples of professional people concerned with human deviation --- may it be physical, social, or psychological --- and intent on doing something about it. In a society which renders at least lip-service to the sacredness and integrity of the individual, such motivation is praiseworthy, this being in the best tradition of liberal Western heritage. Yet, the problems raised by such motivation and intent are of great scope and character. For, as we have recognized in the newer professions for roughly forty to fifty years now, and in older ones such as medicine and law for many centuries, good will and noble motivation are necessary but insufficient for professional practice. And while there are still traces of magic and superstition in the attempts to "help" people, only the blind would deny that rationality, science, discipline have taken over in the effort to heal, to alleviate, to treat. Specialization itself arose because of a desire to be

ever more rationalistic and scientific. This same rationalism has created other problems which need attention.

A central concept in the emphasis on a scientific approach to counseling is seen in the fact that for philosophical and practical reasons, the professions are receding further and further from the idea that to be of true assistance to clients all one should do is give advice. Instead, the client must now become involved in a helping process in a more or less thorough sense, with an intellectual and emotional commitment that very considerably makes him his own helper. And yet, the tradition will not let go easily. We do not easily shed centuries-old traditions which held that in order to improve the human condition one needed only to consult one's elders, whether father or physician, medicine man or priest, teacher or ruler. For, as Talcott Parsons has said, we do not ask the physician to tell the objective truth, but rather to assure us that we are in good health.¹ But the truth will out. The ethical practitioner will share it with us even if we rather evade it. Moreover, even then the patient does not ask to be involved emotionally and physically in a long process of alleviation through medication and sometimes surgery. The physician is asked to perform an act of magic whereby he heals quickly, painlessly, easily. He is expected to use---significantly enough --- "Miracle drugs."

The counselor has no miracle drug to provide, possesses no magic that promises quick relief, has no shortcut, offers no panacea. He owns no syringe, no "easy answer," no advice and only limited reassurance to the stricken, the unhappy, the disabled. The counselor offers only his skill and all the client has is himself.

It is also necessary to point out that rationality, logic and discipline demand a practitioner who can use himself with a self-consciousness that is

from a variety of disciplines.

THE PROFESSIONAL TEAM

In order to discuss the inter- or intra-disciplinary team it is necessary to introduce concepts whose genesis lies, roughly speaking, within the academic disciplines of social psychology and sociology. Such concepts are technical in nature. It will be necessary to define them as the discussion proceeds. For the listener, it may be necessary to learn certain re-definitions of words long familiar in every day speech, for it will surely be recognized that rationality or if you will, "science," demands clarity and exactitude.

To begin with, social agencies, clinics, or professional teams are groups. They are "groups" because they consist of individuals who interact with each other around shared experiences. This occurs repeatedly and often, over considerable lengths of time. Sometimes such groups consist of individuals who are similarly trained and educated. They do essentially the same work, and depend too upon each other's cooperation and acceptance to perform certain tasks, such as the rehabilitation of clients. This suggests that there may be considerable interaction among the members of the group. And yet, this statement is an oversimplification, principally because it ignores several facts. In the group called the social agency, not everyone performs the same tasks. Nor does everyone hold positions of equal prestige. The definition also ignores that the client is a part of the agency group, since without him the entire group could hardly function. But, we shall eliminate the client from this discussion, nonetheless, always keeping in mind that he and his welfare are the justification, the objective and the purpose of the entire operation. What we are considering here are only the professional members of the totality. We shall assume that they, even if taken

by themselves --- without the clients --- constitute a group situation. And yet, one must make allowance for still another element in this group situation. This is the fact that very many agencies add members to the group whose backgrounds are significantly at variance with those of most of the agency's staff members. For at variance with those of most of the agency's staff members. For example, agencies employing primarily social workers occasionally add psychiatric consultants, or permanently engage the services of psychologists to become full-time staff members. A rehabilitation counseling unit may consist primarily of rehabilitation counselors while frequently adding specialists in physical medicine or social workers, occupational therapists, and physical therapists. Which particular combination is developed, whether temporarily or permanently, depends on many administrative and clinical factors. They are far too many to describe here in any detail, even assuming that to do so were necessary or helpful. Yet, the basic point remains. Whoever is introduced into the situation, the basic unit that emerges tends to be a group that shares and interacts and depends upon the knowledges, attitudes and skills of all its members. The behaviors which one may observe in such groups tend to follow the same patterns of behavior one expects to find in most, if not all groups which exist for the purpose of problem solving.

Problem solution, sometimes called task resolution, is the goal, the end, the objective of all groups such as we describe here. The problem to be solved is how to help clients in the most efficient, quickest and most satisfying ways.

Small group investigators who have studied group behavior are impressed with the observation, that after most groups exist for a time they seem to take on characteristics which make each group an interlocking mechanism. It

becomes a system in which each part has a function. The system that seems to emerge is to some degree discontinuous from other systems. Its members speak of the group as "our team" or "our agency" and speak of other groups as "they" or "them," indicating that some social distance is being perceived. Staff people who verbalize derogatory judgments of other agencies are in effect giving evidence of an --- at least wished for or imagined --- distance or discontinuity between their own social system and other similar systems.

Additionally, the group or the system called the agency or the team has other important attributes, worth notice and discussion.

In a system, whether social or mechanical, the parts interlock and run efficiently. This would be unnoteworthy if all parts were identical, perhaps interchangeable, and therefore automatically adjusted to each other. But such is not the case. While one hopes that the parts which constitute the professional group adjust themselves to each other positively, such adjustment is complicated by the fact that the parts are not identical. They are not identical because they are human parts, each of whom has personality characteristics which are to some degree unique. And equally significant, is the fact that there are functional as prestige differences within the group. Such functional and prestige differences are considerably due to the occupational title on the office door: counselor, supervisor, executive, director, stenographer, receptionist and physician being just a few of these. Each of these titles belongs to persons who perform different tasks. It must surely be obvious at once that one could rate them on a prestige ladder. While in this discussion, physician followed receptionist, they would surely not rate such immediate neighborliness on the prestige ladder of a social agency group. But nonetheless, for the group to exist as a system that performs efficiently, both "offices" are needed. Thus it can be said, that while the prestige rankings

in a group do vary, each part is necessary for the unit as a whole to work as a social arrangement in which the parts interact and interlock, creating a more or less self-sufficient system. And this tends to be true, not despite the fact that each part of the system performs different duties, but rather because the persons as well as the work they do, differ from each other. One might say that the parts have a tendency to become complementary.

The system or group sets itself apart from other such units for additional reasons. One is that each unit develops ways of working which are to some extent indigenous to itself.

These ways may be spoken of in two categories; formal rules and informal rules.

Most agencies have formal operating procedures. Sometimes they are written down in handbooks; often they are passed on by way of mouth. Procedures, such as intake, rules which determine eligibility for services, criteria for loads carried by counselors, are examples. The enforcement of these procedures are defined: some of them are made the responsibilities of counselors, others of supervisors and directors, still others of secretaries (how, for example, to arrange appointments).

The informal rules of the group are much more difficult to concretize. They are the unspoken agreements among the members of the group. Even when not legally prescribed, there is the tendency for the group that includes a physician to make him the "leader," to defer to him, to let him --- even encourage him --- to speak first and last, to seek out his advice even when someone else may be more qualified or appropriate to be sought out first.

One can safely say that some formal and informal rules exist in all groups, particularly long-term groups. The important fact to remember is that except

for certain formal rules, each group creates standards and rules from within itself. This is true regardless of the fact that other groups may use identical rules. This also holds despite the general expectation that all groups should more or less develop them in identical ways. The state of New York or the Office of Vocational Rehabilitation in Washington prescribe precise rules and procedures. Yet, they are only words on paper until the agency group brings them to life by using them within itself. This, and only then do they have true meaning. They become the standards by which, in part at least, the agency group operates.

STATUSES, ROLES, EXPECTATIONS

We have up to this point spoken of two major concepts. These concepts are the group and the social system. It will now be necessary to add certain other concepts. The first two are status and role.

The terms status and role were first defined in the context in which we shall utilize them here, by Ralph Linton. (2) They were given considerable further utilization by such theorists as Talcott Parsons (3) and by Robert K. Merton. (4)

A status is a place in a social system. All persons belong to a variety of social systems. All have several statuses. At the same time people occupy several statuses within the same social system. Examples of statuses are rehabilitation counselor, colleague, executive, man, all of which are relevant to a social system, namely the agency of employment. That the same person also holds other statuses such as father, husband, cousin is nearly irrelevant to the agency as a social system. This fact is relevant to the social system called the family group of which he is also a member. The concept of status

applied to the inter- or intra- disciplinary team would result in the recognition of several statuses, some of which are listed here: team member, colleague, rehabilitation counselor, psychologist, physician, leader, follower, secretary and others. It will be noticed that all persons have the statuses team member and colleague (which gives the group much of its common denominator), while the other statuses are held by only some members of the group. In other words, a status denotes a "place" or a position in a social system.

The concept called role is always --- at least in this context --- used in a hyphenated relationship with the word status. One thus speaks of a given status-role.

The concept of role is used to denote the dynamic or, if preferred, the behavioral aspect of status. While a person's status may be counselor, his role is counseling. Counseling is a behavioral act. Team members (these being statuses) are expected to act like team members. They should listen to each other respectfully, come to decisions regarding treatment as a result of consultation with each other, inform each other of professional judgments and so on. Listening, deciding, informing in this case constitute the role aspects of the status-role concept. This becomes possible because the status-role of several persons are concurrently distinct and identical. They are identical since each person in the system holds the status-role of colleague and team member. They are distinct because people hold differing status-roles (physician, counselor, social worker). Another quality of distinctiveness occurs even where several persons have the same status-role (rehabilitation counselor). These status-roles are not perceived in absolutely identical ways, because there may be differences in training, identical ways, because there may be differences in training, working habits, personality, sex, age, cultural and

religious backgrounds, ethnic and experiential background.

To clarify further what has already been said, another concept is added.

One might ask what a newcomer to a profession (the student, for example) is to learn about what is right and proper behavior for a professional person. One would be confronted with a whole series of expectations. One might further ask why these expectations rather than a set of others? The answer is that each profession develops particular ideas as to what should be implicit in a status-role, such as for example, rehabilitation counselor. What emerges is that each status implies a whole series of expectations which, when made into behavior, are known as roles. Citing two recent studies may help clarify this point. One of these was made by Jaques (5), the other by the author.(6)

Both studies attempted to determine how the expected behaviors of professional persons were perceived by persons already working in the respective fields. In Jaques' study the subjects were rehabilitation counselors; in the latter study, the subjects were social workers. Both studies demonstrated that it was possible to obtain considerable agreements from within two sample professional groups as to what was expected by the professionals working in the two fields. Persons who held the statuses rehabilitation counselor (as in Jaques' study) and social worker (as in the author's study) held expectations they considered appropriate to the statuses. When these expectations (provided they are representative of at least a large number of similar professionals' expectations) are translated into action, it is possible to claim that the role behavior is consistent with the expectations implicit in the statuses.

Summarizing, at least in part, it can be said that an agency, a clinic, a team, whether intra- or inter-professional is a social system which consists of statuses (the same or mixed), of roles which are consistent with the

had of each other. Important in this connection was also the perception of each member regarding his standing within his own profession. The ability of status-role holders to influence each other as well as the influence such persons had in their own professions appeared to be important variables in how well they would relate to each other as they worked in interdependence.

Wilensky and Lebeaux have commented on the "team" concept also, using in some material from the study by Zander et. al. referred to above. While Wilensky and Lebeaux addressed themselves particularly to the social worker in the team, they might as well have spoken of rehabilitation counselors. Some lines from their work make this clear:

The growth of professional social work has taken it into a relationship increasingly typical of modern professional practice--- the professional "team." The focus of each discipline on its own technical interests has tended to slice up the client and parcel him out. As the worried medical specialists say, "Who sees the patient as a whole?" By gathering complementary specialists into a team, the stereoscopic view destroyed by specialization can be regained. The hospital team of physician, nurse and medical social worker is another. The mutual understanding which such arrangements provide may be needed in other areas, too. Lawyers in child welfare work, for example, have complained of difficulty in working with social workers because of ignorance of the law among the latter. Social workers in turn may feel lawyers are blind to child needs. (9)

The list could be lengthened. Much of the conflict over who is best qualified to process adoption applications can be traced to similar problems, although certain other issues play a role here, too. One may see this also in universities where it is sometimes difficult to achieve interdisciplinary teaching.

Zander points out that considerable number of articles have been published up to 1958 regarding the role perceptions of mental health personnel. (10) But one should remember that it is important to deal also with the concept of the social group and the social system. The mere allotment of status-roles

does not of necessity result in a "team" approach. As has been done here, a team needs to be defined as a group. Indeed, roles can be defined in such ways as that groups never result, at least not in the sense as that inter-dependence of functioning is basic to such definition. Moreover, too often clinics, agencies and hospitals assume that a team really exists merely because functions have been parceled out to a variety of specialists.

Only when it is remembered that a team is a group and a configuration of interlocking status-roles can one really understand its functioning.

Professional teams are task-oriented groups. They exist for an ultimate purpose, namely, the healing or treatment of the patient. They are thus means to a therapeutic end. Personal needs on the part of team members find expression as they do in all groups, but it is important to constantly define and re-define the purposes of such groups as well as their focus. Otherwise, there is the ever-present danger that what started out as a patient-focused team, may become primarily a team-member focused social group. What seems crucial in placing the proper amount of emphasis on either the task - or the growth-oriented character of a group is clear understanding of purposes, first of all, and secondly, an awareness that while growth or therapy groups perform group tasks, task groups are inevitably used to some degree by individuals who act out their personal needs. Indeed, one might suggest, that the latter, within limits, is desirable since a reasonable degree of personal need fulfillment seems crucial as a motivational agent for group participation.

Another point very frequently overlooked in the use of specialized status-roles is an appreciation of the fact that an aggregation and a group (or a team) are two different things. One sometimes hears teams described as groups when what is said is of two differing typologies. The first of these

is the true group, of which one can say that the parts have achieved a high degree of systematic interdependence. One test of "groupness" is to see what happens when one member is removed. What should occur is a clear sense of loss, a lessening of effectiveness in the remainder of the group, perhaps even some hostility toward a person who replaces the one who left, and a slowing up of group processes as the group either attempts to integrate a new member into its system or as it re-defines status-roles so as to minimize the loss.

In the second case, which seems much more frequent in occurrence, a variety of professional people work next to each other. They might even meet occasionally to discuss common treatment plans as well as share diagnostic impressions and information. However, in such situations the substitution of one person for another seems to make little difference as long as professional functions are reasonably well maintained. Such "groups" may or may not experience much conflict. It is when they do not that one hears that "we are a real team" because we "don't fight." This is always a danger sign. Without "fighting" there may also be other lacks of commitment. Conflict is one of the facts of group life, and the very dealing with it is one of the experiential types which frequently present members with the very interaction opportunities they need in order to strengthen relationships. This is not to say that only conflict situations result in the advantages here mentioned. However, in order for a group to become truly systemic in nature, there must be considerable affectual involvement. This demands self-risk from group members. Otherwise, one might well say that individuals are working alongside other people, but one can hardly speak of a true social system or a true group.

This point can, as so much in the study of group life, be seen among children. We have seen children work on large sheets of wrapping paper pasted

on a wall. In the one situation the entire group worked on one picture, each contributing to the whole. In the other case, we have seen each child draw a picture of his own, although all worked on the same sheet of paper. In the first case, the children could say, "we made a mural;" in the second case, they could say, "I drew a picture on the same piece of paper as others did." In the first instance there was present a status-role called group member and a criterion a group life, namely that of interdependence. In the second case, one might perhaps say that each child carried on individually in a group setting, but certainly not in a group.

It is here suggested that in the consideration of group process relating to inter-disciplinary work (and the same can to a considerable extent be said of intra-disciplinary work) some clarity be achieved regarding the status-roles of each professional person in relation to all others. Without attempting to list or review the many conceptualizations regarding the nature of groups (a gigantic task indeed) it can be said that such terms as conflict resolution, competition, integration, prestige valuation have their place in the kinds of groups we are discussing here, as they do in all other groups. Much can be learned also from social workers who specialize in social group work method as well as group dynamicists about the fact-finding, diagnosis, treatment sequence so much spoken of in regard to task oriented groups. Problem solving, when systematically engaged in, follows essentially these three steps. This can be clearly seen when working with certain types of therapy groups. The same holds for task-oriented groups, such as teams, agency staffs, faculties and a host of others. Fact-finding is an activity of science. So is the act of relating facts to each other so that a group may evolve a diagnostic picture of what it is looking at. The term "treatment" is used here in the sense of action taken

by the group in response to the preceding diagnostic assessment. This is not the same as the treatment given the patient or client; it refers in this case to group decisions and group actions based on group decisions. It is finally suggested that this process is cyclical in the sense that each decision based action becomes the basis for further fact-finding.

SUMMARY

An attempt has been made in this paper to identify concepts considered basic to an understanding of the professional team or group. Subsequent to discussion of the term group and the concept social system, an attempt was made to relate status-role, expectation and inter-dependence as basic conceptual ingredients to each other. A definition of task-groups was thought of as helpful in calling attention to the context in which professional status-roles have meaning when the goal is inter-dependence. The need for clarity of purpose when working in problem-solving groups was emphasized. Finally, in order to clarify at least in rough outline the nature of problem solving activity, it was suggested that fact-finding, diagnosis, and treatment concepts can be used as sensitizing ideas to an understanding of what makes status-roles in task-oriented, problem-solving groups operational.

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DIAGNOSTIC ASSESSMENT FOR INDIVIDUALS IN THE
CONTEXT OF THE SMALL GROUP¹

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The applied social sciences have only recently moved from doing good deeds by intuitive methods and superficial information-gathering to more scientific and disciplined attempts to be of help to those in need. While for many centuries various religious and later governmental bodies have prescribed how the needy are to be treated, either through divinely given doctrine or through legislative definition, relatively late attempts have been noticed that there is increasing preoccupation with the methodology of the actual helping act. A helping act is any professionally regulated activity in which a client receives services from another person, usually, but not always, within an administrative structure, such as social agency, clinic, hospital, school. The purpose is to help clients to become aware of needs and of methods by which these can be met--all within a context of social acceptability and values not inconsistent with the interests of society as a whole. In other words, while the individual's needs are to be recognized and respected, there is an additional theme: the needs of a society that can tolerate a variety of behaviors, provided they do not harm the larger social scene in any major way.

It is believed that this introductory statement implies a variety of ideas:

1. Acceptability of social behavior is not only to be defined in terms of individual needs or desires, but also in terms of social responsibility.

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used in 1962

2. A differential approach to the understanding of each person's strengths and weaknesses is essential if one is to judge the direction in which treatment should proceed.
3. Treatment of social problems must take into account not only intra-psychic human organization but must reply to the question: What will the modified behavior mean to those upon whose interaction a client relies for his own effectiveness? MT!

It will be realized without much difficulty that the "helper" engages himself in activity fraught with dangers. Who is to decide what is "good"? The disturbed and upset client? The worker? The agency? Who defines what is meant by "the interests of the larger society"? And assumed that the client and the helper disagree on what is "good" for the client, should the client's objectives always prevail? If the agency is supported by community funds, how can an agency commit itself to the latter proposition? Are agencies not partly for the protection of the society which sponsors them? And do clients who receive services from them always decide to behave so as to protect society?

These questions and others only begin the list. But a listing of some questions already indicates that somewhere there must be reflection upon the interests of the human group of which each client is one part only, but an essential one nonetheless. Groups are, after all, constituted of individuals and individuals are always of the group. The often heard formula "the individual and the group," or "the individual against the group," or "individual or group" imply the serious mis-impression that any person is ever in an extra-social state of being. Were this so, then human conflicts might well be "solved" by the great power of the group crushing the person or the foxiness of the person who outsmarts the group. While ample instances of both situations exist, they nonetheless only

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increase the difficulties, not solve them. If social problems from the most personal to the most impersonal are ever to be really solved, the dynamics of operation of the individual-in-society and the society-of-individuals must be considered at all times. At least this is so in ethical problem-solving, that is, in the attempts to solve problems in such a way that means are consistent with ethical ends.

As the title of this paper implies, we are concerned here with ways of obtaining reasonably accurate pictures of how an individual might actually operate within a small group. The concern here is with an assessment of actual behavior and its effects upon the actor and those affected by his actions in face-to-face situations. MT

The small group is an ideal matrix against which to view individual behavior. The values of the group plus its immediate social surroundings plus alter's responses to ego are considered reliable indexes to the evaluation of the adequacy or appropriateness of individual behavior. It is in this connection that several basic characteristics of groups must be mentioned.

1. The word "group" reflects not an actuality but an abstraction. When the investigator-social scientist uses the term "group" he is referring not to a visible, organically related body that can be touched or otherwise concretized. What he means is that there is present in time and space a collectivity of individuals who interact around commonly shared interests and experiences and where sufficient time has elapsed to result in the patterning of individual interactive behaviors. In other words, the term "group" is an abstraction of observable behaviors which have become "patterned" by repetition (the time dimension is one of the keys in this connection). *Relationship number*

2. "Patterned" behaviors imply certain consistencies which tend to stabilize the internal organization of groups. Status-role (as the term is used by Linton, Parsons, Merton, et al.) is a term that describes patterned, i.e., consistent behaviors within a given group. This is done on the basis of what behaviors are expected and on the basis of behaviors in actuality. For example, the status-role "father" is defined by the ways in which most men who have fathered children have behaved. Consequently the status-role is described in fairly similar ways by most observers exposed to the observation of numbers of fathers. Future fathers, therefore, find that they are not free to completely choose their way of behavior unless they wish to run the risk of finding themselves in major conflict with their social groups as well as their wives and others. In other words, fathers as well as everyone around them somehow "know" how they are supposed to act as fathers and most of the time they know this without being told. They have seen other men, most often their own fathers, or uncles, grandfathers, friends, all act somewhat similarly towards their children. And they also know when someone acted in ways not approved by others. In other words, actual behavior over time leads to expected behaviors, and expected behaviors tend to define actual behaviors. Both post-behavioral evaluation and pre-behavioral prediction play important parts in the determination of what is a given status-role. It is this which tends to give permanence and stability to groups.

3. Group members make immediate judgments regarding other members' behaviors. While there are social situations in which a relative suspension of judgment ensues (the casework or psychotherapy situation), this is not the case in group treatment settings. Group members bear none of the responsibilities towards each other that the professional group worker or group psychotherapist assumes. While the latter withhold at least explicit judgments, group members make,

are even encouraged to make, explicit and implicit judgments regarding each other's actions. While the professional gives support when indicated, group members might or might not do so and no ethical responsibility rests upon them (as in the professionals' case) to do so. They act according to their needs, whether those of the moment or long-range. While the professional observes the ethics of confidentiality, group members are in no way bound or compelled to do so. If they keep quiet regarding what is said or done, it is because it is their choice to do so.

In other words, the group lets each member more or less know where he "stands," how acceptable or unacceptable his behavior is, and it rewards and punishes the individual on the spot. The individual group member exposes himself to the harsh reality of a pleasant or unpleasant judgment by his peers and his protection might either come (to some degree) from the professional or from himself (by conscious control of his words and actions). If it comes from other group members, as is often the case, this is a purely voluntary act and in no way expected as a matter of right. It thus follows that the group is an excellent instrument for diagnostic purposes, since it reveals often quite clearly what persons think of each other, how they act towards each other, and shows up how any given individual tends to stimulate in others certain responses to him. The group is thus what has been called "the reality of the present" and it is there for all to see. The more sensitive the observer, professional or group member, the more he perceives by hearing and seeing as well as "feeling."

4. Groups determine not only what they expect of their own members but also how they expect a member to act in relation to other groups. What group members expect from each other has been discussed. What needs emphasis, however, is that members of one group have certain expectations in relation to membership

in other groups. This is clearly perceivable in regard to family groups.

Family groups attain a great deal of prestige or condemnation from the way family members act in other situations. Thus, for example, parents carefully instruct their children, and reward and punish them in relation to how they behave in school or at the club meeting, in church or the homes of friends. A family member is expected to bring credit upon the family group by appropriate behavior elsewhere. Social agencies are hardly concerned solely with member behavior while at the agency program, but also with behavior at home and elsewhere. Hospitals are more and more concerned with the behavior of patients as they leave the hospital and move back into the community. This is particularly true of mental institutions. A club member who misbehaves elsewhere can be subject to expulsion. Members of professional groups or of governmental bodies are almost always consciously aware that their non-work-related actions may have considerable consequences--good and bad--upon their standing in these groups.

With these characteristics of groups kept in mind the question arises as to what it is the professional looks for when he attempts to make diagnostic assessments. There is no doubt that these questions occur to the professional person, whether he works with one person at a time or whether he works through the mechanism of the group. And it should be clearly understood that the prime purpose of social agency groups is to enhance the functioning of individuals, not of groups. As already pointed out, groups do not function. Individuals function in interaction. And when the explicit goals of the professional and his agency center specifically on individual needs, this recognition becomes of very great importance, indeed. This is particularly so with the method in social work called "social group work." While its techniques apply also to groups whose prime purpose is to serve others (committees, boards of directors), the basic

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applicability of the method is to what are known as growth oriented groups, i.e., groups which exist for the purpose of helping individuals lead more productive and happier lives. Such groups may be clubs, interest groups, classes in informal educational settings, et cetera. It is here where differential diagnostic assessments of individuals become of such great significance.

To sum up before proposing a systematic approach to the diagnostic assessment of individuals in groups: Each status-role held by members in any group implies social expectations to which the individual relates in one way or another. Groups render implicit and explicit judgments regarding the manner and degree to which the individual meets or deviates from these expectations. Behavior depends considerably upon the individuals' and group members' perceptions of the past ways of acting as well as predictions about future actions. Social values play an important role in the evaluation of behavior. Groups render judgments not only in regard to behavior of members while with a particular group, but also in relation to the behavior of the members while elsewhere, i.e., in other group situations.

The Diagnostic Assessment of Individuals in Groups

The process of diagnostic evaluations or assessments in the professional situation is a means of determining the objectives to be attained by the client on the basis of "where he is." "Where 'is' the client?" the professional social worker asks himself.

This question is answered on three major levels and by different social units. / The entire preceding discussion has been related to what it is the group *1. level* does and it should be clear that while the group does not engage in a professional judgment, it nonetheless engages in judgments of extremely great importance to

the professional worker who tries to understand the individual member. A second ^{2 level} level of judgment can be seen in the individual's judgment of himself in relation to the group and this, too, is of great importance to the worker. A third level ^{3 level} of judgment lies in the worker's skill in understanding what motivates an individual's behavior. While the individual himself may have some insight into this and thus tries to control his output in relation to the group, for professional purposes the worker uses all his insight, feeling, knowledge, and intuition to understand what the underlying themes are. What a member is saying about himself are those messages he conveys in the manner in which he expresses himself and it is well understood that words alone do not necessarily transmit this information. Indeed, he may say one thing and mean another. It is the skill of the professional worker to understand and interpret this on a somewhat motivational level. In other words, in addition to a diagnostic assessment based on observable interaction processes in a group--which in group service agencies is always the basic unit of service--the worker must supply the results which his special "ear" and "eyes" provide him if he is to understand fully what is happening to his client. That the worker's own values may and do have an impact on his // diagnostic activity is recognized.

Having discussed the importance of interpretation of behavior we shall now return to the main theme, which is that a major aspect of diagnostic assessment is in the observation of behavior in direct relation to what is actually transpiring in a given group.

The first step in a diagnostic assessment of this kind is the listing of ⁽¹⁾ a variety of status-roles held by group members. Ordinarily this is only one: member. But there are others, in case the member should also hold a designated office: president. Thus the status-roles listed might be:

Figure 1

Status-Roles

Member

President

Since each status implies expected behaviors, the next step is to list these expectations as concisely as possible. In other words, what must be recognized is that while a member may hold a particular status in a group these become actualized only to the extent and in the way in which that status is acted upon. This is that aspect called "role." And "role" is determined by the expectations implicit in each status. The status "member" thus implies that it must be actualized by behaviors which are expected: to attend meetings, pay dues, observe the formal and informal rules of the group, show deference and respect to officers, discharge assigned tasks satisfactorily.

Figure 2

Status-Roles

Expectations

Member

Attend, pay dues, observe rules, show deference, discharge tasks, etc.

President

Preside, assign tasks, listen to others, make decisions, take votes, etc.

It will be noticed that in the listing of status-roles and expectations no reference has been made to the source of the expectations. The reason is that these are generally agreed upon. Most everyone "knows" what members are and what roles presidents play and there is rather easy agreement obtainable.

But what happens when the group is a street gang and the status-role president is by no means what it is in a building-centered middle class club? The answer is that while the status may bear similarity in name, the expectations differ and therefore does the role also. But since diagnostic assessments are made by professional workers, one has the right to expect that they are sufficiently acquainted with the group and its culture to list under "expectations" only those items really expected by the group. And it is precisely in this kind of situation that the approach suggested here may have merit. For, when the expectations of the group differ from those of the larger society and from those of the worker, agency, and community, it would be to the advantage of everyone concerned that these differences be explicitly recognized in diagnostic assessment making. Otherwise, the danger exists that either the worker decides that members must be helped to become more conforming to group standards (which is what led them into difficulty with the rest of the world to begin with), or he forces behaviors onto the group which they are not yet ready to accept, since their own status-role expectations are significantly different from those of the worker and other reference groups. In other words, it is necessarily important that whenever workers list "expectations" they also specify their source. As we shall see later, this becomes important in regard to another aspect of diagnostic assessment also. However, it would seem plausible that given a particular status-role as a constant the expectations (depending on who is looking) differ and sometimes vary considerably, as in the sample of the street gang.

Having proceeded only to this point without listing actual individual behaviors, which is the next step, it already becomes quite readily apparent that major difficulty besetting a person may lie in conflicting expectations regarding

his behavior by a variety of reference groups. To cite another example, boards of directors of agencies are sometimes clearly at odds with workers about what might be expected of agency members. A common example is that of fund raising. Boards sometimes expect members (including teenagers) to raise funds for the agency through social affairs. Yet staff people often feel that this should not be expected of agency members for a variety of reasons. Or, to cite another example, staff workers sometimes organize groups around problems of agency policy in which they consider it desirable that members bring their dissatisfactions with a given agency policy to the attention of the lay board. Just as often lay boards consider such member action (especially when engaged in by teenagers) impudent and inappropriate. Staff persons may feel that it is perfectly acceptable or at least tolerable to have teenager members smoke in assigned places, while lay people may feel quite the opposite, since they may raise their children by different standards. And more often than not the attitudes of the lay board may indeed reflect attitudes to which members are exposed by teachers and other adults outside the agency. In other words, a careful examination of what is expected by various reference groups frequently tells the worker significantly what the individual has to deal with both in and outside his immediate group.

As already indicated, the next step in diagnostic assessment is the listing of the member's actual behaviors. It is at this point, of course, that the real differences between expectations and actuality become most apparent. For it is entirely plausible that a member aware that others' expectations of him and his own may or may not coincide would nonetheless adjust his behaviors to other people's expectations. But when one compares actual behavior with behaviors which do not conform to expectations by several reference groups then one knows

where the gaps are. And in an important way, this is precisely what professional workers wish to determine. This is the reason for diagnostic assessment in the first place. Workers need to know: (1) status-roles, (2) expected behaviors with specification of the source of expectations, (3) actual behavior, (4) the relationship between sets of expectations, (5) the relationship between each set of expectations (according to reference group) and actual behaviors.

We have already touched on the problems which arise under (2) when different reference groups have different expectations of members. But expectation conflict is not behavior. It is neither rewarded nor punished. What results in reward and/or punishment is behavior which deviates from expectations. When all agree on the same expectations, the individual is punished or praised by all. When expectations differ, chances are that members are praised by some, punished by others. When Joe Doe shows physical prowess in his group he reaps rewards in increased prestige among the rest of the group members. When, however, a policeman happens upon the scene he may be punished for disturbing the peace, for policemen expect (normatively at least) non-fighting behavior. It thus becomes apparent that in recording group meetings, workers will find reasonable ease in identifying expectations on the part of groups regarding member behaviors and workers who know their groups well can probably list quite readily which expectations the group has of all members, which it has of only some members (officers as examples of formal status) and scapegoats or indigenous leaders (as examples of informal status). They can then compare behavior with expectations and plan program and/or treatment, keeping in mind that behavior may need changing or that behavior as well as expectations may need to change, since workers would hardly want scapegoats to become better scapegoats.

SGW.METH

Groups, Cultures and Social Group Work Method¹

by

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As we cast our eyes onto the area of group work we are faced both with a proliferation of speculation and a lack of knowledge. The resultant confusion is not due to the fact that no man has traveled the road before. It is rather because too many men have traveled the road and like the Cook's tour visit to Europe comes back an expert after one week with the highlights of London, Rome and Paris; the traveler in the forest of group work all too often returns with a few souvenirs. Souvenir hunting is a fine activity and can be educational in and of itself, but it is important to differentiate between a souvenir and clear knowledge.

There are many things in this romance land called group work which as yet we do not understand. There are some things about which we can make some informed guesses. Those in which we have firm knowledge are few and far between.

I am opening this way not because I wish to discourage you and suggest that because we know little we should therefore assume that either we know nothing or that nothing can be known. What I am attempting to suggest is that we

¹International Institute of Buffalo, January 25, 1961.

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should enter upon this sojourn with conservatism in our minds, with open eyes and with care. In addition, I would suggest that the particular approach to the practice of social group work which I shall present here is of one such approach.

There is no known way of differentiating a social work approach to groups from a group-dynamic approach or from a field theory approach to groups in terms of deciding which is "better."

We simply do not know. It is possible, however, regardless of the particularistic approach to define a few certain principles which seem to be held in common by all those who are concerned and interested with and in what manner groups operate and how it is possible to influence groups so that they meet their purposes.

Social group work is a method within the profession of social work. It presumes certain elements as essential for the practice of that method. The first of these is the group itself. The second of these is the group worker. The third of these is the activity or the program in which a group is involved.

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The Group

All individuals grow up in many groups. The most significant of these, it has been held repeatedly, is the family group. But beyond the family group there are very many other groups of which we are also members. Yet, there is a considerable number of people who have thought for a long time that the family group tends to be the total type of all groups and that it is possible to see non-family groups

showing some of the same group attributes as family groups themselves. The reasons for this, it is stated, is that people when they move out of the family group tend to take with them what they learned in the family group itself and thus relate to each other in ways which are somewhat familiar to the ways in which they related while they were in that small nuclear group called the family.

If we were to take the family group as an example of what happens in very many groups, then we could make both observations about the family group itself as well as to a considerable extent about groups in general. In our discussions, then, regarding the family as a group, we will keep in mind that most of what will be said here is applicable to groups of all kinds.

To begin with, we assume that what happens to any one member of a social unit, like a family, has profound effect upon the entire group. Consider for a moment what may happen to one such member. Unemployment for the breadwinner is not only the mere absence of work. It is also the presence of something else: a worried father, a mother who must calculate the spending of every penny. In its dependency, the family group quite often depends upon the Welfare Department. This means a shift in the way in which the children see the father. He is no longer the source of support for the family. When something goes wrong in the family, every member of that family is involved. The father or breadwinner having lost his job, begins to look differently upon himself than he

used to. And unemployment may be only one aspect of this family group's problem. There may also occur illness. Physical illness is usually easily identified and yet, you cannot assume that the family group knows what to do about this. Many thousands of people do not have the psychological strength to seek out help even when public health clinics are available. This is to say nothing of emotional problems. The effect of emotional illness upon adults, upon all the other members of the family group is impressive in and of itself. Members of the family such as bright children have difficulty ^{Schuldschuld} learning. Truancy becomes symptomatic of difficulties in the family unit. Nor can one assume that the family group knows how to spend its money so that it gets its greatest value from its dollar. There is no accident in the fact that house to house salesmen do their best business in our poorer city neighborhoods on a "charge it" basis and among people who can least afford to owe large amounts of money. All this affects the entire family group as a group as well as each individual in the group. In practical terms, this means that a social agency, particularly an agency which works with groups, has two kinds of clients: the family, as a group, and each member of the family, as an individual. One may trace, often quite easily, the flow of communication from any one individual in the group to and from the group and back to each individual. The basic concept, then, is that a group must be treated as a group; that is to say, as a whole organism of inter-dependent parts. Each member in that group must be

treated and looked upon not only as an individual, but as an individual member of a larger unit. The agency must have an attitude towards the group which makes it possible for the former to comprehend the group as a total unit of inter-related parts, thus avoiding a view which sees a group as a conglomeration of disconnected individuals.

This stance, or this attitude, towards the group leads us to recognize it in ways quite impossible if we merely saw each individual as a disconnected being. Let me illustrate this again in relation to the family group. The family group plays the one of a social unit into which a child is born and in which many significant experiences take place. These experiences are significant not only for the child but for all the members of that small group, including parents and siblings. All of the members of families have certain expectations in relation to each other; that is to say, that they expect that each of them will act in certain particular ways. One might therefore say that they demand certain behaviors from each other, such as for example, that the mother take care of the household, that the father be the breadwinner, and that the children go to school. The family as a whole usually aims to behave in such a manner as that perhaps that little group is acceptable to, and respected by the other members of the community, neighborhood, and block. Moreover, the new, that is to say, the newborn child who is raised by the family, must be given the opportunity to try himself out. For, through his behavior he learns the difference between right

and wrong, between what is acceptable in society and what is not, between what is virtuous and what is sinful, between being good and being bad. The group exists for the purpose of giving each member the opportunity to know the roles of life both as they affect each member in the family group, and to a very considerable extent as they affect each member in his dealings outside the family group. And furthermore, each individual in the group is provided by the group with ^{boundless personal ambition} the opportunity to change both the whole unit, as well as each member of the group including himself. Thus, the group becomes a strong and powerful mechanism which leaves its imprint upon the individual for good or bad, advantage or disadvantage. But, it always leaves its imprint and the experiences which people have in groups make that imprint a powerful one. This can be said of any group which needs or exists over a period of time, which is small enough so that each member can truly get to know each other, and thus influence each other. Thus, each member of the group experiences many events in relation to each other member. The group as a social reality creates conflicts because the members are human beings and have individual needs; but it also resolves these conflicts. Groups ought to create opportunities for cooperation so that members can learn to live as a whole group and at the same time it ought to encourage the individual to be an individualist. The group unifies all its members and it sub-divides them into sub-groups. An example of this can be seen in the fact that there is a different kind of relationship between husband

and wife than there is among the children. And yet, they all belong to the same group. The family also cooperates with other groups in the same neighborhood; and yet in many areas it "goes it alone." The family group relates within itself and relates outside itself to other people. The family engages in all kinds of activities, and I do not only have in mind recreational activities. And while it engages in the activities it has also concerned with the way in which group members behave towards each other as they are engaged in these activities. The group demands loyalty to itself as a whole group and at the same time it raises its members to the day when they will leave the family group and found their own nuclear groups. The group rewards and the group punishes. And finally, in a most practical sense, as well as in a psychological and sociological sense the family, by the very fact that it grows older, tends to destroy itself by creating new family groups and preparing offspring to play effective roles in these new groups. There are, in other words, the pull and the push of the generations, one upon the other.

Now, most, if not all, that has been said here about family groups can be said about many groups in society. We are quite clear, however, that we must not promote the total dependence of any one group member upon the whole group and at the same we are quite clear in our mind also that the group as a group needs a great deal of strengthening if it is to produce individuals who are happy and have a degree of self-sufficiency once they are ready to move out of, as in

our example, the family group and found their own family groups. These recognitions form a rock-bottom basis, upon which group work is built. The subsequent principles which I will discuss with you are derived and based upon the basic recognition that the group, as we have outlined it here, does what we have said it does. We shall then move on to the role of the worker. I should say, however, that it would be necessary to select from the many things expected of the worker one or two aspects within the limited time we have at our disposal in this session. We will assume, therefore, that when you and I consider the role, of the group worker we are considering only one or two selected aspects of his total world, clearly understanding that there is of course a great deal more that a group worker does than what we are discussing here today.

The Worker

I have selected as a starting point of this discussion the concept of the "conscious use of self" on the part of the worker in relation to something which I think is of great importance for International Institute professionals.

The principle of the "conscious use of self" is a very wide-spread one, fairly clearly understood in social work literature and among social workers and of wide application in the field. I would try to explain it as simply as possible and hopefully in a few words, perhaps somewhat like this:

All human beings grow up in certain social surroundings such as family, school, clubs, neighborhood, city, state, country. In all of these surroundings, all of us gain

D. 55

certain impressions, beginning while we are still infants and continuing into our old age and by which we determine for ourselves how to behave. All of us at times tend to inflict the values we have learned on other people. When we use ourselves professionally, that is consciously, we try to help people make decisions based on their values, their needs, and not ours. In other words, we purposefully and purposely control our temptation to do for, instead of with people.

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All people make decisions about those kinds of behavior which they consider good and bad, desirable and undesirable, virtuous or sinful, "nice" and "not nice." All of us are aware of what some of these are. They concern themselves, for example, with such behaviors as eating at a table, how to say hello and goodbye to visiting company, what to say and not to say to people in authority like teachers, university professors, ministers, priests, rabbis, railroad conductors, store clerks, landlords, and neighbors. All of these people, especially in the view of children, but certainly not only in their view, perform certain functions and duties. Tied in with each duty they perform come certain rewards which express themselves in the way in which people talk to them and with them, think of them and pay them. All of us are to a considerable extent dependent upon the way in which people think of and about us. This is fairly simple in statement and perhaps no more complex than to say that all of us live among other people and that none of us are totally independent by and within ourselves. And incidentally, the mere fact that we are professionals does not make us any different in this

respect. If it were true now that all those among whom we live came from the same background, that is to say, were born in the same country, have the same color of skin, the same religion, spoke the same language and acted the same way, and not only that but also that our parents were of identical background, then, at least in this country, you might say, life might be much easier and much simpler. Be that as it may, we, living in the United States, are aware from the early dawn of our consciousness as human beings that we are not all alike. Not only do all of us differ from each other as individuals and as human beings with unique personalities, likes, dislikes, needs, and other attributes which we might consider highly personal all to ourselves, but we are living in a society which is composed of many aspects and cultural and religious sub-groups. Anyone who is even vaguely familiar with the history of the last one-hundred years of immigration to America which to one degree or another has been going on ever since the early settlers came to the New England shores, cannot come away without being deeply impressed with the large variety, the color, the diversity, the creative birth as well as the tensions that have resulted from the fact that we're living in a large society in which very many human beings from very many backgrounds are thrown together and try to work out a way of life which brings mutual satisfaction to most, if not all. What a group worker does with these differences is of keen importance. But we, who as professional people perform agency tasks are also influenced by our past. We are influenced

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by our traditions which are not necessarily unique to Americans as a whole, but which derive a considerable degree of uniqueness from the background of our parents and grandparents; and most important, from the large immigrant groups to which they belonged. Few of us are as conscious as professional people of these influences as we might become. But all of us will use some of this backdrop and some of this diversity in our everyday lives, whether consciously or unconsciously. Now I have spoken here about the professional worker. But I might as well have spoken about all kinds of people in our society. And certainly what I have said here would be true in very large and obvious measure of our group members, particularly in International Institutes. Thus, most of us, like all of us here, who are in the business of trying to help people grow and change into useful citizens, do so upon what we call a set of basic value assumptions. *subalte*
Work
These value assumptions are of two kinds. A value can either be a goal which we would like to reach or which we would like to help someone reach. Here is one: "I think that all newcomers to the United States ought to become happy, constructive, new citizens who make a contribution to their own happiness as well as those of other citizens of the United States of America." Wanting this happy, healthy, American citizen is certainly a prime goal of International Institute workers. But there is another way of viewing the word values. This way we can say that values become the yardsticks or the criteria by which people decide what to do and what not to do. Consider, for example, this situation. Assume that Mary Jones just came

from school and knew that before coming to the agency she is supposed to go home and change her clothes. But suppose Mary Jones comes to the agency straight from school without changing her clothes. When it is time to go home Mary Jones is still wearing her school clothes. The question now arises as to what she should tell her mother? She has several alternatives open to her. Among them are that the teacher kept her late in school and that she had to go to her class meeting and that if she had not gone right away she would have missed something important. Or, she can tell her mother that she didn't feel like changing her clothes and that since the other kids were going to the club she tagged along. Or, she might say to her mother that someone else talked her into coming to the club. But Mary Jones learned at home that she's to tell the truth if she is to be considered a "good" girl. Mary Jones is now faced with the alternative of telling the truth and perhaps bearing punishment, or of making up some kind of story which while it is not the truth might play on her mother's sympathy and which might let her off without punishment. Mary Jones' conception of telling the truth or not telling the truth as a value, that is to say, as a criterion for behavior, has influenced or will influence what she will tell her mother.

In the early situation regarding the American citizen and what he might become and how an International Institute worker might see this as a goal, we saw values expressed in terms of objectives; or, in the latter situation, we see a value, namely the value of honesty, used as a criterion for future behavior. (2)

All human beings, regardless of where they came from, regardless of where they live in this world, at some time set in some idea of values as goals and values as criteria. As I pointed out to you earlier, these values are to some extent the same for all of us who live in this country. That to considerable extent these tend to differ depending upon the ethnic, or religious, or nationality groups within which we live or from which we came is obvious. This most certainly includes those of us who are in one way or another professionals rendering services for members of our agencies, the success of which depends to a considerable extent upon the kinds of relationships which we are able to develop with them.

All of this has been a very long way of saying that everyone of us here who works in the social agency or in any institution rendering a human service, brings with him or with her certain learned and pre-conceived notions as to what life is, what people are, and most particularly what people ought to be.

In a very real sense, all of us are involved in the business of "what people ought to be." At the same time we recognize that we are living in a democratic society in which at least in theory, every human being is granted the right to make certain decisions for himself. And this is where the International Institute worker finds one of his key functions. If this is so, it would then stand to reason that we would have to take a look at ourselves and ask ourselves the question: to what extent are we truly willing to help people make

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decisions which uniquely suit them, or to what extent we tend to impose upon other people what we think, what we consider right, what we consider desirable. In short, what we consider good. Let me hasten to point out that I'm not talking about grossly deviant or delinquent behavior. I believe that none of us could stand by silently in the face of grossly delinquent or deviant behavior, shrug our shoulders and come to the conclusion that the behavior we see is desirable because it happens to meet someone else's need. I am talking about the kinds of behavior which fall in what is generally called the range of "normal." There are many ways of acting without giving offense or bringing harm to the larger society in which you live. We would laugh if someone suggested to us that all of us should eat the same foods, or wear the same clothes, or think the same thoughts or speak the same words in the same tone of voice. We would greatly object if someone attempted to coerce us into voting for any candidate for public office other than the one we chose to vote for. We would rebel and loudly so if anyone should dictate to us what to believe in, to what church to go, how to pray or whether to pray at all. We would point out that this is a "free country" and that we are free citizens who can make up our own minds regarding these things. These are the obvious ^{*basic human freedoms*} considerations. But there are many considerations which are not nearly as obvious. I want to make it clear that I'm not criticizing nor trying to find blame for the fact but all of us have become, through our own growth and change, so much a part and parcel of our own

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surroundings; in fact, particularly in regard to our experiences and our families, that without awareness we make certain assumptions and act in certain ways and somehow expect other people to follow suit.

I am suggesting to you that we have very little choice in working with human beings either individually or in groups except to start with them as we find them, at any given point in time or in their intellectual or emotional development. We may not always like what we see, but it seems quite clear to me that even under such circumstances we have no alternative but to start with people where they are. I'm considering what I have said here at this point only from the standpoint of practicality and expediency. But you must surely recognize that there is another major consideration to be taken. This is that if democratic living in preparation for democratic living is one of our goals, then it is we, of all people, who must primarily demonstrate to those of our members upon whom we have major influence, that this can be done, that it is desired, and that it is worth learning. It is easy and convenient and eloquent indeed, to salute the flag, observe national holidays, and preach the gospel of human brotherhood. But it is quite another thing to act that way. It seems to me infinitely more difficult to become conscious of one's own tendencies to expect other people to behave quite precisely in the way in which we have learned to behave and in which we found satisfaction. Yet, it seems imperative that if we truly wish to act what we believe, we must essentially begin and never

forget to take a long, hard look at our own ways of behaving and our own expectations from others. This is so important in working with nationality groups that this can hardly be overstated. A common and easily observable phenomenon is the group leader, who because it makes him uncomfortable, cannot tolerate an argument or a conflict within a group. I am sure that all of us have seen or heard the person who was ready to eliminate someone from a group because the person "fights." I'm not suggesting here whether people ought to be permitted to argue and fight or not. I'm merely trying to raise a question that I think is close to a most fundamental consideration that all of us must take into account in working with other people. This question can be summed up in perhaps one over-riding question: "For what purpose does the agency and its program exist?."

Miss

The question answers itself. A social agency exists, first last and always, for the purpose of better serving and meeting the needs of the clientele or the membership which uses it. This is so simple that I am sure that you will not consider me to have said anything new to you. But, this is the fundamental idea from which it is argued that a worker's self-control and self-awareness are among his greatest professional skills.

Quoted in 21

A great deal of group work and informal education as well as recreation in this country has historically rested upon the fact that our forebearers and predecessors recognized the tremendous value and the tremendous color and creativity

that people, from various backgrounds, could contribute to each other's happiness. International Institutes themselves are the best examples of this. Cultural diversity as well as harmony can be great assets in our life. But, even conflict is not to be avoided at all costs. Conflicts simply exist because different people want different things. This is true of inter-personal relationships as it is true in inter-group relationships. Wisdom may not always lie with those who sidestep the conflict, for the continued and continual stopping of conflicts in the long run solves nothing. It may be far better, though temporarily more painful, to simply face it and try to dissolve it. This could lead you and me off to discuss the sentimentality on the part of the general lay community that sometimes surrounds what you try to do in International Institutes. It is sometimes interesting to see how many of your well-wishers --- while truly interested in International Institutes --- expect to find the trained performer, the harmonious, and the pretty costume on the part of the foreign-born girl as she dances her folk songs; how, from the newcomer they seek the cosmopolitan internationalism which is so often lacking in the lives of native-born Americans. If you were ever to seriously point out that groups of people from Europe or Asia who have come here as newcomers also have conflicts and difficulties and fights and tensions, some persons would probably be disappointed and appalled. But the people who come here are human beings like people who have been born in this country. And they are subject to the same

problems of group life as all the rest of us are.

Let me summarize this section, then. What I have tried to do and finally would like to reiterate is to suggest one or two ideas which seem basic. (1) First, differences exist among all people whether from individual or from group to group. (2) Second, all of us are committed to certain values which are over-riding; that is to say, which are fairly characteristic of people as a whole. (3) Third, I've tried to suggest that in a democratic society we must be constantly vigilant that we truly help our members develop in ways which are satisfactory to them which recognize and meet their needs on the basis of their cultural background, their experiences, and their group identification. (4) Fourth, I have tried to suggest that we must be cognizantly aware of the need to look at ourselves, to search our own souls, to become very sensitive of the extent to which we somewhat unconsciously tend to impose what feels comfortable to us, upon other people and for no other reason than that it serves our own comfort or avoids our own discomfort. Overall, I have chosen here for discussion two major areas. The first of these was the essential nature of the group, and of necessity I have had to be somewhat superficial and brief about it. (1) (2) Second, I have chosen to discuss with you at greater length the essential attitudes needed, as I see it, by the professional worker who wishes to work with people in groups, and particularly with people who came to this country from foreign lands. The group, the individuals within the group, and the worker with

his attitudes as well as with his skills about which I have said almost nothing, constantly interact and it is this which is the essence of social group work method. I am not concerned as much from the point of view of the social group work method in the content or what the group is engaged in: be it folk dancing, making Christmas decorations, or learning English, or discussing civics, or foreign policy, or music, or new foods or dishes. What is much more important in a group from the standpoint of social group work is the social interaction process. This is to say, that what is primarily important are the relationships which the worker can influence, and by which people can find satisfaction or dissatisfaction in their group activities. This is to say, in other words, that what is important in the practice of social group work method is the utilization of relationships, that is, communication among people. Social workers call such communication social interaction. When people interact verbally they naturally discuss some kind of subject matter. This is called interaction content; that is, the substance or the subject of the communicative act. That interaction content consists not only of ideas, words, dancing, cooking, and statements, but also of feeling. What reveals how a person feels regarding what he says are facial expression, strong emphasis on some words and less emphasis on others, calmness or excitement, perspiration of the hands, biting of fingernails, cool detachment, pitch of voice and other symptoms, all somewhat indicative to what we sometimes call the feeling tone we bring into the interaction process in which we constantly

engage. Thus, in the practice of social group work method we include the relationships of group members to each other as well as group member's relationships to the social worker.

Any given group member is not only interacting with one person, that is a worker, but with others --- both individually as well as part of the group. This is merely another way of saying that behavior and interaction in a group is different than on a one-to-one basis. A person meeting one individual after another successively acts differently than he would if he were to meet all of them at the same time. All the various kinds of interaction among group members are called group process. It is obvious that group process operates whether the group is a part of a social agency or not and whether there is a social worker there or not. Furthermore, a group process operates in very small as well as in very large groups; whether the group is newly formed or a generation old; whether a club or a board of directors. We have already used the family as just one example of a group and group process. Whenever and wherever people share common experiences group process is operated. Indeed, one might say with assurance no kind of social life could take place without such process.

When a person then becomes a member of the social agency group, he does not necessarily have "a problem"; such as a person, for example, who asks for help from a caseworker agency. Most people, of course, including most of those who ask for services from any social worker, can and do make a reasonable adjustment to the many groups of which they are a

And agency
Adjusting

part. Occasionally, they may need a little help; yet, most do quite well for themselves. Certainly, most people do well enough to go to work and earn a living in factories, offices, laboratories, schools. They are able to enter into relationships to their satisfaction, through collaboration, without which no social life is possible. In other words, we do not assume that all people who come to us are necessarily in deep trouble. Quite to the contrary, we do assume that most people do have a degree of health; that is to say, able to make decisions, able to react to their surroundings with a degree of rationality that makes it possible for them to solve problems. In other words, we assume that people have strength and that they can influence and to some degree control their present and their future. ||

It is in this context in which the social worker, who uses group work method, can be of help. It is important to remember, too, that group life means experiences with people which can be fun and in which they engage solely because they are fun. Thus, it often happens that a group member may not be consciously aware that his group worker is a social worker whose interest in him extends beyond the point of providing him with opportunities for enjoyment. It is thus that we find group workers in camps, in community centers, recreation agencies, and so on. But as in the case of the caseworker, being a group worker means that group process is used deliberately, professionally, with discipline and therefore for the benefit of group members. Any adult with a group of

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children is not a group worker unless he knows how to use social group work method and actually applies it. It may be worthwhile, in this connection, to note that group process can be used in many settings outside of social work; such as in the classroom, with adult education groups, in industrial plants, and so forth. However, this does not make what is being done there necessarily social group work. Social group work is a social method which must be learned. Once learned, anybody can use it in a large variety of situations including International Institutes, as many of you already do.

We shall lastly say the following:

1. Social group work is a social work method usually practiced by trained social workers in a variety of settings.
2. Interaction process operates spontaneously, it being the essence of social living.
3. The social group worker performs his social work functions mainly when he uses group process consciously for the benefit of the group member.
4. Group workers do not use social disability as the only criteria for rendering service to clients. Group workers work with people who are aware of social difficulties as well as those unaware of such problems.
5. Group workers most often practice in agencies where the members' later motivation for attendance is for the fun and social life with others.
6. Social group work method is a means not an end. Its purpose is to help people interact constructively in order to improve their living situations in line with their expectations and the expectations of the society of which they are a part.

In this paper I have, only all too superficially, tried to relate myself to two major areas. The first of these

is the nature of the group. The second of these dealt with some of the attitudes the worker needs to bring to the group, particularly such groups as you may frequently find in International Institutes. I have also tried to deal very briefly with some basic principles and ideas regarding the more specific skills demanded from the group worker. I hope you will recognize that in the short time at our disposal I have been able to touch only on very few elements that go into social group work methodology. There are many other elements in important areas on which I have not even had time to touch. But since, as in all things, it would be unbelievably arrogant and presumptuous to assume that one can say even the first word adequately, to say nothing of attempting to say the last word, I am also going on the belief and hope that you will dig into this problem with much greater profundity than I am able to do here in a few minutes.

ALL CHARITIES SHOULD BE ABOLISHED

Philanthropies
are as Antiquated
as Voluntary Control
of Air Pollution

Hans S. Falck

Do people have a *right to social services* that will solve their difficulties?

Since it is our argument that charities and philanthropies are out of place in a mature society, social services should not be a matter of privilege but should be *guaranteed by law*.

In a developed society responses to human needs are channeled through organizational forms. In consequence, we may say that such services should be met by public agencies financed primarily by tax funds, and not by voluntary, private agencies financed primarily by non-tax funds.

The "right" to welfare services should be integrated into our legal system because, pragmatically, it offers the only *workable* alternative to the continuing and intensifying deterioration of social conditions; and, philosophically, human needs precede in fact and in importance the service rendered.

Let us briefly explore the eminence of human need. Any social welfare situation always includes a person in need, the potential service to relieve this need, and the universe, the society within which both operate. It is always the quality of need which determines the value of the service. Tools (services, agencies, funding, counselling) are measured in terms of their effectiveness. Similarly, American idealism views society—and not only the social service—as a function of the individual. The society, we say, exists for the individual, not the reverse. Human need, therefore, precedes the form and direction of services, public or private, as well as the socio-political context within which such service is rendered.

Page Ten

If we answer positively the question whether human needs must be relieved — any other answer would offend our sense of survival — we must inquire next into the dimensions of need. Because men are entitled to life, they are entitled to an adequate diet, decent housing, sufficient clothes, total medical care, adequate treatment for mental health problems, and the freedom and opportunity to search for values.

What private agency can address itself to the fact that half the hospital beds in the United States are in psychiatric institutions? What constellation of agencies can hope to measure up to the societal demands for food, clothing, health, and shelter? We have tried for many years and have abysmally failed. "Topping" the United Fund goal is the height of irony. We haven't begun to provide services which would uphold the humaneness of our neighbor. The United Fund, and most other fund-raising agencies, are classic examples where the service defines the need, rather than the opposite.

The services required can only be guaranteed by the resources and participation — in part or in full — of government: local, state, or, preferably, federal. Human needs have outgrown the fiscal and manpower resources of private charity. Services as a matter of privilege, which can be arbitrarily withdrawn, are as antiquated as voluntary control of air pollution, sewage disposal, and other community problems.

The mere involvement of government does not mean that private agencies should go out of business. Their place will be to work for social welfare on the public front, to speak out and lobby for better social services, to conduct research and experiment with new techniques, to watch the administration of services, and insure democratic and not arbitrary practices. The future of the private agency would be assured.

Hasn't America considered welfare services as a right? Not at all. Whether it was social security, job benefits, or medicare, they were offered *ex post facto*. These laws were passed in a mood of emergency. The need (not the right) was recognized. In no case was there at work some overriding social principle. What has been at work ever since early in the 19th century is pure, blatant pragmatism which has come into play whenever a dire situation evolved that was

neglected until it was almost too late. Such pragmatism militates against planning ahead.

Of course, the evolution of political life based on the moods of a pragmatic rather than a principled society permits adjustment and flexibility. The current urban turmoil suggests that these advantages are outweighed by the neglect of the human condition.

If we accept the philosophy of "the right to welfare services," we must guarantee them legally, establishing eligibility measured by objective, federal standards.

A footnote should be added as to what this approach means to the political left. While the liberal can function to his satisfaction in a society which either accepts services as a privilege or one which guarantees them as a right, the new radical left cannot. The radical — whom this writer understands but with whom he cannot agree — sees himself immersed in a society which neglects its members. He does not share the values of that society but he cannot change society because he is also without power. As so well described by Prof. James Hitchcock in the last issue of *FOCUS/Midwest*, the radical perceives himself as without sin. His purity is affronted by the asocial concerns of the private economic sector against which he cannot revolt and with which he cannot live. While the liberal survives well, vacillating between righteousness and workability, the radical despairs.

The right of social services guaranteed by law offers the only workable, positive program for the radical. This approach circumvents the loci of economic power. Human needs will be relieved by government responsive to a broader population base than any private agency and their philanthropic boards. Rather than trying to change the establishment, which is futile anyway, the radical can ignore it, since private economic power, which dominates private agencies, can influence but not shape the role of government.

Hans S. Falck is professor of social work at Washington University and president of the St. Louis Chapter of the National Association of Social Workers.

FOCUS/Midwest

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6/1966

CULTURE

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CULTURE, DEMOCRACY AND LEADERSHIP
RETHINKING SOME FAMILIAR THOUGHTS

Hans S. Falck
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School of Social and Community Services
University of Missouri
Columbia

The War on Poverty is designed, not to meet some single definable need, with a beginning, middle and end. It is designed to eliminate a fundamental social condition. It is not designed to isolate some kind of social lag or for that matter social lack. It is designed to re-do some fundamental parts of our way of life. It is not designed to eliminate some particular social suffering in which all contribute who can, usually by some voluntary effort with a bit of governmental help; it is designed to engage in community re-development of a broad scale with an open challenge to the social, economic and political assumptions that we have held in this society for a long time.

What does all this mean to you who are in the OEO program in various parts of this country?

What it means first of all is that we might as well settle down for a long, drawn out approach in which you and I stand to gain more experience and knowledge about the way people behave than we have in all the time since the early part of this century when modern social work, education and other professions began to make their impact. (1)

On the one hand, jobs are easy to get; on the other hand they are hard to get. At 72,000,000 persons, the number of Americans at work represents a record. The list of employed increased by 850,000 in June, 1964; yet at the same time 1,100,000 lined up at unemployment insurance offices, if they were eligible, or simply joined their fellow unemployed to walk the streets. Despite the growing pool of surplus labor, the Labor Department listed in that month sixty occupations in which there were shortages of workers: accountants, auditors, chemists, college presidents, professors, engineers (certain kinds only), librarians, doctors, nurses, social workers, draftsmen, detectives and policemen. ALL of these, of course, demand skills that the unemployed do not possess. In the meantime, 26,000,000 more youngsters will be looking for work in the decade of the sixties. By 1970 the labor force is expected to reach some 85,000,000 workers; yet the rate of increase in jobs promise to leave 9,000,000 or 10,000,000 of them without work - an unemployment ratio of 11 or 12 per cent.¹

¹Ben B. Seligman. "Automation and the Work Force", in Robert Theobald (ed.) The Guaranteed Income. (New York: Doubleday, 1965), p. 73.

Second, it means that we must take together all the skills we presently have and use them, as well as the knowledges (little though they might be) in order to get started. In the sense of skill and knowledge we are at the beginning and although that may at times lead to frustration it also means that all of us are on the ground floor where we may have real influence over what will be happening in the future.

Third, I would like to suggest that the tasks before us offer the opportunity to think and work in three areas which I shall discuss here: the first is how to deal with cultural groups different from our own; the second, what democracy means when working in areas where that is barely more than a nice word; third, what leadership is all about when the goal is at least in part, the remaking of much of present social patterns.

Culture is a big word. It deals with habits, thinking patterns, choices people make about what seems to be of importance to them in life. Specifically, it can deal with habits of speech, of dress, of spending patterns, i.e. not only in terms of how much is spent but on what; it deals with religious issues, with the manner in which they relate to children and parents, to employers and to policemen.

Where culture means a great deal in terms of the OEO is in the fact that most OEO workers come into working with the poor having very little experience in the culture of the poor. The usual way of saying the same thing again is to point out that unless one is careful one might impose middle class values on lower class society. That is saying more about the problem, however, than about its solutions. The fact is that little is known about how not to impose middle class values upon the poor. The word ^{auflagen, aufbringen} impose is the loaded term here. After all, one's very existence is a demand upon someone else to respond. But what is involved, realistically, is to be aware of the fact that not all persons see the world the way most of us do; that our own values may serve us well but are not the only way by which to live. In other words, the thing to do is to listen to yourself, to be aware of your languages, your assumptions and your attitudes.

One of the great contributions that OEO is making is in centering a great deal of the program where persons live. This ought to be as true in the city as in the country. After all, first of all persons have to see the help they get in terms of their own living situation. Secondly, a great many persons who are the clients of OEO simply do not have the experiences, attitudes and knowledges that are implicit in leaving one's home, getting dressed up, asking

office of economic opportunity

for help with all the attendant niceties that are usually involved in this kind of thing. Besides, many persons are too involved anyway as the mere recipients of other people's largess without participation on their own part. But when you are in familiar surroundings you have at least something that is yours and that places you not so much in the position of a mere mendicant. I hope you get the thrust of the argument. It is that we try to meet people on their own cultural grounds as much as possible. I do not by any means underestimate the difficulties implicit in such undertakings. It is far easier to say what should be done than to do it.

But all this raises of course the question as to whether you can be anything you are not. Can you and should you even be a lower class person when your own style of life and aspirations are distinctly middle class ones?

I see nothing wrong with being "middle class". I strongly believe that we must be ourselves to the greatest possible extent without at the same time expecting that others will be like us. But to say that we must understand others does not mean that OEO workers should engage in a charade. Be yourself. Don't try to mimic language, manners, speech and dress. On the other hand, don't use twenty-five dollar words if nickel words will do. We have some experience, however, with people who try to be something other than they really are. My advice would be that if you do not understand someone else, you say so by asking him to explain what he is all about, his language, his ideas, his thoughts. Don't be embarrassed to show your ignorance. You cannot possibly know everything. But you must respect differences whether you do or do not understand them. You may not like the way others live. But this is no reason to deride them, unless you are absolutely sure that they are doing themselves harm. In which case you still do not deride but help if you can.

I have learned over the years to tell people who I am. I don't go around telling my degrees but I mean to tell others that I have feelings, thoughts and a personality.

This brings me really to the central part of all that I want to say here today. This is the thought that a helping person must not be a neutral person. My position is that when you are neutral you are nothing.

What does such leadership require? It requires first of all, honesty. You start out by telling people why they are there. Don't try to hide anything. Tell them who it is you expect them to deal with. Tell them what motivated you to bring them together. Don't spring surprises on them.

Next, democratic leadership requires that you make yourself known. This can be done in many ways. Be sure they know your name; who you represent and why you are there. Tell persons what you can do for them. This is central to your entire function. On the other hand, you don't want to mislead them into thinking that you can do far more than you can deliver. Again, this point needs great stress in working for OEO. Many persons either have so little hope that they do not think anyone wants to really help them; or, as is the case with some, so much is promised that they are misled into expecting far more than is realistic.

But all this suggests a more central point. That point is that no helping person can really do his job without the ability to let himself come close to the persons with whom he is there to work. All the techniques on earth will do no good unless you can be horizontal in your relationships, rather than be so concerned with your authority that you cannot let anyone come close to you. This is a difficult notion to talk about in precise terms. You are, after all, not a job title. You are a person with family and friends and with points of view of your own. Let people know what these are. Do not assume that if you say nothing you have no effect upon them in the group. Your very presence does and should.

There is on the other hand some danger that if you speak your own opinion in the group and leave it at that, others will learn little about self-determined action.

At least one approach seems to work: I state my opinions on issues ... somewhere in the group meeting. This is not, however, at the beginning: as a matter of fact I draw people out as much as I can first. But somewhere along the process I say: "Judging by the discussion and the facts as I know them, I think such and such a solution seems feasible." Now comes the most important aspect of the entire work. It is in the insistence that based on the fact that I am willing to share my thoughts, group members should to the greatest extent possible do the same. I do not accept silence as assent or agreement.

The job is to bring about involvement. The way I do that is to put myself into the group situation; share, talk, express feelings and opinions but I also demand that others do the same. I do not accept a solution that is the same as mine if I was the only person who spoke of it.

We have been badly misled by the notion that if one is "objective" one keeps out of the situation or merely stimulates or enables others to act. This is an illusion, needing attention. One can be objective if one is in a position to make judgements about the issues and if one can get to know who one works with. Objectivity based on emotional and social distance is not objectivity at all. It is simply distance and all too often an excuse for discomfort.

What is so democratic about that, that I should place these ideas under the heading of "democracy"?

What is democratic here is the notion that participation is the essence of self-determination. The worker, then, must be the model of commitment, of participation. He can be such a model if he is willing to do the same thing that he expects of other people, particularly the group members. But if he asks of them that they do what he cannot or will not do, what right has he to demand it?

Participation suggests that one gets to know others, listens to the ideas, risks himself to the judgment of other people. Workers are no exception to that. If the so-called poor are to be helped then these are the most important skills they need. They do need to ask, demand, request, get involved, risk themselves. You and I must teach those skills in small groups, regardless of whatever other subject matter you happen to be talking about.

There are no doubt helping ways in which the worker's own involvement can be a bit more "neutral" than is true in the War on Poverty and I have not criticism of them. But in the OEO program you ought to be there for people: in ideas, in emotion, in body, in your total self. This will mean that you will get to know your group members and that they will get to know you. Tell them about yourself if they ask you. And if there is something you do not want to tell them or cannot reveal, don't sidestep the issue. Say out loud: "I cannot tell you" or "I don't know" or "This is something I would like to keep to myself because I think it would interfere in the way we are working together". The point is to be honest and open and to drop some of the pseudo-stances some of us have picked up over the years.

Democratic leadership, then demands meaningful involvement on a person to person basis. This is a difficult skill to learn, but I am convinced that it can be done. To really help, it must be done.

It is quite obvious to you that in a few pages I cannot put down all that should be said about democratic leadership. But I am trying to say here only what seems central to me. This is what I have attempted to suggest: honest and meaningful involvement of oneself; to demand that to the greatest degree possible this be encouraged in the other group members. The final outcome that is so desired is "coming to grips", experiencing one another, building a feeling of solidarity, having a true encounter with all the extraneous and inconsequential trappings of professionalism stripped away to the greatest possible extent. All the group members including the worker must be on the same side; the side of those who are to be helped.

My third concern is with the matter of leadership.

The central notion that I wish to propose in that connection is that the leader does not walk ahead of his group but rather that he walks with it. He avoids the temptation to "fix things up", to do for people that they, together with him, can do for themselves.

For example. Many persons in neighborhoods in cities and in small towns have had little experience in bringing about changes that involve public officials. Some are plainly afraid of the persons who hold elective office and who are really to be their servants rather than their masters. Unless the worker is aware of the difference between walking ahead and walking "with", he could easily take care of some matter by exercising his skills in talking to public officials - and take the credit for "getting things done". But his effectiveness would frequently be much greater if he could do the same with his groups and show them that they can indeed have some impact. This builds confidence and skill - two attributes badly needed by many of those whom we serve.

Example. Some workers have become very much concerned by the fact that among the poverty population there is a lot of haggling and arguing about course of action to take. This especially possible under Title II - the Community Action Program. I would suggest that a good leader would take joy from the fact that people express differences. I worry when people are too acquiescent. Conflict, if it results in ultimate action, is to be preferred and where it does not exist it might be quite a good idea to stimulate some in order to get participation. This includes, by the way, the stimulation of criticism of worker action if that seems to be a valid thing to do. Not all need to be peaceful.

We have had much too much of that under the guise of "getting along".

Example. In some neighborhood programs the so-called poor have built power structures of their own. This has in some cases led to a good deal of ^{even power} wrangling as one might expect. While I do not suggest wrangling for its own sake as being particularly useful, I do suggest that if this is what is needed to work out differences of opinion, it is desirable. As I suggested in the previous section, there is altogether too much tendency on the part of many workers to prefer "peace" to action when action is what the day calls for.

A Program ought to be able to continue after the worker has left it. Programs which disintegrate when one person - particularly the worker - leaves it demonstrate the fact that prior to leaving it was too thoroughly dominated by him. His domination may have been very subtle and therefore, did not really show up until he left. The leader's job then, is to help people go on even if without help as much as possible on their own. He can do that by involving them as I have suggested earlier to the maximum of their ability.

In this presentation I have tried to suggest that the War on Poverty is an open ended program, that we do not know where it will go or whether or how it will end. The economic problems that produced it will be getting much larger in the future and I think will shape it into a much broader "War", taking into account and serving additional population groups.

I have suggested that we need to be ever more careful about the cultural assumptions we make about people, without losing our own comfort with what we are, if we are to be effective in our work. I have suggested that we must change our rigidities implicit in certain types of professional relationships and learn to come far closer - to become far more intimately involved - with the people we serve. I have finally attempted to suggest that helping people experience each other, encouraging conflict if need be, in meaningful ways will contribute to their ability to function increasingly without help.

Finally, let me say this. It is difficult to rid oneself of notions about "the poor" to which one has held all one's life and which are supported by the culture: namely, that there is something intrinsic and morally wrong with those in need of help. We all have strong tendencies to isolate ourselves from such events in our own lives and naturally, we tend to think that having achieved a little something in life, we are perhaps a bit superior to those who have not. We all have had to deal within ourselves with deep seated prejudices against racial and other minority groups. Let no man say hastily that he is free of them.

But the time has come that action is needed. I am convinced that the War on Poverty is only a small - yet vital - beginning toward what will emerge in the end. This is a population that no longer looks at social welfare as some left over residual alternative when all else has failed, but as a series of federally sponsored programs that are part of our every day life.

There are many obstacles to overcome, value-wise, economic and political. Above all, there is the obstacle of lack of ability and self-mastery by millions of people who though guaranteed certain freedoms have never translated them into meaningful behavior. To unshackle this potential is one of great contributions community action programs can make.

AFF. NEUT

ON THE CONCEPT "AFFECTIVE NEUTRALITY"

by Hans S. Falck, Ph.D.
The Menninger Foundation

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The professional person and the client who comes to him for some sort of help has been the concern of a variety of professions over a great many years. There is a long history to the problem which was neither invented nor finally solved by any given profession. The concern with the relationship between a psychoanalytically oriented therapist and his patient may best be examined first in the context of professional relationships in general and then with some attention to the specific problem that exists when a therapist who operates within a psychoanalytic framework meets his patient in order to assist him in the solution of the latter's difficulties.

The relationship between the professional person and his client has always been subject to certain norms guiding specific behavior. The three most common examples illustrating this problem can be found in the relationship between the priest who hears confession and the parishioner, between the attorney who defends or otherwise represents the interests of his client, and finally the physician who treats his patient. What all these professions have in common is the proscription and prescription of the professional's behavior, each of which and for a variety of reasons is agreed upon and taught to neophytes in order to protect as well as enable a certain relationship to be established that is thought to be of help to him who seeks assistance. Thus, the norms with which we are concerned are social norms which are promulgated and taught by more or less common agreement on the part of those who practice in a profession and/or within a particular theoretical framework. Another way of stating this thought is to observe that each relationship norm reflects what the professional person may or must supply and thus he who comes to him for help may receive from him. In other words, all

1

the major professions say to the practitioner, "We expect you to observe intellectual and emotional control over the way in which you present yourself to him who comes to you for help. You may not say or do just anything that comes to mind but rather you must guide yourself and your behavior in such ways as to maximize your usefulness to your patient."

Norms of professional behavior reflect ethical and/or technical imperatives. Thus, from the ethical point of view the patient is entitled to secrecy on the part of the practitioner and the rule further states that this secrecy may be broken under two conditions. The first of these is that the patient gives his permission for the professional person to share their secret or that when the practitioner shares it he may do so only with other professional persons who have a right and a need to know the patient's secrets. This is, of course, essential in psychiatric practice since it is increasingly multi-disciplinary team practice. However, all those who are in some way involved with a particular patient are assumed to be under obligation to keep secret what they know about the patient, not to share it even with other professionals who may not be involved with the particular patient and never to betray it to anyone not so concerned. The standard may be called "the right to a good name," and in operational terms "the right to privacy."

The present remarks are however primarily directed towards a technical problem which may be stated as follows. The neutrality of the professional person in a psychoanalytically oriented treatment relationship is necessary in order to achieve non-interference by the professional person in the freedom of the patient to achieve his own, genuine production of data for purposes of diagnosis and treatment, as well as to assure another value norm, namely, the right to self-determination in the process of decision making regarding patient behavior. The latter point is included in order to point out that in the last analysis it is the patient's responsibility, as well as privilege, to

decide upon his own behavior without having to carry the additional burdens of the therapist's preferences, judgments, and opinions. However, from a technical point of view, the therapist aims to achieve an alliance between himself and his patient that suggests to the patient that there be a joint undertaking, that is to say a contract, that would enable the patient to achieve whatever maximum freedom he can in producing thoughts and feelings, in reflecting upon them, in gaining insight into unconscious processes and to choose behaviors suitable to himself, authentic in his own terms, and productive towards eventually more functional ways of coping with himself and others than was the case before he came seeking help.

Talcott Parsons put the issue as follows:

The enormous recent development of psychotherapy, and increase of our knowledge of the psychological aspects of human relations relative to it, calls attention to another most important aspect of this whole situation. Through the mechanisms of transference the patient, usually without knowing what he is doing, not only has certain resistances, but he actively attempts by projection to assimilate his physician to a pattern of particularistic personal relationship to himself. He attempts to elicit the reaction which is appropriate to his own need -- dispositions. Though this is most conspicuous in *an affective* psychiatric cases, as noted, there can be no doubt that it is also of the greatest importance throughout the field of doctor-patient relationships.¹

Parsons has a prescription or rather a series of prescriptions to the physician which he believes reflect the patterned behavior of the latter to ensure or guard against the pitfalls in the emotionally charged relationship between a therapist and his patient. One of these prescriptions is summed up in the words, "affective neutrality." What this term means has already been suggested: the professional person while allied with the patient to ensure the latter's good, structures the relationship insofar as he can influence it in such a way that he not betray his own feelings, opinions and subjectivities, particularly around the transference and counter-

3

transference, to which all patients and all therapists are subject in varying forms and to various degrees.

This notion was left essentially untouched until more recent philosophical and technical developments in psychotherapy and in counseling came along, which are colored by phenomenological and existential tendencies that describe more recent types of therapist-patient relationships. A whole school of thought has arisen which argues for self-disclosure, as Sydney Jourard would put it,² in the name of helping. While this is not the place or occasion to explore in detail this philosophical stance with its technical repertory making the therapist more known as "a person" than a seemingly distant analytically oriented physician, one must nevertheless give recognition to this trend and be prepared to deal with it in ways other than to reject it flatly. This need is further underlined by an impressive amount of research which points out that in the judgment of treatment success, especially by patients, the theoretical framework used by the therapist, whatever it may be, appears to be of lesser importance than the personal characteristics of the therapist and the way in which he introduces these into the therapeutic relationship. No one to my knowledge has argued, however, that whether the therapist approaches a relationship from an objectivist standpoint or from a subjectivist standpoint he can say anything or do anything merely because it happens to be "honest." But it must be admitted, it seems to me, that the self-disclosing therapist injects into the patient-therapist relationship elements which the psychoanalytically, perhaps objectively working therapist, does not. And that, at least in somewhat general terms, would endanger the neutrality of which we speak.

One can argue from a social psychology point of view that a relationship between two persons can never be objective, and therefore neutral, since what is exchanged in relationships are both knowledge and feelings and one may well

4

put under both headings opinions, values and other non-neutral elements. One would thus argue that no relationship between two people in any setting, existing for whatever purpose is neutral in the sense of being value free. This is usually referred to in somewhat cavalier fashion by pointing out the obvious, namely, "The therapist is a human being too." But it seems to me that this central recognition solves essentially nothing. Being a human being still gives the therapist no license to either act indiscriminately or to avoid using himself on behalf of his patient with rational judgments, personal insight, and differential effect.

I think that Parsons, at least insofar as psychiatry is concerned, perhaps included too much in his notion of affective neutrality and therefore also said too little. First of all, there appears to be a contradiction in talking about neutrality of affect since affects almost by definition can hardly be neutral but reflect one way or another "taking sides." Secondly, one need not define the problem in terms of affective neutrality as Parsons does in order to maintain the notion that what is really meant is not that the therapist be neutral but that he gain conscious, if you will rational, control over what he places into the relationship that he wants for himself and his patient in order to maximize the latter's opportunities for treatment. Thus the notion is less a matter of achieving affective neutrality than of achieving conscious control of affect at least insofar as the therapist's contribution to the relationship is concerned. This places the problem, I believe, in the broad perspective which it deserves without denying that there are times in the treatment process where the therapist expresses preferences, perhaps even gives advice, and at the same time that there are many occasions where for perfectly understandable reasons in terms of the usefulness of the treatment process and for the benefit of the patient he consciously withholds his opinions, values and other personal attributes characteristic of him. Thus as one would view the problem from a social interactional point of view

the issue is neither to formulate a dictum which holds that the therapist is always neutral (or as some people would say, a non-person) nor one which would prescribe that in the interests and service of humanness he give expression to all that he thinks, feels or believes in.

What we do teach in all clinical professions, and particularly those using a psychoanalytically based framework is not a rigid set of prescriptions or proscriptions but a clear rule. This rule is that the therapist makes a controlled use of his affect within the therapeutic alliance which, in turn, would enable him to use a variety of techniques appropriate in his judgment, to the given situation currently existing between himself and his patient. The emphasis ought to be on the way in which the therapist makes use of himself for the benefit of the patient rather than a permissive non-normative self-revelation nor an absolutist, rigid prohibition against the revelation of affective material emanating from himself. The first is irresponsible while the second is impossible. What all of us seek, I believe, are therapeutic encounters in which we as therapists exercise self-guidance and self-control over whatever it is we produce and place so to speak before our patients. I must say that I trust this more as a basic concept than more or less rigid prohibitions or loose permissions.

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- 1 Parsons, Talcott. The Social System. Glenco: The Free Press, p. 460.
- 2 Jourard, Sidney. The Transparent Self. New York: Van Norstrandt Press.

UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK AND COMMUNITY PLANNING

ESSAYS IN GROUP WORK

THEORY AND PRACTICE

Hans S. Falck

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WORK WITH GROUPS--THE CLIENT'S PART

Hans S. Falck

I

Each person as he appears to himself and as he appears to others brings with him a physical reality. This reality is his body, composed of specific and interrelated parts which, when infused with the mystery of life, interacts in such a way as that the person appears as a closed entity, a self-propelled, adequate machine. This machine is discreet from others and there is a distinct discontinuity between each person and other persons in this biological sense. The fact that the individual person depends upon a multitude of other individuals to keep the machine going is not to be taken as indication that biologically the individual is anything but a self-contained unit.

If one can speak with a degree of definiteness about the discreetness of the human machine in the biological sense, one can be all but definite regarding the person's psychological and social situation. But one can say with assurance that in the psychological and social sense the individual is not discreet but is inter-related with others to such an extent that terms like "individual" and "group" tend to represent polar and dichotomous concepts rather than distinct, clearly definable actualities. But this also makes it possible to say that individuals are always members of other individuals who are related to each other, that is to say that individuals are always members of groups and that there is what we would call the social situation. It is the group situation and to some extent the psychological situation of the human person with which we are most particularly concerned in social work.

Whether the client sees the worker in an actual face to face group or whether the client comes to the worker as a single person sitting in his office,

it is my thesis that he - the client - brings his groups with him. And, of course, so does the worker. When there are several people in a room who interact with each other under the guidance of the worker, we can speak of the "seen" group. When, as in a casework situation, the only two people in the room are the client and the worker, we may speak of "unseen" groups. But even in those situations where there is a "seen" group, each client or group member still brings with him a myriad of previous experiences in groups other than the one in the treatment situation and in that sense, of course, the treatment group member also brings with him his unseen groups. However, there is a considerable difference between two people talking to each other in an office, the one being a client and the other being a worker, and a group of clients who are interacting with each other and the worker. In the one situation the worker's social work activity is social casework while in the other it is mostly social group work although it is recognized that it could also be a community organization practice.

One way or the other the social worker deals with how people get on with each other, whether one client is in the office or several of them are in the room. The focus, its interest and its emphasis is still on how people get on with each other. In this sense the fact that only one client may be there or that ten may be in the room is quite irrelevant. The fact that it is a social work focus is not determined by the client(s) but by the goals of the agency, the skill of the worker and the commitment of the profession.

I think it is perhaps instructive to draw some comparisons, however, between the role of client and worker, depending on whether one client is with the worker as in the casework situation - with all his groups elsewhere - or whether a number of clients are in a room with a worker and at least one of his groups actually present.

I am proposing that the client engages in a variety of activities, most of which are similar as well as in some which differ depending on the worker's method.

The Client as Reporter:

I would propose that first of all, all clients are reporters. They bring to the treatment situation the experiences of their past either through verbal explanation or other forms of behavioral report. This is what is usually expected as the worker either asks or otherwise encourages clients to report who they are, what they think and feel, what their dreams, hopes and sometimes fantasies are and how they see the world and themselves within it. In this process there is a distinct past - and present - orientation in the worker's approach to the client but much more importantly, in the client's approach to himself. For, one way or the other, the client does reveal, sometimes in very graphic ways who and what he is. Even if he is very self-conscious about how he would like to appear, he is relating to his past experience and evaluatively searches it in such a way that he appears to the worker or his fellow clients in a light which is real to himself. This may be a positive or a negative picture, it may be full of joy or of pain and is usually both. Whatever it is, the largest majority of clients put some investment into the manner with which they interpret the experience of their past lives in words and actions over which they attempt some present control and which they evaluate as being in some way as true. This includes those who come in great difficulty and pain and who through the use of defenses and other mechanisms of control attempt to give a picture of themselves that they can live with and which they suggest is believable or should be believable to the worker and to the other people present. In his actions, in his words, in his manner of expression, in what he sounds like, feels like, and looks like the individual gives an account of himself that is related to his early experiences.

I think that this accounting or self-description takes place no matter where the individual goes and obviously takes place whether he is relating to a

worker alone or whether he is relating to group members plus a worker at the same time. To some degree, of course, the individual can control this accounting but in some ways he has no control over this at all. The most perceptive among the group members as well as workers will pick up a great deal about him and the most imperceptive will miss a great deal, depending somewhat on their sensitivity and on what they wish to look at or overlook, this being in turn tied up with their own needs. Nevertheless, it is a rare occurrence that an individual would not make some kind of an impression upon others, be it ever so thin or be it ever so profound, which is really demonstratively related to this earlier past. This is in effect what is meant by reporting about himself. It is, of course, true that this reporting is not a finite kind of behavior. Obviously it goes on all the time. In any case, the individual "cuts a picture" and that picture makes its imprint and impression upon those who are with him, around him and who in a social and psychological sense become a part of him.

The Client as Re-Enactor:

The second role the client plays is that of the re-enactor. This concept of re-enaction is closely related to the more psycho-dynamically known concept called transference. In this situation the individual client whether he is with a group or with a worker alone projects upon those present some of the qualities which he has perceived in his relationship with others prior to the social work situation. In other words, he tends to "find" people in his present social situation who in some way "remind" him of earlier relationships with other people. Most of this is unconscious. Occasionally, as in some kinds of treatment situations, the client may on his own become aware of this or may be made aware of it by the worker. But, on the whole, re-enactment remains an unconscious process although the sensitive social worker usually has little trouble "picking it up." But the point is not so much whether one looks at this psychodynamically or in some other way but that

again depending on his past experience the individual, whether with the worker alone or as a group member, plus the worker, tends to treat people in the present somewhat in the way in which he has treated previous others. However, there is a distinct difference visible between the group situation and the casework situation when it comes to re-enactment. In the casework situation the worker becomes an only focus of the client's re-enactment, since there is no one else present whom he can use for this purpose. Since the worker is only one person and has a rather specific meaning for the client, some of the re-enactment may not be a true reflection of how the client gets along with many other people outside the casework situation. In a group situation where a whole variety of persons are present, the client can "pick" so to speak, whom he will "use" for what kind of re-enactment of earlier experience. The fact of the matter is that clients treat each other in differential ways depending on who they themselves are, but also importantly depending on who the other people are and what their availability is in terms of their personalities and meanings as are reminiscent of the client's past life. In other words, if the client has a larger pool to pick from, when he has a number of people available whom he can use for his re-enactment purposes, he will quite often, indeed is encouraged, to use as many people in the group as possible with whom to interact and thus meet his needs.. He does then meet his needs, indeed, by trying out to an extent his past experiences with other human beings. His behavior with them is relevant and must eventually be acceptable to the human beings with whom he is in a room at the present time. He watches how they react to him in turn. In a very practical and empirical sense they tell him whether and when he is indeed acceptable to them and therefore tell him also whether or not to "use" them in the ways in which he has reacted to other people prior to coming into the group. In other words, he tries to re-enact earlier experiences with other people upon those who are in his present reality. Suffice it to say that the group situation does not only include the worker as is true in the casework situation and where thus the worker has to infer a great

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deal from what the client tells him and how the client reacts to him as a worker alone. The group situation provides the actuality of letting client and worker and other group members see much of what an individual's behaviors are so that they need not be reported exclusively verbally or re-enacted upon one person (the worker). Rather, the social reality is considerably broadened, much more immediate, and in a sense much richer.

The Client as Planner:

The third role that we see the client play both in the group as well as in the individual casework situation is that of being a planner. Social workers are much acquainted and concerned with the role of the client as the planner. Especially since the publication of Helen Harris Perlman's Social Casework, A Problem Solving Process,¹ social work has become more and more aware that it is a problem solving process, involving relationship between the individual worker and his client or clients. Problem solving includes planning for the future. It includes an assessment of what there is and what there could be and how one might get there. It is the worker's purpose and role to help the client as much as he possibly can in this process. However, there are some differences between whether this will take place in a group or in a one-to-one situation. In the one-to-one situation the client as planner for what he will do in the future has to discuss his purposes and intentions somewhat in the abstract. He can discuss them only in the reality of the client-worker interaction. But since the client is not in treatment in order to get along better with the worker but is in treatment in order to plan for how he will get along with people other than the worker, the client can only guess or predict or propose or hope that when he

1. Helen Harris Perlman, Social Casework, a Problem Solving Process (Chicago, The University of Chicago Press, 1957).

finds himself out of the treatment situation he will indeed do as he planned within the treatment situation. This is very different in a group setting. His acceptable behavior in the treatment group may or may not find its counterpart outside of it in other experiences. And not only can he carry out immediately what he wants to do but he can do the very planning itself in interaction with other group members and can see how they react to him as an individual. In turn, of course, the individual client reacts to other clients who go through the same process. To a considerable extent also, group members look to the worker for reassurance or for criticism or some kind of other evaluation. They are also considerably concerned with the evaluation they make of each other's actions while they are in the actuality of the group within the social agency and within the presence of the worker. In other words, the social reality that the client has to deal with outside the agency exists very considerably in the agency itself, namely in the agency group. In the casework situation, the "outside" reality with which the client needs to deal exists only to a limited extent in the agency situation and only to the extent that casework treatment itself represents a certain kind of social reality. At the same time, the "real" social reality, the real test for the client's effectiveness lies outside the agency and therefore is not immediately available either to the client or for the worker for any kind of evaluation other than a ^{verminder} surmised one, a hoped-for one and at a later date a reported one. In a group situation, planning cannot be done unless at the same time the individual is ready, is indeed forced, to come to terms with the other group members who will not wait until later but will be under no ethical or other obligation to withhold their judgements and to defer them until later render them on the spot.

The social worker has the professional and ethical obligation to use himself with a discrimination defined by his role, his agency, by his profession. And having said this, I would speedily add that the worker's "unseen" groups influence

his work - even invade his sessions. To the degree that they represent health, perhaps they ought to do this. They always do play this role - even when not healthy. Yet, the members of a client group do not have a worker's obligation and they treat each other to a very considerable extent as they would treat anybody else outside the agency. This exposes the group members to each other and in a sometimes very open way. This holds the tremendous advantage of working with groups for not only can the client report back what happened to him but a worker was there to see what the actual impact is upon the individual client's life. If then the worker wants to see the individual client after or between group meetings, there is something "real" to go on. However, this is frequently not necessary for the worker can help the individual within the group come to terms with the reality of the group's presence while the group is in session. This is the purpose and the method and the skill implicit in social group work by social group workers. In other words, in the casework situation the worker is the only other social agent present who can react back upon the client. In the group situation the worker is one of the social agents present while there are a good many other social agents who make their imprint felt upon the individual client also. This, then, perhaps illustrates most clearly the significance between the "seen" and the "unseen" group.

Perhaps it is necessary to point out then that it is in some ways much easier to get a realistic view when there is a "seen" group. The very fact that the group is not seen, I would suggest, makes it all the most important for the worker to be aware that he is not dealing with one person at a time who belongs to a social context that he can only symbolically and figuratively bring him into the casework situation. It nevertheless exists in many very important ways outside the casework situation. It is a very difficult thing to relate one's self to something that is not present in one's view; it is much easier to theorize about it and to

talk about. The techniques and means are difficult to get at except that it is perhaps helpful to suggest that the very meaning of the word social in the words social work relate to group life and group functioning and a joint evaluation by client and worker of the client's efficiency in using that group life to his and other people's purposes.

Implications:

From what I have said here, I would suggest four main implications.

The first implication is that all clients live in groups. This is what is being meant by the word social. It means that the worker, whether he is group worker or a caseworker must focus on the client's major reality and that is his getting along with other people. This is what group life is all about and this is what the worker must primarily keep in mind. This does not mean, of course, that he must always talk about the client's group life but it seems to me that even if he discusses at great length and perhaps in some psychodynamic depth, the personality components of the individual client, he nevertheless starts with a reporting by the client of his past, its re-enactment in the present and a planning for the future. In other words, the worker would start with the client's social reality as either reported or acted, might perhaps get into some psychodynamic depth on questions of motivation but in the last analysis always end up again with social rather than psychodynamic consideration. It is these social considerations which I think of and am proposing here as considerations of group life.

2) The second implication is that all clients demonstrate their group life by (a) reporting, (b) re-enacting in a psychodynamic sense as well as in an actual behavior sense, and (c) in planning, namely, deciding what to do with themselves in a future situation. That future situation may be an hour or a day or a year away, but it may also be only a minute or a second away. It is always in some situation to come. Again if the method of choice is casework, then the future

upon which the plans are made are the time-wise further away than in a group situation. In a group situation that future is much more immediate, but it is nevertheless the future. In the casework situation the worker helps the client project on the future while in group work the present is sufficiently like the future and sufficiently like the client's other experiences outside the group that the worker and the client can both see the client's behavior in natura. It is in the in natura situation which makes it so much more readily apparent what it is that the client is going through, what it is that he had to deal with, either created by himself or by others but as already said in the last paragraph, in some sense the present is also always a future and it always pre-supposes in a social work situation especially, some kind of plan, some kind of projection towards some kind of behavior which is more satisfactory than the one of the past. Beyond a certain point one can argue the differential line between the present and the future, but I shall avoid that argument here except to indicate that what is now always gives rise to what is coming. Where the "now" and the "coming" differentiate or overlap I shall leave to others.

The third implication of what has been said here is that in groups there is 37
an immediate accountability for behavior while in the casework situation the immediate accountability exists only insofar as the caseworker evaluates with the client the effectiveness of what the client is doing in the present and perhaps only verbally and projectively what the future-oriented behavior of the client will bring in reward and punishment. It is the genius and the nature of the group that there is no real postponement of the effects of the individual's behavior. Groups tend to react right away, visibly, and sometimes loudly either in silence or words. Any worker who has ever worked with a group can perhaps understand what I mean when I say that the group can react loudly without words. Most clients, unless they are very insensitive, understand that also if they have had an experience in groups.

People talk to each other, look at each other, speak words to each other, formulate the words in certain ways with certain tones, leave out some words and put in others - and let the individual member, and that includes the worker, know at all times who stands how with whom. There is an accountability and an evaluation implicit here that is immediate and to the sensitive observer hardly postponable.

The fourth implication of what has been said here is that in the casework situation it is the worker who confronts the individual with his behavior and to some extent interprets it to him, while in a group work situation especially, the confrontation is done mostly by the group members themselves. Group members may do some interpretation of the meaning of each other's behavior, although a good deal of this can be done by the worker if he so chooses and he thinks that this is appropriate to the situation and helpful to the individual as well as to other members of the group. Once again one gets the sense of immediacy to which we referred in other parts of this paper.

Summary:

The "seen" and the "unseen" group then are, I would suggest, important considerations in working with people on a one-to-one basis or in a group. When we say that we work with people in a group, what we really mean to say is that we work with people in a group, what we really mean to say is that the group is present in a face to face reality. Obviously, however, the fact that a group may not be physically present has important implications for social casework practice. It would be a gross over-simplification to say, as I am afraid that we have sometimes implied, that merely because a group of people is not physically present the worker does not need to take it into account when he works with one person at a time through a casework process in his office. I think we have shown at least implicitly what an individual must go through, whether it is within the agency or outside the agency. For while it may be true that in a casework

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TIME IN WORK WITH GROUPS

by

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INTRODUCTION

Every frame of reference for social work practice must in some way come to terms with the concept time. Time is implicitly defined in the use of words like process, dynamic, emergence. Time suggests basically a physical idea, namely that the cosmos is in perpetual motion and never reverses itself. Time suggests that the past is "used up," the present always "here" and the future ever in coming. Time suggests furthermore, that nothing can be retarded or speeded up: the cosmos moves at an uncontrollable pace in an untouchable course. For people time suggests growth, usage and death: it reflects the metabolic phases of nature especially, man.

Man is both part of the cosmos and its guest. He is a guest because there is a host: the much larger and powerful universe that subjects man to its laws. There is no reciprocity here, since man appears infinitely small and powerless in relation to the cosmos that gives him his ride. He, so to speak, sits on top of it. Its motion is he has been unable to influence to say nothing of controlling it. Aside from the unevennesses of power between man and the physical universe there is motion. And motion, just like the mountains, the water, and the sky man cannot control. At best he is guest, at worst he is victim, most often he is explorer, investigator, and much of the time he just wonders.

Thus part of the universe and powerfully aiming to control it, man has choices to make. He can either bat himself against the uncontrollable, the physical and temporal; or he can concentrate his energies on that which he can influence even if it seems very small by comparison: himself. Social work is a way of helping man influence himself as part of others.

To influence man, men behave. Behavior has purpose. It is maintenance and perpetuation of man within the dictates of the physical laws of the universe. Whereas man cannot change the fact that it takes him "for his ride," men can influence

their relations to each other. While man is helpless -- in the sense of the fact that he moves, liking it or not -- he can influence the qualitative aspects of his relations, i.e. the way men change each other. This is the purpose and the outcome of human behavior.

There is so little non-interactional behavior of consequence that behavior is used here always in the sense of "interactional" or "social." Social work's purpose, therefore, is to influence behaviors, to render them qualitatively valuable and therefore effective. When social workers speak of movement they do not mean physical motion. Rather they suggest that behavior has 1) changed; and 2) for the better or worse. Leaving out that behavior has changed (it always changes because the body changes as a result of physical motion) what remains is a statement about the quality of life, the fact that change in behavior is valued. When social workers say that a person has not changed they mean not that a person is exactly as he was but rather that he appears to have remained steady, that he copes with demands made on him in patterned ways. Sometimes it is desirable that these patterns, these steady change to different ones; very frequently that is not necessary at all. People in such circumstances need help with the solutions to particular difficulties that arise but no long range pattern-focused modifications in their behavioral qualities. To say when one is more necessary than the other is part of exploratory aspect of working with clients.

In this essay we shall view time from two standpoints. The first is named sequential time, the second concurrent time. A subsidiary purpose is to show how the treatment of time according to either style affects social work as seen through the role of the worker.

Principle # 10

Preferred statements about social process harbor preferred definitions of time.

Sequential Time and Concurrent Time

Behaving men are ever becoming. Having behaved in some way one never again behaves the same way. One might behave similarly but not identically.

Most definitions of time suggest that human events are time limited, e.g. have beginning, middle, and end. This is the case in the most widely known theoretical approach to crisis.¹ However, another view of crisis stresses life styles rather than time limited events. It insists that events do not really exist, only occurrences do that meld into each other in a never ending stream making it both impossible and undesirable to distinguish them as time limited events, one from another.² Individuality-Groupness (I-G effect) strongly tends toward the latter approach to movement and time because it, too, insists that men are constantly experiencing -- other persons and ourselves in a lasting process of becoming part of each other, but always in the now, never in the past and never in the future. It supports the idea of becoming . . .

All approaches to time place relative emphasis on sequence and on concurrency, neither totally excluding the other.

Time as Sequence

For most purposes time is thought of as occurring in three sequential phases: past, present, future. What has been, what is, and what is to come are descriptive of what is meant. Any occurrence preceding the present is "in" the past, anything following "in" the future.

Central to notions about time is the work "is." It "is" such and such a time. I "was" home then and I will "be" home later. Memory, awareness, prediction, correspond to each "time." Thus anything that happened can be remembered unless forgotten; some events can be predicted. Correct prediction of coming events is highly valued and universally endowed with prestige for the seer, the scientist, and the magician.

Time is actualized as humans behave it, such as remembering occurrences in time, to look into the future through planning. It really means little in everyday life unless spoken of in the language of events. It makes no sense to say "yesterday." We are not instructed when we observe "tomorrow exactly at noon." There is a "what" that fills time and it is only then that time makes sense, that a statement about time communicates anything of usable significance.

Discussions about groups frequently end with the way they began, namely that group interaction is a process. Many clichés are used to say so. "Nothing stands still" is one. An interesting paradox is contained in: "All situations are dynamic."

a) Is

The word "is" cannot be eliminated from the language. One reason lies in its *Verbreitung* pervasiveness. Another is psychological in that the word and thought "is" lends definition to situations and definiteness in time and space. We are, of course, brought up to think of time in "is" terms. There is tension between the security of "is" and the strong desire to see existence as dynamic. This has to do with partialization. It is impossible to grasp everything at once, be it time or behavior. We therefore partialize, that is to say organize events into manageable pieces even if for no purpose other than to get hold of some time of time.

Professions that follow disease models describe courses of disability, illness, cure. What is most noticeable about them is the sequential definition of worker activity, be it social worker, physician, psychologist, as well as an increasing host of other professionals patterning their activity after the physician. All follow the following sequence of events: study, diagnosis, treatment, re-study, re-diagnosis, treatment . . . Viewed from the standpoint of time it is evident that study comes "first," diagnosis "then" and "finally" treatment. The inner logic is self-evident. It is step-by-step approach. It follows order. The steps

are identifiable and they are clear. It is universal. Practically all members of the professions mentioned start out by requesting the patient, student, client to tell what "happened." All consider this question of central importance to the performance of their tasks. There are two major reasons for the practice. First, treatment decisions and prescriptions must be based on facts, i.e. on differentiation of data. One must give the right medicine, advice, suggestion for the specific situation of this patient. The professional must know what ails and what is healthy about the person. He studies, he explores, synthesizes, abstracts, diagnoses for condition and for cause.³ Second, the need to know assumes the right of the professional to assume in turn that he knows what is good for the patient, client, student as consumer of professional service. Even when the patient knows his symptoms it is always assumed that he does not know what they mean. Self-diagnosis is severely discouraged, both from the standpoint of safety and because of the need for professionals to protect their monopoly. To do so anyway is seen and resented as an invasion of expertise which professions claim and fiercely protect. At the present stages in the development of most professions this is still not a problem of justice; it is a matter of fact. Social work is both the historical and the present exception.

The whole course of curing whether directed at the measles or at some social dysfunction includes evaluation of treatment as against diagnosis. It is both an intermediate and a final step. In the intermediate form it appears in the sense of re-study and re-diagnosis. In the final form it follows all treatment efforts, taking on the character of predischARGE examination or autopsy.

The sequential approach to time expressed in the form of study, diagnosis, and treatment corresponds closely to general problem-solving sequences. Identification of problem, exploration of problem, action-type intervention, and evaluation

are almost nothing more than differently worded re-statements of the disease model words study, diagnosis, treatment. The same is to be said about the "steps" in scientific method which with minor variation follow the same general patterns of thought as well as procedure.

b) Cause

Time is, of course, clearly visible as a dynamic in any discussion of causality. "We are the products of everything that has happened to us, especially during the first five years of our lives" is unquestionably one of the most popular illustrative statements and cliches. So is the opposite: "people change throughout their lives, they are not fully predestined by the time they are five". The assumptions about time are exactly the same. "Treatment will need to be long-term because of the nature of the problem" is a statement implying cause (difficult problem) and effect (prolonged treatment). "He hit you because you hit him first" says mother. "No, he hit me first" says son.

However valid or persuasive these observations may be in relation to their application in work with groups, there are nevertheless choices one can make in the use of the concept time. While utilization of time sequential approaches are both inevitable and fruitful, we doubt they are the only useful ones. We should like to present an additional view and point out its logic in relation to social work generally and to group work in particular. Again, we emphasize that what has been discussed is one approach to time.

Principle # 11

Sequential problem solving in group work favors a type of worker activity that also stresses sequential views to time. The central logic in sequential approaches to time is continuity.

Time as Concurrency

The usual manner of starting a group after the preliminaries and the contract have been explored is to ask "what happened that brought you here?" An alternative is to say "what do you remember that accounts for your being here?" The first statement implies that some event brought the people. The second question talks not of the event but of the people. The second question places heavy emphasis on client action, while the first mentions a fact and a client response to it (coming for help). From the standpoint of time the second question stresses the "now". It is as if the worker has said "What do you remember . . . now . . . that brought you here."

An example from the beginning of a group session will serve to illustrate.

W: Let's start the session by talking about what I said to you in our individual interviews about the purposes of the group.

The primary emphasis lies in the importance of knowing what the worker said. The worker might think it both interesting and necessary to know how accurately clients remember the facts (what the worker said in the interviews).

As to the alternative:

W: What do you remember we talked about in our personal interviews regarding the purposes of the group?

The stress is on three elements: the clients, the worker, and on their behavior. It does not stress objectives knowing of what happened but rather what client and worker (now) remember. It is as if the worker said "who are we now?" It also stresses that worker and client exist together in time (again, now); that the remembering is ours, not the worker's. The implication is that persons act on what they presently remembered, not on what happened. The worker does not aim to ascertain Truth.

Remembering is behavior (according to our earlier definition interactional as between clients and worker). It is an example of what is meant when it is said that worker and client are members of the same group (I-G effect). The worker's opening comments thus seem to suggest the following: "Let's figure out what kind of relationship we perceive for ourselves as we now view it."

Remembering and acting on what is remembered is present behavior. Speculations about the future are present thoughts. Group membership in I-G terms are always meaningful in terms of present relationships (in what ways men are part of each other). They surely change in content, in effect, in style, but whatever goes on in the group goes on now. I-G manifests itself in confrontations containing social judgement. Whenever it manifests itself in defensiveness it is meaningful now. When it is in the cooperative style it is also now. Time is neither reversible nor can it be speeded. Whatever time it is it must be now, for time for humans means behaving . . .

I pointed out earlier the remarkable rationality with which sequential approaches to time proceed. We noted the implications of this from the standpoint of problem solution and scientific method. Surely, it is not all rationality that governs. When persons interact it never does. Nevertheless it must be admitted that the strain in such models is toward the objective, not toward the experiential in subjective, feeling terms. In here and now approaches, to the contrary the strain is also toward rationality but it is the discipline of will rather than of intellect that is stressed. When time is treated in the concurrency style, i.e. when all that happens happens in the present, there then occurs a fusion of all experience. The content of it is knowledge, feeling, self with other (I-G), in sum the totality, the fullness of all that people are, the latter in the sense of experience. This includes specifically

the spontaneity of self-expression in itself the result of a finely disciplined will, of consciousness of self in the most secure possible sense. It provides persons with the freedom to express fully, to feel and experience the totality that is not only each person but of all as part of each other. What is experienced -- known and felt -- by living, vibrant persons is what makes each now truly now. The experiencing fills, provides the moment. The persons "open up", feel their totality within themselves as simultaneously they belong to each other because they are each other in a special way -- their way. Persons thus do not only look at each other, do not only observe, do not only hear sounds: they absorb. In the experience of the absorption as each moment melds into the next blurring boundaries of beginnings and of ends lies the meaning of the otherwise so pale and austere, even lifeless terms: now. Nothing is certain as persons feel themselves as well as think in that never ending movement. The only certainty is the consciousness of each, in control of himself, steering his ship as part of others, taking the risks of uncertain next phases . . . Filled with anxiety, having lost each moment to the next without ever knowing what is to follow, his will tells him to move on . . . and he does. He cannot do otherwise for if he falters because he lacks discipline he will move because the cosmos moves -- without his control of his direction. Thus he battles the constant tendency to be swept along, losing mastery. The constant awareness of now is the sharp command to stay on top, not to lose direction. He is helped in that effort for man is not alone -- though he may in fact be lonely -- but part of others as he is of them. They do whatever must be done together, each in his way. Intensity, intimacy, integration characterize the existence of them all. Rational knowing becomes willing, and willing makes for the personal discipline through which alone man can be free and spontaneous, feeling affect securely rather than as threat upon the personal integrity all men seek.

The inability to feel personally secure as part of others is the disastrous evidence of Twentieth Century America. The crippling effects of failing to experience the intensity of each here and now results in failing to learn presently from the past and makes impossible as present thrust into the future through planning. The tight-up chase for mirages that characterizes millions betrays our failure to absorb deeply and intensively that there are no individuals. The insistence that workers with groups must be objective, i.e. remote says that we say we want to help and fail to trust ourselves to do it. It is not that we do not know what is to be done. The words are all there. So is the fright that in trusting we can be attacked, and that in savoring the moment as part of others we might be overwhelmed. The answer then is to remain dispassionate and merely reasonable -- and irrelevant.

Method in social work as in other professions is subject to the over-preoccupation of people living in a technological society where "fixing it" is important. This holds in social work as in TV repair. The latest techniques are eagerly embraced and adopted and are sharply dropped when something else comes along.

Crisis theory reflects the same need for cloture. ^{"Schluß der Debatte"} Aside from its great usefulness as related to resultant short term treatment it is also remarkable in terms of time. It embodies a strictly sequential mode, stressing identifiable beginnings of a given crisis, its course during which the client is highly susceptible to therapeutic influence and its end, pegged at about six weeks after onset. Crisis theory has had important influence on the re-evaluation of long-term treatment courses. Important research has recently shown the efficacy of short term treatment, in some ways a derivative of crisis intervention.⁴

Yet crisis has other meanings as well. They are not nearly as precise as in crisis theory, nor are they culturally as acceptable in America as something that begins, has a middle,* and an observable end. This is crisis in the sense of

Sequential ways of thinking about treatment may be conceptualized horizontally. Concurrent ways may be viewed as vertical. Sequentially, "time elapsed" is of importance in order to give the treatment undertaking an opportunity to be conceptualized with a sense of continuity and of order. It is a logical device yielding precision and a practical one yielding distortion. Reality is not like that. It also contains a strong quality of "everything-that-happens, happens-at-once" to it. Thus also, there is real logic in viewing the worker independently thus understanding him as scientist. It is also highly illogical since he never exists functionally speaking apart from those of whom he is a part, namely the group of interaction. Not science but his will controls him there.

It is merely common observation to say that large processes to be studied must be partialized. This corresponds to the views of those who take sequential time style as their model. When faced with the demands of the concurrent here and now such persons qualify the earlier statement by pointing out that study, diagnosis, and treatment do in fact take place at the same time. Yet that is not what the words really say. Partialization in social work is tracable throughout the history of social work, especially clinical social work to the model that has guided its development. It is the reliance on disease models, medical models that lies at the root of the problem. The utilization of medical psychiatrists for consultation, teaching, advice; the ancillary role of social work in host settings -- particularly psychiatric and medical -- has left its mark. The deterministic character of psychoanalytic reasoning is its central logic. Gradually, as social work develops additional thinking styles emphasizing its own logic, styles that fit social work purposes and mission, does it become apparent that social workers do not treat illness but rather influence behavior. The closer one comes to clients in influencing their behavior together with one's own, the greater the sense of the present. The worker who views himself

suffering. Suffering is used in the sense of "to allow" involvement, commitment. It is an open-ended notion from the standpoint of time and it holds that crisis is not an event as pointed out earlier, but rather that it is to be viewed as a style of life. According to this view all living is crisis.⁵

The emphasis on needing to deal with what happens in a group as it occurs has been observed clinically by many practitioners. A worker and other members must respond in some way to whatever happens. A delay in responding is itself response. Members, especially client members are under no obligation to work toward worker objectives.

All experiences are incorporated and made part of the interacting (behaving) persons. In this sense, also, we see another view of time, namely that that which is incorporated lives on far beyond its initial occurrence. With the reminder that psycho-social relations are symbolic, rather than physical in nature it can be seen how one may indeed argue for the ongoingness of experience in time.

Practice Implications

The usual social work approach to study-diagnosis-treatment describes a series of worker activities. In reality this is a rather impossible way of working in groups. A group work frame of reference comes close to demanding that mutually between worker-member and client-member exist. "I am now studying," "I am now diagnosing," and "I am now treating" leaves out of explicit discussion the client-members. It sounds like an extra-social undertaking. We would argue the efficacy of a different approach. This is that group members (all members, the worker included) together reflect on their behaviors in the group in their attempt to improve their functioning. This is the assessive dimension of group behavior. It is also something else. Members are changing as behaving persons by virtue of and as they assess. Therefore, members at every turn seem to be saying "this is who and what we are . . . now."

a member of the group -- with his own role intact -- presses himself to deal with what is presented in the group as it occurs.

Principle # 12

Relationship (I-G) emphasis in social work practice favors Worker-Client mutuality, stressing the concurrent aspects of time.

The reconciliation between present reality (concurrency) and historical determinism (sequentiality) is aided by Polanyi's concept emergence.⁶ To emerge means to unfold, to move, develop, come out of something previously real into something not yet seen. Thus, a group can be viewed as being in motion, enabling us to see it at various stages in its career. There is continuity without cloture. Thus, the words "stages of development" when applied to social work groups mean that we may recognize certain rhythms and derive a sense of organization in viewing the group. A person who undertakes to do so does, of course, change himself even as he views a group's development. It is in fact a particular "he" who sees a group's development. Thus he is autobiographical as he describes what he discovers about the group. Emergence suggests, therefore, that both the viewer and what he views are subject to the same movement, that there is always something yet to be discovered and that in the process both what is to be discovered and he who does it -- change, i.e. emerge. Any given moment during which all this takes place is called now.

The occurrence sequentially as well as concurrently of joint observing and judging, characterized further by mutual reflection, remembering, planning -- may be called social work.

Summary

All descriptions of human experience as well as human experience itself imply some definitions of time. Awareness of what these are influences professional influencing styles. Time is conceptualized physically in the sense of a moving

cosmos. Analytically it may be seen as sequential containing the logic of continuity and concurrently containing the logic of present experiences. Both always play roles helping processes, although with varying emphasis depending on the style and intellectual convictions of workers. Emergence encapsulates both.

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⁴William J. Reid and Anne W. Shyne, Brief and Extended Casework, New York: Columbia University Press, 1969.

⁵See Falck in Proceedings, op.cit.

⁶See Michael Polanyi's discussion of "the logic of emergence," in Personal Knowledge Towards a Post Critical Philosophy, New York: Harper Torchbooks, 1964, pp. 393 ff.

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BASIC CONCEPTS IN WORK WITH GROWTH ORIENTED GROUPS

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INTRODUCTION

The study of scholarly literature relevant to group work practice reveals that since 1960 there is increasing interest in the theoretical aspects underlying practice. Various theoretically based points of view are now fairly well identifiable. "Schools" have emerged. To the extent that such developments result in more disciplined practice they are most welcome. They also set standards for subsequent scholars as they appear on the scene, for it is rightfully ever more difficult to convince the best practitioners that practice without disciplined thought to guide it is desirable.

The clarification of concepts basic to practice may result in scholarly elegance. This is a value well regarded. It is not enough, however, unless it is also applicable to practice situations and that in turn the quality of social work service reflects it. Application distorts theory, however, since the practicalities of actual human experience never correspond to the sophistication of library and desk. This results in the thought that concepts must have a certain level of generality and for two reasons. They can thus absorb the "roughness" of actual experience; and they can be applicable to somewhat differing situations in which actual experiences with groups take place.

The aim in the following essay is to present what are essentially two ¹¹ concepts. ¹ The first is that of the human group. ² The second is that of the social worker. Both are necessary, though not sufficient, to an understanding of group work practice.

All group work rests on some notion of the human group. Yet not all definitions of the word group are relevant for group work practice. They do not necessarily fit the requirements that demand an understanding of the group and the persons in it in group work terms. The same holds for the idea called the individual. It is noticeable that while sometimes writers define the word



groupness (the I-G effect) and explained in some detail in the essay itself.

The Human Person and the Group in Social Work with Groups.

I have shown that into every act of knowing there enters a passionate contribution of the person knowing what is being known, and that this coefficient is no mere imperfection but a vital component of his knowledge.¹

The author of these words, Michael Polanyi, views the act of knowing in two ways: discipline and subjective involvement. When he proclaims that he rejects "the ideal of scientific detachment" he does not lament the impossible but rather proclaims that activity that is the alternative. This is the involvement of the knower with the known.

An essay that treats the use of group methods is automatical one that deals with the methods of human involvement. The subject matter is people who with a few others expect something to happen, events to transpire, the outcomes of which are desirable. What is desirable and who determines it must be given some thought. By whatever definition, desirability of objectives in human relationships depend on the kinds of involvement of the knowers with the known, where everyone is known to himself and by others. However complex the language that describes small group interaction, the confrontation of persons with each other is irreducibly central. The confrontation may be dramatic. Verbal proclamation, a whisper, a brief comment identify persons to each other.

Physical activity like shifting in a chair, leaning forward or backward, resting the chin on the hand convey messages, cues to those who perceive them. Verbal and physical confrontation are the essence of communication. The confrontations announce to those who somehow hear, feel, see of otherwise sense them that each person is "here" and at any given moment identifiable by them. What is communicated is that "I am like this" by the verbal and non-verbal

behavior, that "this is what I think of myself" (or of "my" behavior). The respondent communicates the same about himself. The essence of confrontation occurs where both (or several) indicate what they think of each others' behaviors. Every behavior is a statement both about oneself and about others in the group. This is assumed to be so regardless of the specific ^{Thema} subject being discussed. The main concern is not with subject matter but with the people who interact. The subject comes to life as it is articulated or acted on by living persons. A "subject" is dead until used by human beings who make it theirs.

Principle #1

All human experience is subjective, i. e. personal.

What is communicated, how it is communicated, what feelings as well as knowledge it provides for the others who perceive it, enters into the manner that governs the development of a group. This is a matter of social judgement. Social judgement is the production of opinions, spoken and unspoken, on the part of the group members involved with each other. The crucial point is in the word social. From social judgement flows action or response.

Two essential pre-requisites govern our conception of a small, human group. The first is behavior with and among others; and, the second, the exercise of social judgement.

When group members come to opinions and judgements about behaviors, certain consequences result. One is that members become aware of action and of interaction. Another is that despite the fact that many ideas about norms and deviance are brought along from other group memberships, each group makes its own norms based on its own experience with their application to itself. Further, the presence of social judgement is a necessary condition for change in behavior.

Peers almost always modify behaviors under each other's pressure. The awareness that others judge one's behavior brings about at least some consciousness as to how they are perceived by other; and when these "others" are deemed significant for one's welfare people "line up" their behaviors in order to gain approval. Social judgement plays a censorship role in a person's behavior in the group.

Social judgement is a central act in the rearing of all people. Wherever the aim is to "produce" certain kinds of behaviors in people, such as in professional schools, judgements suggest to the neophyte ^{Neophyte} what is expected of him by those who are ahead of him; it also makes it possible to identify whether and how far behavior has changed under the pressure of the group experience. All therapies in groups, regardless of the theoretical base upon which they practice evaluate "before and after" behaviors. It can be seen how central social judgement is to assessment influencing of others' behaviors, and to evaluation. Social workers and others make social judgements. Any group of clients can and constantly does describe how particular members have "moved". The group is the judge of its own process.

Principle #2

Social Judgement is the central maintenance process in groups and leads to the ongoing development of group norms.

Movement, that is to say, change in behavior is spontaneous in groups. The fact of exposure, even when relatively superficial, results in coping; in adaptation, in taking notice. Behavior change in this sense is a product of presence behavior and time. Presence is never a meaningless act. Presence is never "just" physical. The widely used comment "I just sat and observed but didn't do anything" betrays insensitivity to group process. To a similar category belong statements such as "I am merely an observer taking notes" and "I didn't want to interfere, so I did nothing."

All presence has impact on all group members. The presence of all sets up the task of having to be coped with; and whether or not one would judge the manner in which members dealt with all members good or bad, helpful or not helpful, the presence of human beings with each other brings about socially induced movement, that is to say, change in behavior. Ignoring, scape-goating, "eliminating" members are means of coping with each other. All induce changing behaviors. As long as persons face each other in a small group, take each other into account in some way no matter how minimal, change takes place. Nor must interaction necessarily be a matter of word language. People observe each other in silence for long periods of time and adapt their interactions according to what they see. Physical proximity influences interactional behavior. Who sits next to whom, who sits right across, how close are physically can have profound impact on persons' other behaviors.

Close observation of groups reveals much about the rhythms of distance and intimacy among members. In the early phases of group development one may see the testing out from closeness to looseness and back again. It is as if the group were a circle, now tightly drawn and impenetrable, now open and loose but always in motion as from a balled fist to an open hand; always, as it were, in flux. A group is never a state of affairs or a condition; rather it "is" a process. A group is a career

Principle #3

Movement, i. e. social is Spontaneous. It takes place because persons interact with or without awareness.

Important also in this connection is that aspect of small group life which deals with social intimacy and distance. Social distance and intimacy have to do with the ability of group members to reveal themselves to each other. The ability to negotiate intimacy and its opposite, distance, says much that is significant

about the manner by which members are a group. The ability to share affect with others is closely linked to group cohesion. There exists also the strong likelihood that group workers aim toward openness on the part of group members in order to move from aggregation to group in the shortest possible time. This is most likely in short term groups but not unusual in longer term groups as well. The implication of working for intimacy lies in the commonly held belief that the more open the member the more he will gain from the group. The ability to "open up", to reveal oneself, to become significant parts of others, to contribute to and take from the group are seen as productive from the standpoint of desirable changes in the behavioral patterns of members.

At an earlier point we said that interaction as such brings about change in behavior. Change is not enough, however, when the group is formed to help people with a variety of situations, from serious malfunction to the need for human socialization. Change must also be seen as qualitative and therefore subject to control. The social judgement of group members is a central way of dealing with the qualitative aspect of group behavior. Peers largely determine normative group standards out of their own experiences with each other. Yet the influence of norms from the outside the group is also channeled into the group through the members. Two intermingled streams of influence affect, the qualitative aspect of group behavior and its evaluation. One is external, the other internal. Both make themselves felt through the interactions of group members. It is difficult if not impossible to distinguish clearly what influence is in operation and when.

Add to these considerations the concern with intimacy and social distance. It is now apparent that the more the person reveals of himself the more vulnerable he is to the views of others. The clearer these views, the more focused the tendency of members to judge or evaluate each others' behaviors. The clearer

the social judgement the greater the influence on members, and the greater also the pressure that change in behavior ~~take~~ place in directions approved by the group. The more one shows of oneself, the greater the risks and the rewards. The group is stage and court, observer and judge, rewarder and punisher, applauder and condemner --- a piece of life ~~ever~~ in flux. Living in groups is not an event. It is a career rather than an occurrence. It admits of no alternative. one cannot choose not to live in groups. One may choose not to join a particular group or to some limited extent even resign membership. One cannot decide to both live and live alone. Should one decide to resign from a group its impact and influence will persist. Experience once experienced can never be turned back.

Principle #4

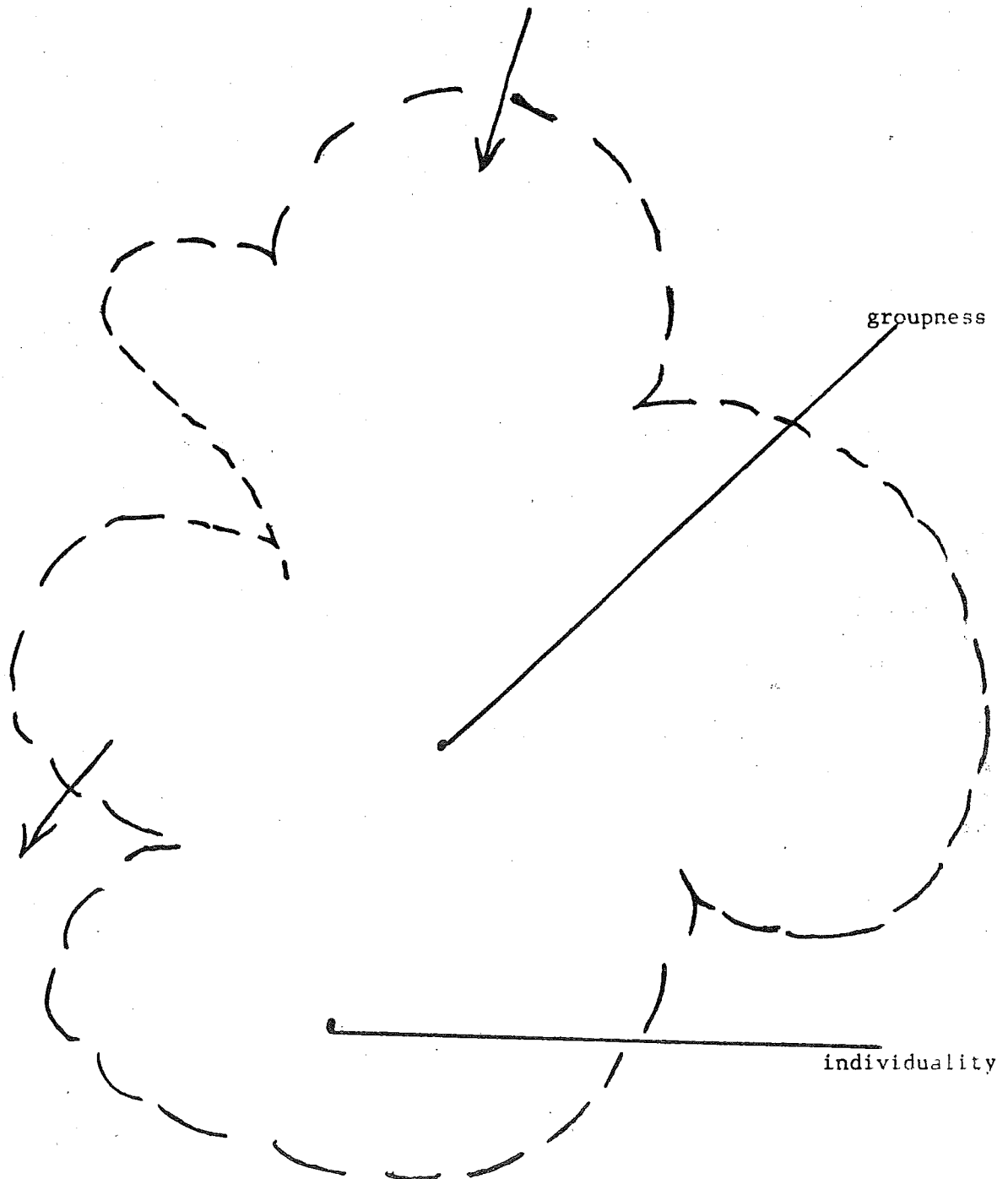
The increasing ability of members to reveal themselves to each other increases the chances for desirable changes in behavior, its valuation by others and the sense of group cohesion.

Were it possible to imagine a group in spatial terms it would be seen as a small conglomeration of circles with broken lines with the parts fully connected up with each other and in constant movement in relation to each other, while the whole would also move in time. (See Figure 1.) Occasionally one would see a part split off and other parts join up, only to be absorbed by the whole. Close inspection would reveal that though the parts appear to be absorbed by the whole, they still maintain an outline that makes it possible to recognize them as distinct. One would never see a part floating in space by itself. What distinguishes group members from each other are their variable patterns of behaviors, called roles. It is possible to observe consistencies of behaviors in particular groups as evidenced by particular persons and to refer to these consistencies as patterns or roles. Such patterning assumes all participants to be members of the group according to the criteria already mentioned, interaction and social judgement.

The occurrence of cataclysmic crises in the existence of a given group presents more difficult problems. We observe certain consistent patterns of behavior, yet when an emergency arises the responses may atypical i. e not consistent with the patterned responses usually expected. Persons reveal "hidden talents" or unsuspected ability to respond in emergency. These were unsuspected and did not form part of the known coping repertory of a given person.

FIGURE 1.

The human (small) group as conceptualized for the practice of social work with groups.



Another consideration arising from interaction and social judgement is the occurrence of awareness of what is happening to oneself and the total group. This awareness is the conscious aspect of interaction and social judgement and always implies not only change which is spontaneous, but rather directed change. Directed change is in reality self-directed change subject to choice which are themselves predicated upon awareness. Group behavior is largely subject to conscious choice, reflecting the consciousness on part of the members as to what others think of them, how they evaluate their behaviors as both they perceive it as well as each person. Social judgement has purposes. One of these is to induce members to direct their behaviors and to do so on the basis of choice resting on predictions as to how they are to be perceived by both the actor and the other members. Most especially where groups are used for educational, socialization and therapeutic purposes the tendency is to maximize members' awareness of what is happening in the group and thereby also to maximize the ability of members to make useful, functional, beneficial choices. Their efficacy is seen in the consequences of behaviors based upon these choices. It is always hoped that the more conscious a member becomes of his options, the more likely he is to choose behaviors that help him and others in life styles that are more functional and effective than might have been the case before. One can see the relevance of awareness, both of self and others, in such line of reasoning. The conscious use of self, usually reserved in the social work literature for the professional worker, turns out to be a concept of wide application, including all the members of the group.

Principle #5

Personal change is self-directed and in large degree conscious.

The notion that group life is a matter of life style rather than a momentary event limited by the "beginning" and the "end" of group sessions is a much broader one than the one that holds that group work (and implicitly group sessions) are problem solving mechanisms. Perhaps in the broadest sense they are but the infinite variety of what goes on in a group added to the ongoing impact of group experience far beyond the "session" suggests that our views have been rather too narrow. The central value of group work lies in the ongoingness of the group's impact. While any one face to face group experience can be of profound importance that is not all. If it in fact were, or if post-meeting consequences were of limited or ancillary importance, we would doubt the whole point of conducting group sessions in the first place. What does occur is that members carry each other along wherever they go -- symbolically. There is an incorporative process that occurs in groups and of which more will be said later. It is of such profound importance, however, that it voids the notion ^{but mention} "individual versus group" and permits us, even forces us, to think quite differently. This incorporative process which begins at a very early age carries throughout life. It is the central reliance upon which we in fact operate in setting up any group the purposes of which might be therapeutic, educational or socialization. The humanistic emphasis on encounter, intimate experiencing and self-revelation rest on the conviction that life is ongoing, not to be delimited by events circumscribed by notions of time or "problems". From the standpoint of incorporation, experiences merge people socially and psychologically. Time is dealt with by the emphasis of the belief that the only reality is in the here and now. A statement of yesterday's events is treated as a present memory and a prediction or hope as seen as a present anticipation. Events and experiences meld into other events and demarkations such as implicit in the words beginning, middle and end are rejected

as non-descriptive of the behavioral processes, careers and life styles of persons who interact. From this point of view also, crisis as event centered and "solved" in limited time find no emphasis.

Within such an intellectual and emotional milieu the person comes to grips with who he is and what he can choose to do through the learning of awareness and its consequent, the ever increasing ability to use himself consciously. Yet it is not an isolated "he" that incorporates but as an intermeshed constituent of others. He constitutes others and others constitute him. He is intersticed with others in his way and they in theirs with him. What he does and chooses in his way in no way separates him from other persons. In fact it makes him more part of them and they of him. Buber suggested that man as subject is qualitatively very different from man as "it", as object. Man as subject is truly "subjective," i. e. views the world from the standpoint of himself -- but not in isolation -- but as part of "others". Thus the human group. Viewed in this way the enormous potential for human growth and destruction appears. The more potent and intensely real the human experience, the closer it must be; which in turn leads back to the notions of interaction, confrontation and social judgement. Change as such is an insufficient goal but must be modified by what is deemed desirable change, so it is not enough to let oneself experience anything merely because it brings us together. The consciousness, the awareness that assists us in making choices also encourages a certain kind of merger and encounter; one that is helpful, produces growth and above all, is functional. The small group is created, developed and experienced by men so that men can use it both as means and as end. It is an end in that all that goes on within it never occurs again and yet leaves its mark. It is means because all occurrences meld almost imperceptively into the next and the next and the next ... each "previous" one influencing the nature of its sequential one.

One cannot study a group in physical terms. In the first place, group speaks of the set of relationships with quality. Secondly, it is in constant "movement."

Most studies of groups or what social scientists choose to call groups are not groups at all. They tend to be artificial and temporary collections of minimally related individuals. What we call groups are matters that are largely "feels", difficult to define and heavily reliant on personal experience. We share the conviction with Polanyi, Popper and others that subjectivism is not a liability but a reality to be positively valued and taken into account in the attempt to understand the human experience. The small group is one such example. It is hardly one experience, with beginning, middle and end; rather, it is Experience with pattern, history, function, future and above all, change.

Principle #6

The impact of group life on persons is ongoing, i. e. takes place beyond the group meetings, making groups life styles rather than events.

Two themes have been suggested so far. One is the inseparability of the psycho-social aspect of men with men who experience or have experienced each other. We have said that ones having experienced each other the process is perpetual even when face to face contact is no longer the case. The other theme suggests the need to reconcile the notions individual versus group. The inseparability theme would lead logically to the denial that there is such a thing as an individual and a group or versus a group. This leads to the discussion of the meaning of human conflict. If the notion of conflict is to be consistent with inseparability, then our ideas about conflict as implying distance would have to change also, for one cannot have inseparability, intimacy, and oneness at the same time that conflict is defined as the rupture of human relations. We take

quite the opposite position, namely, that human conflict is the central theme in all human relations and that it spells out in what manner, qualitatively speaking, people in groups are part of each other. The aim of the helping professions such as social work is not the resolution of conflict but its negotiation towards its uses seen as desirable.

A word like conflict is so loaded with traditional values that a re-definition has scant hope of being accepted in its own terms. Most people think of conflict as anything from disagreement to warfare. Central to however it is defined as the notion of distance, discontinuity between persons (not only physical but also psycho-socially) and individualism. We thus speak of racial conflict, meaning that persons of different races stand at some distance from each other. This distance is seen as the difference in color, attitudes, opinions, ways of behaving -- all of which viewed as negative. Indeed what we see as negative we see as distant, wish to be distant, and think we can make distant if for no other reason than to avoid it, protect us from it, "get it out of our system." In extreme cases we fight it to eliminate "it" physically, especially to ward off suspected or actual attack. After a while we "forget about it," another suggestive thought that views conflict as something to be externalized, pushed away, distanced. We protect ourselves from the unwanted by segregation in housing, in family relations, in economic opportunity. We value colors as good and bad: white as good and black as bad. We see black as dirty to be avoided and scrubbed off if touched. White, significantly enough, with its suggestions of purity but also sterility we value to be good. We seek it.

As soon as one suggests that conflict be thought of as differentness other options arise, for differentness first of all does not hold the same emotional connotation and secondly, lends itself to positive as well as negative valuation.

There is a third option, namely to view differentness as relatively value-free. Finally, the word conflict in the sense of fighting can easily be subsumed under the idea of differentness and then be named as one of the modes by which men tend to deal with their perceived differentnesses. The word differentness lacks the sharpness that the word conflict possesses.

The question that the previous discussion poses is whether men can as we have said be part of each other, psycho-socially speaking, and yet be different.

Principle #7

Human conflict is defined as differentness among persons.

^{Abstract}
Genetic endowment is one aspect of differentness among men. We have very limited knowledge about its influence on behavior, let alone specific behaviors. Physiological differences obviously have some influence on a person's behavior when compared to that of others. Upbringing, past experience, culture, geography and nutrition play their part. Underlying some of these, however, lies not only the question as to what men learn from each other but also how it is that they learn. When we say "from each other" we imply a discontinuity that from a certain standpoint does not really exist. When instead we think of a human being as basically a machine and then examine his non-physical attributes we can come to the conclusion that they are two in number: individuality and groupness. These cannot be concretely experienced. We must think of them abstractly or symbolically. This way we get over the difficulty of describing people in discontinuous, i. e. physiological terms. Such words as contextual, holistic, even phenomenological occur in this connection. Quite aside from the language, the important and centrally stressed element has to do with a way of thinking about people. The hope for conceptual clarity and for descriptive accuracy lie in the thinking style adopted for psycho-social versus physicalistic phenomena. It is easier

and in line with Western ideologies to talk about individuals and groups. The facility to do so rests in part in science, which for its own sake divides, classifies, atomizes so that what is to be studied is made manageable. One cannot study everything all at once. At the same time the partialization leads to distortion of the subject under investigation. It is extremely difficult, if not impossible, so the argument runs, to study whole things. As a consequence the group is sub-divided into individual components. This kind of reasoning also rests on the supposition that the whole -- in the case of our interest, the group -- is equal to the sum total of its parts. "A group is more than its parts." Even this concession is false in the framework of our approach. A group is something other than "its parts" if in fact a group consisted of parts.

For most purposes individualism be perhaps better left to physiological, organic considerations. To those of us who were educated and trained into our professions on the centrality of individualism that may come as a surprise. But the fact remains that we were trained in addition to believe that no matter how much man is a part of the groups to which he belongs; and no matter how deeply enmeshed within them, men still emerged as individuals just as they are believed to contribute as individuals. We argue that this is a misconception and further that whether one's essential treatment framework be psychoanalytic, interactional or both an approach keyed essentially to individualism violates an important insight. Talcott Parsons, the sociologist and Heinz Hartman - mentioning Erik H. Erikson only in passing - have spoken quite explicitly about this. I shall cite Parsons at some length. Parsons recognized that what he was suggesting would be difficult to "sell." He was right.

Says Parsons:

Very important clues, on which the present analysis builds, are given by the remarkable convergence between Freud's views on internalization and those developed, independently and at nearly

the same time, in sociological quarters, by Emile Durkheim in France and by Charles H. Cooley and George Herbert Mead in the United States. I should regard this convergence as one of the few truly momentous developments in modern social science, comparable perhaps to the convergence between the studies of experimental breeding in the tradition of Mendel and the Microscopic studies of cell division from which the conception of the chromosomes as the vehicles of biological heredity developed. The two together produced the modern science of genetics.

In another direction, however, the basic principle on which Freud's conception of the superego was based can be extended, not merely across disciplines to the relations between social structure and personality, but within the personality, to the constitution of its other sectors and structural components. Some have tended to treat the superego as a very special case within the personality, as the only point at which the norms of the culture enter. A major objective of the present paper, however, is to show that whole logic of Freud's later position implies that the same is true for the structure of the ego also. Indeed it follows from Freud's whole main treatment of the process of socialization -- and was, at least at one point, explicitly stated in his writings -- that the major structure of the ego is a precipitate of the object-relations which the individual has experienced in the course of his life history. This means that internalization of the sociocultural environment provides the basis, not merely of one specialized component of the human personality, but of what, in the human sense, is its central core. From the standpoint of the main traditions of modern psychology this is a very radical position, so radical that its import has not yet been very widely appreciated.²

Parsons undertakes to cite Freud directly, in support of this position, as follows:

When it happens that a person has to give up a sexual object, there quite often ensues a modification in his ego which can only be described as a reinstatement of the object within the ego, as it occurs in melancholia; the exact nature of this substitution is as yet unknown to us. It may be that by undertaking this introjection, which is a kind of regression to the mechanism of the oral phase, the ego makes it easier for an object to be given up or renders that process possible. It may even be that this identification is the sole condition under which the id can give up its objects. At any rate the process, especially in the early phases of development, is a very frequent one, and it points to the conclusion that the character of the ego is a precipitate of abandoned object-cathexes and that it contains a record of past object-choices.

One may sense Parsons' triumph when he adds:

"I think it can, then, quite safely be said that object-cathexes and identifications do not, in Freud's own mature view, simply "influence"

the development of the ego, in the sense in which temperature or moisture influences the growth of a plant, but that the structure of the object-relations a person has experienced is directly constitutive of the structure of the ego itself."⁴

From our standpoint what interest us most is what these statements suggest about individualism, the continuity of people who are part of each other in the symbolic sense, and about the process nature of human life.

Evidently, in accruing our argument we suggest that Parsons and Freud offer a way out of the individual-group dichotomy. Both hold that from a psycho-social standpoint the notions that describe man must be in psycho-social language. To use a biological word (such as the individual) misleads into thinking that psycho-social man is to be thought of in organic terms. The scientific analytic language must have the right fit. For us this means that the psycho-social phenomena are to be described in psycho-social language.

How the idea of the human individual in the religious sense became meaningful in political philosophical terms and was then extended to its current psycho-social meanings would be an interesting study in the history of ideas. Particularly when one considers the notion individual in biological ways it would be instructive to watch it also become a psychological and a sociological word without changing the word itself. We would suggest however that recent attempts to integrate psychological and sociological knowledges have made it urgent to re-define what we mean when we talk about the relational aspects of man as we do in education and psychiatry, social work, nursing and psychology and a host of other fields which exist precisely because man is a physical entity but also something quite other than that.

We have already begun to make the essential point about man's ego as a "precipitate of abandoned object-cathexes and that it contains a record of past object-choices" to cite Freud again. We have pointed to Parsons' conclusions

on the subject, "that the structure of the object-relations a person has experienced is directly constitutive of the structure of the ego itself." 150,

Individuality (instead of individualism) and groupness (instead of group) are presented as qualitative characteristics of persons. Where persons were individuals they are now viewed as owning the characteristics of individuality; where individuals were seen in, with, of, for, against groups persons are viewed as possessing groupness. In fact individuality-groupness is what describes them. This is named the I-G effect.

The I-G effect rests on the Freudian formulation of ego, the Parsonian elaboration thereof as well as on the thoughts of certain existential writers, especially in the United States. "It should contribute to the integration of the psychoanalytic theory of personality and the sociological theory of the social system (the group) and thus to the further development of a conceptual scheme which is essentially common to both,"⁵ adds Parsons. Mead says that "The self, as that which can be an object to itself, is essentially a social structure, and it arises in social experiences. After a self has arisen, it in a certain sense provides for itself its social experiences, and so we can conceive of an absolutely solitary self. But it is impossible to conceive of a self arising outside of social experience. When it has arisen we can think of a person in solitary confinement for the rest of his life, but who still has himself as a companion, and is able to think and converse with himself as he had communicated with others."

To suggest then that men manifest the I-G effect is to suggest no romantic generality. To point out that individuality is radically different from individualism is to say that men are part of each other in differing ways depending on genetic endowment, experience, membership in groups. Individuality

suggest a qualitative statement about the manner in which persons contribute to their mutuality, i.e. their groupness, which simultaneously defines their individuality. I-G suggests one word, one concept, one human experience. The "radical position" that Parsons suggest as not yet "widely appreciated" is radical precisely because it undermines the traditional notions about individuals and groups. Individuals in the organic sense possess individuality-groupness in the psycho-social sense. This is one way of stating the situation.

A way to view the consequence of our reformulation is to consider Rollo May's formulation of the therapist's position when with a patient.

But if, as I sit here, I am chiefly thinking of these whys and hows of the way the problem came about, I will have grasped everything except the most important thing of all, the existing person. Indeed, I will have grasped everything except the only real source of data I have, namely, this experiencing human being, this person now emerging, becoming, "building world" as the existential psychologists put it, immediately in this room with me.

phenomenon
This is where phenomenology, the first stage in the existential psychotherapeutic movement, has been a helpful breakthrough for many of us. Phenomenology is the endeavor to take the phenomena as given. It is the disciplined effort to clear one's mind of the presuppositions that so often amuse us to see in the patient only our own theories or the dogmas of our own systems, the effort to experience instead the phenomena in their full reality as they present themselves.⁶

Rollo May perhaps overstates the absence of theory in subjective experience. Obviously all men bring to all new experience organizing habits, some of which have the overtones of intellectual organization in the sense of theory with a small "t". But the point is nevertheless made and that is that the therapist and the patient become by experiencing each other a part of each other. And so the theme, the I-G effect is once again repeated. All men through this process acquire and express individuality-groupness.

When one considers as far as this discussion has preceded the ideas with which it began, namely the definition of individualism in public welfare terms,

and when we remind ourselves that just in this one specialized area the same notions still prevail that laid the base for Elizabeth 43 in 1599 one is appalled. Yet this is precisely the reason this paper begins that way. For the fact of the matter is that almost all the professions, even those having nothing to do with public welfare, still struggle with the implicit problem. This is that notions such as Buber's I-Thou, May's phenomenology, Parsons', Mertons' and other writers' systems theories have still just barely begun to influence important people who work in treatment settings. Yet group approaches to treatment are still seen as sometimes competing alternatives to individual treatment. If writers from Freud to Parsons, to say nothing of the more recent and intellectual powerful figures who talk about General Systems Theory are correct, then individual and group treatment when seen as two different entities from a theoretical point of view mean nothing. For one of the conclusions from what we are discussing in this paper is that basic to all therapeutic work is the notion of the human group, when understood as a social system, or when viewed from the phenomenological standpoint as "that which is given." That which is given is not man either in isolation, or in groups, but man with qualities we called individuality-groupness, i.e. certain psycho-socially relevant characteristics basic to his existence as a feeling, living, existing person. A common misconception arising out of the individual-group dichotomy which we reject lies in the idea that the therapist who sees a single patient alone is doing casework or individual psychotherapy. That may be physically true but psychologically the issue is not nearly so clear. Once again, what is given, is only in part this one person; what to that patient is given has two interrelated dimensions. They are: (1) Those who are a part of him although physically absent and with whom he deals in some way while in the therapists' office (the unseen group) and, (2) The present relationship

with the therapist himself in the "here and now" and which since Cooley in 1909 has been viewed by many as a group. This is essential. The view of man is thus that of a phenomenon that is individualistic in his groupness. Once this becomes clear a two member group is a different manifestation of the same basic themes governing four, eight or twelve member groups. There is necessary a certain economy of concepts that makes it possible before developing new ones to extract the varieties of ideas to be found.

Were we to live in a culture in which groupness is heavily emphasized in the range of society ideals, this paper might not be necessary, at least not in this form. However, we find ourselves in a situation where individualism, at least in the idealized sense ranks very highly. An action society such as ours is also one that values at least officially the reality or even the fiction of the self-determining, independent, man. The more independent, the more masculine; the more dependent, the less masculine is the message of many a Western. With that independence -- both real and fictionalized -- comes the suspicion of groups. Being a member of a group would indicate that the member could really not shoot from the hip; if he wants to remain a member he would have to conform and he would have to weigh his output in terms of its effect on the other members. That leads to moderation, to middle-of-the-road approaches, with one exception: that the group may be a conspiracy. But even a conspiracy needs care, reflection, compromise in order to maintain viability and in order to minimize defections that would give the whole game away. But who has ever seen a TV Western that celebrated moderation, problem-solving in the give and take of groups?

A culture that celebrates personal independence and presses people to "get along" can hardly be surprised when the matter of autonomy turns out to be highly problematic, provided that it dichotomizes the individual and the group. We have

already indicated that the I-G effect, the notion of individuality-groupness avoids this split. The question then is not whether it be the individual and the group, or the group; it is the question "how, in what manner does this person demonstrate individuality-groupness?" We have long surmised that most if not all behavior is adaptive in some sense and that maladaptation is indeed a form of adaptation, of coping. When that involves people the relevant question to be answered is: "how, qualitatively in what way is this person part of the others and vice versa?" and quite different from "is he a member of groups and if so which ones?", implicitly assuming that individuals may not be members of groups. An elaboration of what we are discussing here lies in the often emerging fear from people to whom one talks about group that goes something like this: "what do you mean, I should join groups, we conform too much anyway; I don't want to be swallowed up." There are some people, too many perhaps, who suggest that concern with groups is a socialistic plot or something leading to Gleichschaltung by the State. Such persons vouch that only individualism holds hope for retention of independence. But merely because the verbal statement may sound a bit extreme, the thought behind it is far more universal and part of the ambivalence that can be brought into relief by the simple statement that perhaps no society on earth sets up as many formed groups as ours. To be embedded in protective warmth of people who understand us, speak our kind of language, segregate us from outsiders who may at a moment's notice turn out to be enemies is a much sought after state of affairs. Coupled with our constant need to proclaim personal differentness, independence and individualism, it is hardly to be wondered that decision making in groups takes up vast efforts by social scientists, and is worth stacks of method books -- from the respectable to the gimmick.

The either/or problem regarding individuality-groupness has serious implications for professional practice in my profession, for it tends to lead to

simplistic dichotomies such already discussed, misunderstandings of who the person(s) are with whom one intends to work, to an altogether unacceptable affective removal of the worker from supposedly interactive situations in treatment, usually in the name of counter-transference management. Jourard, in his The Transparent Self⁷ and Martin Buber on a much higher level of philosophical abstraction have dealt with these difficulties.

The not so simple fact of the matter for the practitioner is that he cannot rely on either group process or dynamic psychology to treat. On his side is the assurance that whether he practices with two (the patient and himself) or with more than two, whether his momentary focus is on what he considers to be a group or what he considers to be an individual, rigorous analysis will show him that he focuses on interaction and personality simultaneously.⁸

Principle #8

Through the ongoing incorporation of human experience the Individuality-Groupness attributes of persons develop, thus rejecting the dichotomy group and individual.

Schwartz

We must now point to a possibly serious flaw in our argument. This is the boundary fallacy. If it is in fact so that as we pointed out all are everything, people are part of each other, individualism does not really exist and certainly not in opposition to groups, it could also be argued successfully that groups, "small groups" are molded into and absorbed by larger units. These in turn would be absorbed by still larger units. We would be right back from where we began, arguing in this case the discontinuities among groups or still arguing for the inseparability of human phenomena. There is one redeeming distinction, however, between individual and group, and group and group. The dimension group-society has no physicalistic core while the dimension individual-group does.

*Vern
Kress*

Individual means the physical person as much as anything else and is therefore subject to not only physicalism but also to social discontinuity. This cannot be said of either group or society, both of these essentially being psycho-social terms and therefore relational ones in the social sense. The reason "individual" is such an unsatisfactory term lies in its implication of separatism. It permits the possibility that a human being could possibly have no effect on another one. This result in thinking is accompanied by ^{Demonstrative} distortions of ethical, political and psychological aspects of human society that have produced far-reaching consequences. As undesirable as these might be, they also reflect demonstratively false analysis of the human condition. In a society that values private ownership as its keystone to economic survival and "individual" accountability for behavior (and salvation) the highest good can hardly be expected to deal kindly with the distortions and their correctives suggested in this essay. The ideological suspiciousness that sometimes attends to group work and "collectivism" should be no surprise. It is well taken, its irrational sounding stridency notwithstanding. What is wrong is the assumption that the choices are to be in terms of either individualism or group. Yet there is nothing more extreme about the view that individualism is the essential nature of man than of the equally extreme view that everything takes place "in groups." Our position is this: each man is a biological unit with psychologically and socially relevant attributes manifesting themselves in behaviors. These behaviors are such that viewing them with care one would conclude that men are social. Social refers to the fact that biological man has "connected up" and continuously does so. Having always engaged in integrating others into his personality, and continuing to do so, groups result. From experiencing these groups, persons continue to integrate what they experience (people) interactively so that all integrate each other.

These integrations are not only the "groupness" aspect of the I-G effect but also play on the other part, the individuality aspect since the integration is done by each biological organism in its particular way. Hence we say that "all men are part of each other in their own ways". We do not know how to solve completely and totally satisfactorily the boundary problem to which we have referred. Where a small group ends and becomes something else is not possible to say. One approach to at least somewhat of a resolution takes place when - vague though it may seem - we invoke the awareness principle once again. Earlier we used it to deal with the consciousness aspect of choice making about behavior. We said then that a behavioral approach to groups and change through group experience presumed and necessitated awareness about the choices to be made. This could be extended to include awareness of others in terms of group size and complexity as suggesting group limits. A small group might be viewed as possessing boundaries at a size beyond which members can no longer deal with each other all at once. When the group becomes too large, that is beyond the ability of members to be fully aware of each other, then it is no longer a small group. This would manifest itself, for example, by the tendency to seek sub-groupings, lack of intimacy, difficulty in thinking of all as "we". i. e. problems in group cohesiveness and its achievement. This approach is subject to further work. Nonetheless the advantage to defining "small" and dealing with the boundary problem in member perceptual terms lies in the fact that it is a relational approach. The point is made consistently that the notion I-G is not a matter of numbers, bodies, pieces and parts but rather perceptual, subjective, holistic and phenomenological. Is there a group? No if what is meant is individuals who interact; yes if what is meant is a statement of relationship among persons who psycho-socially are becoming part of each other. All who by their

experience are part of each other are members. The social worker is a member of the group.

THE SOCIAL WORKER

Social work is a role defining membership in a group. It is a role, i. e. a series of more or less consistent actions characteristic of a person who behaves somewhat similarly under similar conditions. The consistencies of behaving are relevant in two ways. First, they characterize a particular group member and enables us to make predictions. Second, they characterize general agreement among workers in varying groups and in the profession at large, thus promoting standards of practice. Implicit in the latter is the role of the professional school to teach new people who enter the field; for the standards of practice are consensual agreements about is considered good and inferior.

The question whether the person called social worker is a member of the group or not rests not on whether he so chooses. As the position taken suggests, the membership aspect of his existence rests on the fact that he experiences and is experienced by all in the group. The worker interacts. He integrates, he absorbs and is absorbed experientially. It makes little difference from this standpoint whether he talks a lot or little, what theories he follows, what decisions he makes or even acts like a social worker. From the point of view of group membership the most potent and sufficient qualification is behavior, i. e. interactive behavior, experiences, perceiving, being perceived, evaluating, being evaluated, integrating. When these "qualifications" for membership are understood one can move on, namely to discussions about the qualitative aspects of group membership. These address themselves to questions about the consequences of behaving in certain ways. One no longer ponders whether a person holds membership;

rather the concern is with the manner of membership. Some persons give expression to their membership by competing, some by cooperating, by scapegoating, by leadership behaviors and many others. Some do it by suggesting, confronting, asking questions, by watching in silence. At this point it is relevant to ask whether the member is a social worker. It is the quality of his behavior that determines whether the member is a social worker. He can be a member without being a social worker. In such a case he might be called social worker but this is quite irrelevant. He is a member simply because he is part of the others and the others of him. He is a social worker because he is part of others in a particular style experienced by his patterned behaviors. These can be specified to a fairly considerable degree. Part of the social worker role is to observe, draw conclusions, assess. Part of it is to influence the group's processes in other ways, such as making verbal observations or leaning toward someone else to indicate concern. Other influencing attempts are in detaching from eye contact with others, looking down either while speaking or by remaining silent. All these are ways by which the social worker declares "I am the social worker in this group." The counterpart to this statement lies in the way in which the other members experience him and affirm thus: "you are the social worker in this group". It is his behavior that determines that he is a social worker, rather than his education, his job title, his agency employment, his membership in a professional organization. As is the case of the other group members, the worker's behavior are subject to the same confrontation, social judgement, and integrations. One cannot merely assume all this in the light of the literature on the subject; a literature that rarely speaks of the worker as a human being first who happens to play a particular role. It is always the role that is defined and debated, while the more basic considerations are omitted, either because they are taken for granted or because they are routinely called counter-

transference. It is possible that a worker would misuse a group. This misuse, however, is not the product of his membership as such but rather of the quality of that membership. The membership is presumed no matter what the worker's behaviors might be. Its effectiveness rests on what and how he does it.

In placing the worker into this context, subject to the above conditions, the aim is to point up several attributes and desirable characteristics of workers. The worker is subject as all others to the I-G effect. He is a member of the group. It is not the agency, the profession or his professional school who provide service for others. It is he who gives or withholds it. It is his responsibility to make himself a member with a difference; a difference that spells help. This is so because it is he who acts as a member of his group. The impact of community, Board, money, administrators express themselves by their influence upon the workers' actions. The actions themselves can only reveal themselves as powerful or timid, helpful or not, appropriate or not by and through behavior -- worker behavior. It is he who makes his choices as a way of expressing his membership with and of others. There lies also the accountability. It expresses itself in what he puts of himself into others. When he leaves they feel pain, a pain that is appropriate and that leads them - hopefully - to grief. That grief must be legitimized as the proper reaction to the loss of someone important in one's life. It is a good grief and one that mature persons can deal with and immature ones must learn. One cannot make people part of oneself and not grieve when their presence is lost. Above it all stands a supreme advantage. It is that the worker is liberated, liberated to view himself and be viewed as a person. He no longer worries over whether to share "personal material". His concern is over what is helpful in the group.

When it is judged helpful by him as a worker-member of the group he would answer questions about his family. When it is not he would say "I think this is not helpful for us to talk about, at least now". If he does not want to answer a question because it makes him uncomfortable or violates his right to privacy he would say so and then try to discover what he can do to make it less so. He would share himself as a known quantity, while giving direction by his decisions and action to the manner in which he behaves his role. He would reveal himself and at the same time lessen the fantasies that frequently characterize other types of professional relationships. The entire concept of professionalism changes from distance to intimacy, from objectivity to consciously guided subjectivity, from institutionalism to personalism. The burdens devolving upon the worker increase under such a regimen for no longer can he abdicate his responsibility by invoking non-present others when the other members challenge his behavior. Rather, he must take responsibility because he is a member and because he is "here". He was, of course, a member all along; only the ^{Dubious} paraphernalia of mis-professionalism have kept him from recognizing it. There is nothing wrong in the self-conscious use of self when that is what is called professionalism. Professionalism in the form of worker role (behavior) is personal, not institutional. It cannot be ^{conferred} conferred; it can only be acted. It can be displayed but not transferred. It can be learned by experiencing others who are professionals in the best sense. A piece of paper, a membership card can hardly make for it. What they represent may help a person become professional but they cannot replace it. Professionalism is the reflection of ongoing decision making by a group member who ^{aspires} strives to achieve a worker role. In the center of that effort lies the intelligent use of judgement, visible in the decisions workers make about their own behaviors. The supreme test of that lies in the effectiveness of

these decisions, made consciously through the use of reasoned judgement and spontaneity. Trecker put it perfectly when he pointed out that the purpose of the group worker is not handle the group but rather himself.⁹ While we argue for subjectivism we argue for reason. The ongoing analysis of one's own behaviors bespeaks reason. It is a mistake often made to equate subjectivism, feeling, intuition with irrationalism. In countless occupations that like to view themselves professions this confusion prevails to the detriment of the supposed recipient of service. Physicians sometimes think that withholding information or lying is part of practicing medicine. School teachers assume that withholding test scores from parents engenders teaching. Nurses assume that telling patients that "it is doctors' orders" makes it possible to practice nursing. Social workers think that not telling clients of their disagreements with the policies of the Board maintains worker-client trust. As long as interaction takes place relations will be there. We are wrong when we assume that they are automatically helpful. What is wrong is not that all these practices occasionally take place. It is that they are too often used as invariant dicta, subject to little thought as to their impact on patients and clients. They make the workers comfortable while their potential for the growth of human beings remain unconsidered. One cannot be part of others and at the same time assume that worker centered comforts do not deprive others. They do and most of the time the clients sense it if not know it.

Principle #9

Social worker behavior is a role in the group. Its effective operations rest on guided subjectivity and reason.

The I-G effect harbors its own ideology. Applicable though it is to all members of the group -- in fact defines the conditions of membership -- it is

no mere technicality or a somewhat different use of old words. Perhaps its opinion base is the most telling thing about it. I-G denies individualism and insists on the collectivity as the basic theme is society. It does so in part for psychological reasons as Parsons pointed out. It does so in part because we think that individualism, especially when viewed as the alternative to group and collectivist notions of society is destructive to people. It is a dangerous illusion that has brought grief to millions to suppose that one can exist alone, that one can seek personal fortune without immediately affecting the very lives of other people. If the helping professions are criticized as they often are, of perpetuating the status quo of outdated institutionalism it is a most convincing argument around the issue of individualism. Wealth, education, position, cannot be achieved alone. Nor can unhappiness, hunger, unemployment. All are the symptoms of interdependence, of the I-G effect. In whatever manifestation of wealth or poverty man finds himself it is the product of the quality of his relations as part of others and of others as part of him. "I have achieved" is one of the most marginally true statements one can make. The extremes of wealth and of poverty, of education and ignorance, of opportunity and the lack of it, because they are so dichotomous, underline the illusiory notion that they must be individually attributable, that the fortunes of one is such because of individual qualities others do not possess. It sounds as if man were to say "how can I help it if I am so good?" and by implication "so bad?" The purpose of social work is to influence the qualitative ways in which people negotiate the way they are part of each other. Its purpose is not, as a recent writer said, "to assist the individual in his interpersonal relations and his encounters with his environment." To say that it suggests a position this essay is partly designed to refute.

The basic unit in society is the small human collectivity, not "the individual." Social Work should show how one may become self-fulfilled by the qualities of being part of others. That is a group notion with individualistic emphasis, expressed in the I-G effect.

None of this intends to suggest that all people are the same in intelligence, ability, talent or endowment. These differences exist demonstratively. Whatever they may be, however, none of them can possibly be realized individually since individualism may be an ideologically desirable state with no psychosocial counterpart in reality. All persons who in any way experience each other, regardless of function or of qualitative style, are subject to the I-G effect. Only when this has become quite clear can we proceed to more detailed examination of persons' particular ways of participating in it, i.e. to examination of particular social roles.

FOOTNOTES

1. Michael Polanyi, Personal Knowledge - Towards a Post Critical Philosophy, (New York: Harper Torchbooks, 1958), XIV.
2. Talcott Parsons, Social Structure and Personality, "Social Structure and the Development of Personality: Freud's Contribution to the Integration of Psychology and Sociology," p. 80.
3. Sigmund Freud, The Ego and the Id. (New York: The Norton Library, 1962) p. 29, The James Strachey Translation.
4. Talcott Parsons, op. cit., pp. 108-109.
5. Op. cit., pp. 110-111.
6. Rollo May, editor, Existential Psychology (New York: Random House, 1961). See May's contribution, "The Emergency of Existential Psychology," pp. 25-26.
7. Sidney Jourard, The Transparent Self, (New York: Van Nostrand Press, 1964).
8. Part of the foregoing discussion was published in the author's article "Thinking Styles and Individualism," Bulletin of the Menninger Clinic, Vol. 33, No. 3, May, 1969, pp. 133-145. X
9. Harleigh Trecker, Social Group Work - Principles and Practice, (New York: Whiteside Press, 1955), p. 28.

CRISIS THEORY AND SOCIAL GROUP WORK

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The following are the central themes this paper presents:

1. All living is struggle. All struggle is crisis.
2. Crises are to be confronted, not eliminated.
3. All crises are group phenomena.
4. Existentially, crises give expression to people's "here and now" being.
5. Medical or psychological categories (along medical models) do not describe crises for social workers and thus should be converted into "here and now" behavioral descriptions.

The notion of crisis as defined variously by Lindeman,¹ Caplan,² Rappaport,³ Parad,⁴ and others are consistent with the history of casework and psychiatry and points up, perhaps as well as any idea the essential differences in the history of social casework and social group work methods. To clarify this point one must spend at least some attention on the outlooks that defined these methods with particular emphasis on the intellectual history involved.

Grandfather's language
If there was anything that characterized social casework almost since its inception, it was its pre-occupation with quasi-medical models of pathology. Its heavy psychiatric overtones are common knowledge. Its difficulties in using psychiatric and social science (behavioral) concepts at the same time are immense. Its tendency to view human suffering as pathology meant the use of medical models of illness and health. To become aware of the need for preventive work required what amounted almost to a revolution in the Fifties. Even now, this awareness is more in words than in deeds. The contribution of casework to people who need help with the developmental tasks of growing up has been very little since there are no problems - in the psychological sense - to solve, no problem solving method to invoke, no diagnoses to be formulated or treatment plans to be delineated.

Psychiatry and social casework have primarily tended to think of individual people as in need for help when some form of difficulties arose. In the absence

of the same the clients were viewed as normal or healthy and therefore not in need of help. Or if help was given - whether for a long time or for a short time - at the end of a certain amount of effort and time the client was either improved - healthier, better adjusted, able to cope better -- or he was discontinued by himself or therapist because he was unable to benefit. All this, of course, rested on diagnosis, treatment and evaluation.

The role of the worker has lately been identified as that of an intervenor. Intervention is viewed as rational worker action, directed toward goals from which the client is to benefit.

The history of social group work is almost totally different, not only because of the settings in which it traditionally grew but also because of the differences in intellectual assumptions and commitments. There has rarely been talk of symptoms, diagnosis, treatment, syndromes and so on. Social group workers came out of the settlement movement in the late 19th century, although - and this is important for understanding of background - as early as 1850 organized attempts were made to help people with developmental tasks. From the earliest beginnings practitioners dealt with people in groups and usually with people who had a hard time since many thousands of them were refugees. But a hard life was not viewed as pathological. Quite the opposite--it was seen as an intermediary state of existence on the way to success. In other words, it was seen as an opportunity. One had to learn English, go to school, learn to read the newspaper so that voting would become meaningful, as well as fight a lot of social evils from political corruption to drunkenness and exploitation from landlords. I can find nothing in Jane Addams that characterized the people whom she led as sick or pathological, needing a clinical type of help. And this despite the fact that the settlement people knew full well that people suffered hardship. Group work assumed a developmental stance as some of it does to this day. It assumed that a life full of crises was a life - not to be cured - but a life to be fought, argued about, demonstrated for politically and a

life to be accepted as much less than perfect. But because it was crisis ridden also did not mean that it was a sick life. One lived it together with one's neighbors, with the protections of the ethnic group and if not too tired at the end of an 18 hour day, with friends and the settlement and the worker who knew more than one knew as a refugee. Social group work arises from the need for man's development, education, collective action to improve one's lot in life - and not from the assumption that stress and crisis is more or less tantamount to social, psychological or physiological illness; and therefore to be eliminated, cured if possible.

But beyond these historical differences between social casework and social group work there are more general considerations in American society that should be pointed out that might explain the concern with crisis as defined in the social work and psychiatric literature. This is the habit to reduce phenomena to categorical alternatives. We read, for example, that a client is in a state of crisis and get descriptions of how he acts from which we deduce that he is in trouble. But he is in trouble only? Is his total life situation crisis ridden? Is this total life taken over by the events that caused the crisis? Are all his adaptive abilities compromised? Perhaps so, perhaps not. But this is never really made clear. It is tacitly suggested that the person who is a client is a client but we are not told what he can do. We don't know what is healthy about him. But I must really reject the whole notion of healthy and sick, crisis ridden and homeostatic because one gets caught in a trap of categories. Life does not take place to my eyes in terms of notions that crisis begins, lasts, and ends.

Those of us who are interested in existential, developmental, phenomenological approaches to human life would hold with the author of a recent article in Social Work that all living is stress;⁵ that homeostasis may be useful to Hans Selye in

biological terms, and that real life is made up, not of crises and non-crises, but of unpredictables, of temporaries, of chance taking, experiencing, feeling, mind-changing, of horrible events, of joys, sadnesses and confusions. The small group is the prism through which all of this focuses. The purpose of social group work is to help people who are part of each other look at all this, feel it, push it, and haul ^{Schlepp} it, and learn that they have the strength to continue on. Nobody gets cured, nobody gets balanced, no one is homeostacized, crisis neither starts nor ends, life is always danger, uncertain, that is alive. And the small group, that tough and ever present vehicle is the carrier of it all.

It is difficult to see how the partialization of life implicit in notions about crisis can describe what people feel. The horrible experiences that people undergo-- from the Cocoanut Grove fire that gave rise to Lindeman and Caplan's work to the many families I know who place their retarded children in institutions, to children in hospitals who I have worked with and whom Vernick⁶ describes in the Parad book, the concentration camps of which Bettelheim, Arndt, Frankl, Wiesel still write, to the children and adults in hospitals whom my students described in an article not long ago,⁷ to the homesick campers and the psychotic boys in camp--are part of their life careers. They are painful experiences but they are also ones that never end, for a memory, conscious or not is permanent, and something once experienced has changed us all irrevocably, permanently, often importantly. In other words, especially from a social work standpoint as I read it, essentially biological or even pathological notions find little place. With full appreciation and respect for people thinking otherwise than I, I must throw my lot toward working with people around their behaviors, their essential here and now situation, with what bothers them rather than what I diagnose and with an open-endedness of human experience that knows no past and no future.

In all of life the human person has only his groupness and his individuality. His groupness, that is to say his ability to be part of other people, and his individuality, i.e. his ability to be part of others in his particular way are his totality. As I said earlier that man is in one perennial state of hazard, of crisis, I need now only add that all men are in crisis together. This is the phenomenon of the group within which the worker lives and of which he becomes a member in order to exert his influence. A developmental approach rather than a clinical approach to crisis suggests normativeness of crisis, as well as the social work goal. This goal is not to treat anything. It is not to eliminate crisis in favor of a peaceful, normal state characterized by happiness. Rather, the worker's role is in helping people deal with the ongoing uncertainties, not to eliminate them but to negotiate them, to come to grips with the people in the group, incl. the worker who with freedom advises, teaches, even preaches, expresses feelings, involves himself with critical judgement to be sure and also with maximum freedom and suggests, demands, requests that others do so and constantly asks the members to evaluate each other's behaviors in terms of function rather than cause. In groups with hospitalized children the workers discuss what it is like to leave home, as you remember it, what is happening now in the hospital, what they think now may happen tomorrow, where they imagine now mother might be, what we can do right now to have fun in the hospital, what the nurse might say if we ask her to show us a syringe, etc. The boy who killed the baby birds in a nest adopted by the group of which he was a part needed a confrontation with the boys, and through that with himself, with what his behavior did to him and to the others who are part of him and of whom he was a part. The patients' relatives waiting in the waiting room during the patient's surgery are engaged because they happen to be waiting there, facing the struggle and the fear together, and the boredom, the impatience, even their all too real fantasies. It is all seen as normal; normal to pretend that nothing is wrong; normal to want not to cry; normal to be shy and reluctant to talk to a stranger...To feel it all, to

experience it in one's being part of everything is developmental, human, everlasting.

Social group work--by the nature of the human group--and by theory and tradition, always emphasizes two concurrent dimensions. The first of these is called program (1) or content; and the other is called process. Content describes the subject matter with which the group may be dealing. Separation from home, loss of loved ones, being a nurse in a hospital having to touch patients for the first or last time are content areas. So are activities such as cooking, dancing, moving around on a chair, crossing one's legs, waving the arm, hallucinatory material, silence, questions, etc. Process describes the dimensions of social interaction. Competing, (2) collaborating, leading, are examples. The central notion in all group processes is called conflict. Conflict is a group process. It describes the fact of differentness among the group members (not differences of opinion but the fact that no two people who are part of each other are similar but have individuality). The nature of the differentness is called tension and the manner with which that differentness (conflict) is dealt with are the processes just mentioned: competition, cooperation, scape-goating, leading, etc. These processes occur in all groups no matter what their purpose or tasks. At times group members might focus on process while at other times they focus on content. But it is equally true that process without content cannot exist and that content cannot exist without process. Process is the manner in which a group deals with content. Content is the subject matter of process. Often content is crisis.

From the standpoint of human behavior, its functionality and its non-functionality, both process and content are essential. It is quite likely that how (process) and what (content) are discussed concurrently in the group. For the assumption is usually made that the way in which a person behaves in this group (process-style) is probably quite similar to the way he acts in other groups. Be that as it may, it is usually assumed.

What a person speaks of, the events that happen to him and how he deals with them (process-wise) in the group are, of course, hard to pull apart. Men do not live separate from their experience. Therefore, we proceed on the notion that man is his experience (his process and his content). What I tell you and how I tell you are the same. I am what I speak to you at the moment: recollector, reporter, competitor, story teller, victim, actor, hearer, etc. etc. And yet, content has structure. Every content has some kind of organization. A story has a beginning, middle, end. A dance has steps. A conversation has reciprocal give and take. The expression of feeling has cultural rules that govern, both in manner and in content.

Konopka in the Friedlander book on Concepts and Methods in Social Work⁸ presents a group record of epileptic patients struggling with their illness. Or so one would think until one discovers that the illness may be the content to a degree but that what is really dealt with are human processes (behaviors) that attend upon the illness. Similarly, studies dealing with pre-mature babies content-wise, turn out upon examination to center around the behavior, process dimensions attendant upon pre-mature birth of a child. Similarly, in our experiences in working with mothers and fathers of children who have diagnoses of retardation we find that rarely is a child institutionalized because of the content (retardation) alone but because of behaviors or feared behaviors to which parents and neighbors respond behaviorally. And such situations are dealt with process-wise, i.e. around the modification of human processes attendant upon the occurrence of retardation of one type or another. Over and over we find in groups that the issue is to come to grips with some life occurrence in a better way than before. This is phrased exactly as it is in order to get away from another old notion, namely that clients who refuse to talk about what ails them are not dealing with what bothers them, resist, etc., when we have found it much more creative when we recognized that man always comes to grips with his life, a series of crises, albeit not always as productively as he might. It is in the genius of groups that they will not hesitate to deal in one way or another with what is spoken as well as

what is not said, for all groups, almost by definition confront. Confrontation is a process (behavior) word. Since all men live in groups constantly, all men confront.

A fundamental problem in discussing social confrontation in almost all of case-work theory and present in the writings on crisis is the lack of clarity as to what is meant by individual and group (family and otherwise). And if we can resolve what appears some confusion conceptually, we may then come out by saying that all intervention is group intervention, just as we have already suggested that all life is crisis and that what is usually called crisis is really another event of more or less strong affective meaning in the developmental life career of persons.

The word individual is essentially biological in one meaning and theological in another. Biologically it means one person, one unit, one independent machine. Theologically, it implies that man, each man is responsible for his actions, to God, that another man cannot be saved for him, cannot live and die for him, i.e. that responsibility is personal.

But is this a true picture of man socially, psychologically? Certainly not. We have long recognized that man is formed socially and psychologically by the fact that there is no real break between him and the environment. Man is his environment--human, non-human, including his self. The break between him and the environment only appears that way because there is a space that does not seem filled out. But that is a naive way of thinking. We are all part of one another. A caseworker does not work with one person; at a minimum there is a group of two, a dyad; but even that is hardly enough to say. Worker and client are part of one another, each with a somewhat specialized role, engaged in changing both. Here lies then the crux of crisis work. Crisis work is a matter - like all other work - of becoming part of one another in an immediate, there and now way. This idea may be new for some practitioners but it is neither new to existentialists nor settlement workers. The aggressiveness of the worker in crisis work again appears new only to those who once upon a time thought that workers can more or less stay out of client situations but

never really did; they only didn't realize how much they perforce were part of it-- by silence, by seemingly leaving the client struggle alone in the office. Yet, clients in their anger and frustration knew the influence of the worker only too well. They felt it only too acutely, and said so.

Another influence upon non-phenomenological ways of work came from the American ^{deductive / reasoning} pre-occupation with science. Here it is both necessary and convenient to abstract variables one at a time, so that you get notions about individuals and individual traits of individuals etc. But reality as experienced by people is not like that. No persons can really tell where he leaves off and someone else begins. He can tell how he is part of others and what is at the same time more unique about the self as part of others than is true of other people. If this then be true, all life is group life even when one person sits alone in a room (the concept of the unseen group) and most certainly it is group life when two have become part of each other, one being named client and the other worker. When thinking about the millions of interactions that make us what we are there would seem no need to substitute mechanistic notions about being individuals. Individual and group may be separate notions but have little to do with reality; individuality-groupness are a phenomenon in which the parts are totally dependent and integrated.

There is nothing whatever dictated by nature that keeps men separated. Quite to the contrary the evidence would strongly suggest the opposite. Look at it from the standpoint of child rearing and see how a neglected child suffers the anger towards the neglectful parent and in turn visits it upon his child. Look at it from the standpoint of the introjection of parental values and see how the child introjects not the values alone, but symbolically the parent who acted them. See it from the standpoint of remembering a loved or hated teacher and not the words he

spoke but the person who, say we "I can still hear and see and feel." See it from the standpoint of the parent whose wish it is to perpetuate himself--in his children. Take a cue from Jesus Christ and from Kirkegaard who spoke of "suffering" i.e. to allow oneself to become one with another; or from Martin Buber's standpoint who spoke of the difference between I and It (man as object) and I-Thou (man the subject).

Risako / Kofler
The emotional hazard attending some particular crisis in a life named crisis might be that the sufferer perceives himself alone and needs our demonstration that he may be capable of perceiving himself part of others and can choose to exercise his will towards such end, the conditions of which he might modify to become more satisfied; a typical group experience. Perhaps we take our groupness so for granted that we can distort our dependent individuality into illusions of individual independence. Particularly under the *awful / terrible* impact of tragedy the person concerned asks unbelievably "why did it have to happen to me?" suggesting that somehow he is the special victim of a specific fate directly involving him and only him. "Why did God punish me?" the client asks, "what is it that I have done to deserve this?" and so on. In each case the assumption of aloneness and loneliness is implied if not openly stated. This is the hazard, aside from whatever physical injury there may be. This then is the crisis - the feeling of lost contact which arouses doubt *and doubt / anxiety* and Angst (anxiety) over the issue "who am I?"

Developmentally speaking, such feelings or even the fear of having to feel alone makes up much of our lives, and when seen against this background, crisis, no matter how painful it may seem and be, is viewed as an elaboration and particular emphasis in a life of crisis that must be struggled with. Perhaps the suddenness of some serious event that leaves the client numb and confused

appears much more the extraordinary event than it might seem when crisis is viewed as a whole life style. Perhaps it is because the crisis seems so dramatically unusual when seen against what looks like a life of routine, happiness and relative peace.

It is, I am sure, rather self-evident how a group worker or at least this one would approach crisis work with people in groups. All people are always in groups anyway, whether face to face or symbolically. It is this very reality that lends itself so highly advantageously to replication when a group is set up in order to help people deal with the stresses of living; merely another way of saying with the vicissitudes of all living.

Certain dimensions may be identified:

1. So called treatment groups are more or less slight variations of group life in general.
2. All participants - including the worker - are members of the interactional system - the group.
3. Groups focus on present realities - the current interactions, despite the fact that what is discussed may be past or present or future. Since it is always dealt with "now" there is only one time: the present.
4. All group life is confrontation-whether there are two or ten group members.
5. All members bring their groups with them into present reality - symbolically.
6. Group life may be guided by one of the members - the worker - towards objectives group members agree upon.
7. Group life is evaluative. Members render judgements about each other's effectiveness and exert pressure to bring about social (behavioral) change.
8. Diagnoses (assessments) are made in the group of current behavior in the group (or of "outside" behaviors reported in the group).
9. Behavior change lies in the ability of members (including the worker) to respond to demands made by group members upon each other, and in directions

that are struggled with, thought about, considered by group members.

10. All members of the group are part of each other; therefore all behavior is common property and consequently subject to group consideration.

When groups are seen in such constant terms of flow, it may be easy to see why a word like homeostasis has little meaning. Perhaps the word "pattern", that is, consistent behaviors over time comes somewhat close. Yet pattern is still not a word used to imply staticism; rather it implies consistency in the context of change. Crisis then is an event only when it is abstracted out of the totality of lives but since that is the language of scientific - medical worlds and since social work means to focus on behavioral change and its directions, it may after all the work done on the idea not be the best of words. Yet, whatever one calls those myriad events all men undergo, not the least of which are birth and death, they can be--categorically are dealt with in groups since after all behavior is learned and is subject to social judgement. It is evaluated socially and has social consequences. Crisis means struggle and when dealt with by social workers it is struggle under guided conditions.

Before citing some concrete example of the use of groups in crisis work let me recall four major notions I have introduced here. We started out by pointing to the traditional developmental approach out of which group work arose and suggested that both because of tradition and because of our conception of the human group as a functional (behavioral) system, notions regarding health and illness (medical models) have limited application. We suggested that all living is crisis because of the fundamental uncertainties of human existence and the pervading sense of anxiety that besets man. We suggested that because crisis is universal in man,

crisis is normative and crisis situations of great dramatic impact fundamentally a continuation of the basic theme, elaborated. The notion of individualism was rejected and it was suggested that individuality-groupness as reciprocal notions correspond to reality; that is to say that groupness is achieved through the interaction of persons who at the same time develop individuality by the unique manner of participating in the interaction.

The existential meaning of crisis was then explained around the client's perception (subjective) that he is both alone and lonely and if not the former, then still certainly the latter. Finally, we suggested a series of dimensions in social group work based upon the material that preceded it.

It is necessary now to cite some examples of work in groups around crisis. The most immediate coming to mind are usually those drawn from hospital experience. We have found that we could give help to patients with burns, particularly those who could use a group in part around the exercise of extremities, such as the hands. Groups have been useful for parents of fatally ill children and particularly so shortly after they have had the announcement and first explanation of a diagnosis. Some brief work with parents of emphysema children has been done, sometimes focusing on concrete tasks such as how to build a respiratory tent. Furthermore, such discussions are perfect opportunities for the discussion of more charged material. Parents of cardiac patients as well as of children with diabetes have been seen in groups where the purpose is in part to feel part of a world that cares and where feelings can be expressed as well as where the group can be used to learn behavior management connected with disease. I already mentioned on the spot waiting room groups, as well as groups for children with short-term hospitalization (as for tonsillectomies). Groups for chronically ill children with rheumatic heart disease

have been worked with by some of our students. In the non-medical field, the crisis attendant upon adoption has been dealt with in groups--not just for study--but for help in what to do before and when the baby comes. Groups to deal with the impact of first foster placements with foster families are still another way of working with the dislocation of family functioning that occurs whenever a newcomer joins a group.

There are an almost infinite variety of pre-discharge as well as post-discharge groups that deal with the behavioral vicissitudes attendant upon re-entry into a community that one had physically left, sometimes years before. Groups for unwed mothers exist in many a maternity home. Here in Topeka we have had considerable numbers of short term groups for parents of retarded children. And there are workers who have worked with those same kinds of people who often are in a perpetual state of crisis in local chapters of the National Association for Retarded Children. Implicit in the notion of the human group, implicit in the history of group work practice, implicit in an existential approach to social work is always the notion of people becoming part of each other. That is as developmental as anything can be, for it is what little children learn in relation to mother and father; what people of all ages do with their peers; what husbands and wives do in marriage, in fact it is what makes people persons. When there is particular crisis people draw a bit more together, workers get involved and influence situations by their own influence and drop out after a while leaving clients with skills, sometimes perspectives, always memories of how they helped or didn't help. And so existence goes on. Nothing ever stops, the universe turns, life continues, injuries grow over leaving scars, losses remain losses but through perspective, time and new experience less visible but there. There is meaning, comfort and hope in being part of each other's life with all its minor and major crises is lived. Thus it is, has been and may perhaps be. "Life," says the title of a famous study, "is With People."

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Strick. New York

THEORETICAL AND PRACTICAL NOTES ON A PROCEDURE CALLED "GROUPING".

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Dedicated to and written in honor of my students in the Class of 1966,
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INTRODUCTION

One of the most frequent questions arising in the minds of people who work with groups is "Who shall be a member of a group?" The operation of deciding upon answers to this question is called grouping. Should a group be made up of similar persons? Or "do unlikes seek each other?" An extension on the theme is "do you think that Mr. Jones should be in this group or in another?"

Although there are some groups which social workers serve that determine their own memberships, it is mostly the responsibility of professional workers to decide who should and who should not be treated in a group.

There are two types of groups in social work practice where the question of "who" seems most pressing. The first of these is the type of group designed to bring about some change in behavior - ranging from club groups to treatment groups. In this type of group the similar goal is the change in the behavior and/or personality pattern of the members. While the notions "the group as a whole" and "group goals" tend to play some part, the underlying reason and purpose of group membership is individual in nature. The member gives what he can and takes what he can. Ultimately, however, his membership has meaning and purpose primarily in relation to his change in behavior, his adaptive patterns, the way in which he copes, not only with the other members of this group, but in future groups as well.

The second type of group is the committee type operation where the task achievement pattern prevails primarily. Here, as we have said

elsewhere* it is still important to recognize the personal needs of group members. The primary purpose, nevertheless, has to do with the development and discharge of a work agenda. The group is known by this purpose and when finished is either given new tasks or disbands.

The task in this paper is to deal with the growth type group, referred to in the literature most commonly as the growth-oriented group.

I

It is characteristic to think of the concept group in various terms. One way is to speak of groups in relation to the assemblage of individual members. In such a case a group is the sum of its parts. Thus, were ten persons to gather together one may be said to have a numerical group of ten. Another way to think of groups is in what may be called the numerical plus manner. Here the worker is aware of the members as individuals but recognizes that there are certain qualitative aspects to the inter-action of individuals that make the group what he would characterize as "something more than the sum total of its parts". It will be noted that the "more" is still a quantitative term, albeit to indicate what is essentially a qualitative kind of interaction. Thus one may hear and read "the group decided to skip next week's meeting," implying at least some sort of group process.

A third way of perceiving groups - and the one used here - is to think of the group as something different from its parts. Here, from

*Hans S. Falck, "Social Group Work and Planned Change" in Social Work Practice 1964 (New York: NCSW and Columbia University Press, 1964).

the very outset there is the implicit notion that the primary accent is on qualitative dimensions, aspects that fit neither numerical, nor the numerical plus conception. The major idea underlying the "different from its parts" notion is that when persons interact around shared experiences in time, they create a "group chemistry" that is uniquely theirs as a group.

While any group membership per se changes persons, such changes are seen as in unique ways, in this particular group and with these particular people. Groups develop norms of behavior, unique ways of enforcing them and to punish or correct deviance and deviant individuals. In other words, we think here of individuals-in-the-group. The group in this case is the product of the interactions of persons. These persons are also individualized in particular ways because of their membership in past and present groups. Thus individualization and group are process and product of the same interaction. A particular person's type of individualization depends on what he brought to the interaction from previous experience and how he permits himself to become involved in this interactive experience. Reasoned to its conclusion one does not speak of "the individual" and "the group" but of the individual-in-the-group, the hyphens indicating the intermeshing, the intersticing of all with all. The notions group and individual are thus inseparable and totally dependent upon each other.

FIGURE I illustrates the numerical group in which all members are closed systems in some proximity to each other.

FIGURE I

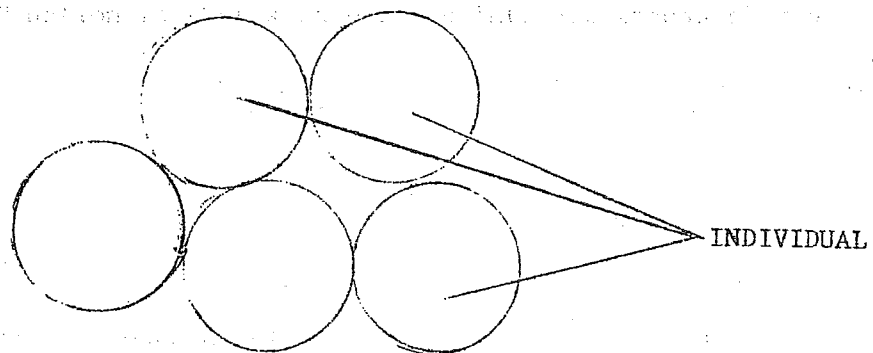


FIGURE II illustrates the numerical plus type group in which members have some mutual awareness that they belong to the same group, but still remain "individuals."

FIGURE II

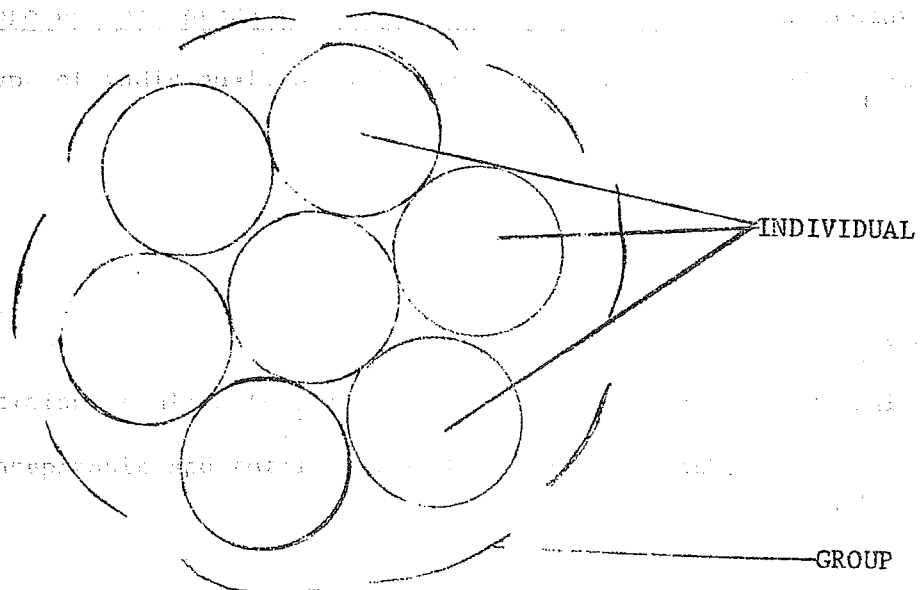
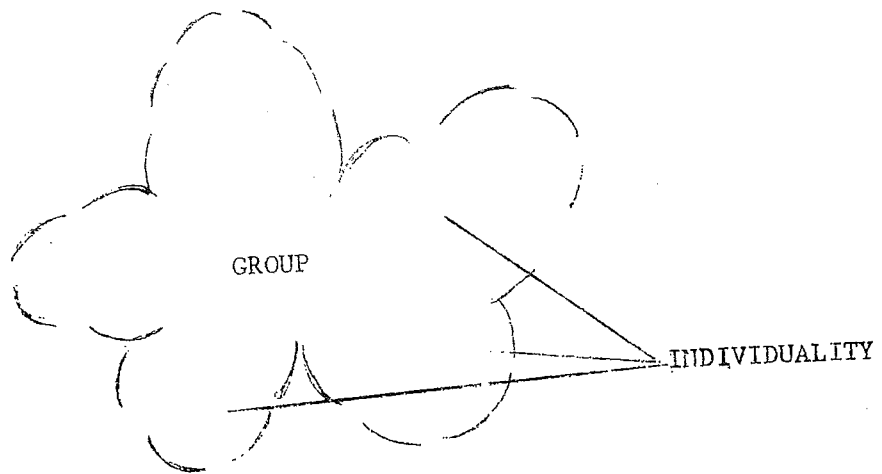


FIGURE III illustrates the individual-in-the-group concept. It will be noted that individuality and "groupness" are integrated and totally dependent upon each other.

FIGURE III



From these greatly over-simplified representations one may nevertheless see the problems attached to grouping. Were one to follow the numerical model (Figure I) little concern need to prevail as to how persons interact and who should interact. Each person is a closed unit and access to each other would be nearly impossible.

In the case of the numerical plus model little more can be said. While the group here "is more than its parts" and is recognized as having some viability its own, the relationships of its discreet individuals to the group are left unaccounted as well as unexplained. Individuals are still pictured as closed systems. While having close proximity to each other, the self-sufficiency of each person makes considerations of groupings of limited relevance.

When the notion of individual-in-the-group (Figure III) is considered, grouping suddenly becomes essential. As Figure III clearly demonstrates, the "openness" of each person to the view of other means high (though varying) exposures. The more persons disclose themselves to each other* the greater the visibility and the greater the impact on

offensive, defensive, offensive
but take

*The concept self-disclosure is discussed at length in Sidney Jourard's The Transparent Self (New York: Nostrand Press, 1963).

each other. Grouping is important because, whether recognized or not, the assumptions represented in Figure III prevail in the minds of workers. Such workers ask questions about grouping or may dimly ^{understand} feel that discrimination in group membership is necessary in order to maximize the chances for successful treatment.

FIGURE IV present in table form, a summary of group types, group integration states and personal commitment required of members belonging to each.

FIGURE IV

GROUP TYPE	INTEGRATIVE STATE OF GROUP AS A WHOLE	PERSONAL COMMITMENT
NUMERICAL	NONE	DISTANCE - NONE
NUMERICAL PLUS	PARTIAL	DISTANCE - PARTIAL
INDIVIDUAL-IN-THE-GROUP	FULL	INTIMACY - FULL

The task before us is to find principles and rules for the selection of persons for a particular type of group experience - the growth oriented group - in such a way as to maximize the usefulness of the experiences they might both find and create there. In a more specific way, the task is to predict what will happen to a person when he becomes part of a group and the group a part of him. One may assume that no matter what the interactions, there will be some changes in the person's behavior merely because of involvement. What one wishes, of course, is planned and predictable change, goal directed and specified. Professional control over who gets in, who stays in and who gets out is one means of influencing changes in behavior.

What follows from the above is a fairly clear rule. It reads as

follows:

Selection of group members should rest on how a person is presently constituted, what his behaviors should be as a result of group experience, and, what they might be while a person is a member of the group.

The three organizing concepts thus emerge as follows: 1) assessment of present functioning; 2) specification of goals; 3) predictions about functioning in this group.

There is relatively little to be said here about the first and third points. Workers are quite commonly aware of the need to make diagnostic assessments at the outset of treatment and of the need to make periodic revisions thereof. Only a little less importantly they think of goal definition, of the specification of hoped-for outcomes, of objectives. Perhaps the least attention is paid to the intermediate phase - the predictions about the functioning of a person while in the process of group.

Quite evidently, there are a good many stimuli which persons direct toward each other in the process of interaction. Indeed, one way of thinking of interaction is in terms of group demands for verbal and non-verbal participation according to developing group norms - themselves the product of interaction.

While it may be possible to specify what a given person brings to the future group from past experience; and, while it may be possible to specify what one wishes a member to take away from the group experience, it seems less easy to specify group (interactional) experience itself in operational terms.

In a very general way we have already indicated that "between"

beginning and end of treatment is the group process itself. But this is very general indeed and not too helpful for the practitioner.

Barring specification of the nature of group process - partly because of the variability of "group chemistries" - it is nevertheless possible to indicate certain considerations applicable to the question with which we began: "Who shall be a member of a group?"

This question will need to be answered 1) predictively; and, 2) in terms of group behavior. The worker must be able to predict what will probably happen when a given person with somewhat known behavioral patterns is placed in a certain group. The reason that he is concerned with such questions is that treatment depends upon member interactions. It is therefore the group process itself in which we are interested. The criteria and considerations taken to decide upon group placement should thus be stated in interactional terms. We think of the behaviors by others and self with which a potential member needs to deal. Because a group is by definition an interactive unit, it is far more significant to think in behavioral terms than about personal attributes and characteristics, i.e., "he is nine years old": "she is divorced" etc. Such statements describe no behaviors.

By group experience is meant group interaction. Specifically, all persons who participate in group interaction are assumed to be members of the group and are treated as such. This includes the worker. We can treat the worker too, as a group member. This can be accomplished by observing that while worker and other members have differing goals for themselves, no two persons in the group every play

the same role. In any event, each member takes on somewhat specialized functions. Thus, the worker-member's purpose is to help other members interact creatively with each other and with him, as well as to use the group to gain professional satisfaction from his participation within it as the worker. Better he make explicit these goals than that he participate on the one hand and on the other assume that he can steer clear of involvement in the name of objectivity.

Thus situated, the worker introduces program or what we have elsewhere called content.* He contributes to group life. To be sure he is expected to plan his content and be consciously aware of what he puts in. He is expected to contribute to the ongoing process of the group because he is expected to promote certain outcomes. These he considers desirable. The worker is now a contributor to group interaction. It is even possible to specify what forms such contributions might take, as Saloshin has done.*

What has not been accomplished, except in very general terms, is the specification of what the other group members contribute to the interaction process. In general, it is possible to point to such contributions as rivalry, conflict, cooperation, competition and others. Yet, these are not behaviors. They are generalizations (if not

*Hans S. Falck, "The Use of Groups in the Practice of Social Work," Social Casework, February, 1963.

*H. Etta Saloshin, Ph.D., Five Capital "C's", "Conceptualization Through Classification - Confusing, Confirming or Clarifying?" CSWE Workshop Reports, (CSWE: New York 1962), pp. 37-51.

generalities), reflecting large numbers of behavioral acts, too numerous to list.

Even considering the difficulties attaching to the a priori specification of the behavioral contributions of group members, nevertheless decisions have to be made about their characteristic nature. Such decisions are vital, unless one believes that it makes little or no difference who is put into a group and with whom. One is thus faced with an important problem, all the while possessing few if any tools with which to do the job.

The question as to who should be placed in or encouraged toward membership in a group, is the question of who will contribute and accept what kinds of behaviors and with what kinds of results? Implicit in this question is the assumption that potential contributions group members make to each other range from helpful to destructive. A further complication, already alluded to, lies in the fact that group members are not distinct closed systems. They are open systems, creating a group process. The nature of this group process can not be explained by the contributions of distinct individuals; it can only be explained by our earlier notion, individual-in-the-group.

II

One of the most frequent of questions arising in connection with grouping is whether to emphasize similarities or dissimilarities of people. Should nine year old children make up a group or would an age range of from seven to ten be "better"? Can schizophrenics be in a mixed group with neurotic patients? Should very aggressive persons be

placed in a group with quiet people, so that the active ones may "liven up" the quiet ones and the quiet ones "tone down" aggressive persons? Should older people be only with other oldsters ("people like to share with others of like characteristics") or would it be better to have oldsters mix with younger persons ("young people should learn not to be afraid of oldsters and oldsters need contact with the young")?

The fact of the matter is that the homogeneity as well as the heterogeneity argument can be used to justify just about any approach. It is literally impossible - except at the most extreme - to outweigh one argument by the superior force of its alternate one. In other words, the question as to who ought to be grouped with whom is unanswerable when categories only are used as guides.

At the same time as one may discount the efficacy of the categorical uses indicated above, we are in no position to abandon them altogether. After all, categories are generalized abstractions reflecting some kind of empirical counterpart in the form of behavior. The question then becomes one of using such categories in what we would suggest is a proper manner.

We have indicated before that since groups are interactional, i.e., behavioral systems, decisions as to grouping need to be made in behavioral terms. We have to be able to predict with some degree of accuracy how a given person might behave when placed in a group. The task then, is to convert categories, whether diagnostic, age, occupational or other into behavioral terms. In other words, what do nine

year old boys typically do under given circumstances? What are the typical behaviors of schizophrenics (again by type and stage of illness) when placed with other people? How do oldsters react to contact with children, with teen-agers?

Another element must be considered also. Behavior varies not only with membership in some category. Not all nine year old boys are alike. But even if one were to assume that they were, one would still need to take account of variations induced by setting, by who else is in the group, by group purpose and group activity, as well as other variables.

Emergent from these considerations are two rules that are offered as of some help to workers.

- A. Categorical dimensions should be treated as generalized statements about behaviors of persons belonging to each category.

And

- B. Differential assessment of persons with reference to their individual variation must be made in relation to their predicted group interactions.

The aim is to use rules A and B in combination. Either used by itself results in serious distortions. Rule A, when used alone, is too general to explain individual cases, while rule B when used alone, results in unwarranted generalizations from single or even a handful of cases. The logical process here is to find the application of general principles with reapplication of equity (in the Aristotelian sense) to account for individual variations.

Re-emphasis must be given to the importance of describing people in interactional (behavioral) language.

Examples:

Rule A:

Nine year old boys are pre-occupied with activities of a physical nature. They characteristically run, compete, play games and "hate" girls. They look for contact with fathers and admire other adult males, too.

Rule B:

Jimmy is nine years old. He has many friends at school and near his home. He lost his father in an automobile accident 18 years ago. He has had some difficulties in school since that time and won't mind his mother. The gym teacher is the only person to whom he has responded recently. Even with him it's been an "off and on" type relationship. Jimmy cannot yet tolerate any too close contact with adults.

We now have two statements. The first is a generalization about nine year old boys; the other a partial description of Jimmy. Underlying both is an unspoken assumption. It is that identification with males (and the loss of a significant male figure-father) is developmentally important. This could be extended to a Freudian-type frame of reference about the entire developmental process of boys in Western society.* What shows up is that both the generalization (Rule A) and the specific description of Jimmy (Rule B) are part of the same frame of reference. It is the frame of reference used that suggests for the worker a) what is "good" for nine year old boys; b) what to expect about their general behaviors; c) the degree to which Jimmy conforms and deviates; and d) what professional action is needed (in this case grouping) that may either maintain for Jimmy

* Cf. Talcott Parsons, "Sources of Aggression in the Western World," Essays in Sociological Theory - Pure and Applied, (Glencoe: The Free Press).

what is considered adequate behavior or what may need to be done to help him change present behavior to more acceptable leads. Let us now consider the problem of grouping insofar as Jimmy is concerned.

Rule A would suggest that nine year old boys should be in groups of other boys of approximately the same age and developmental level. We are, of course, assuming here that the two are consistent. If it is true that nine year old boys seek contact with adult men, it should follow that a club group under male leadership would theoretically be desirable for Jimmy. Yet this is precisely where Rule B comes in.

In many ways Jimmy is like most nine year old boys. In one he is not. He lost his father. Since then (as a result?) he has had difficulties with adults, particularly men. Here then Jimmy needs to be taken into account as a unique person with his specific behaviors. This is the application of Rule B. The following questions must be answered.

1. Does Jimmy behave with all men as with his gym teacher?
2. Has his behavior with men changed during the year since his father's death?
3. Would further contacts with adult males help, or re-enforce his problems with males?
4. What effect would Jimmy have on the other boys in the group?
5. How would a particular (specify) male person have on Jimmy and Jimmy on him?

The questions can be answered predictively - to a degree. Answers depend - as far as Jimmy is concerned -

- 1) On what is known about nine year old boys;

- 2) Jimmy's past behaviors
- 3) The anticipated interactions between:
 - a) Jimmy and the worker
 - b) Worker and the other boys
 - c) The other boys with each other and Jimmy

Thus the predictions upon which grouping is made are essentially about the "group chemistry" that would result, were Jimmy to become part of it. As might now appear more lucid, the usefulness of the prediction assumes the type III group discussed above, incorporating the "individual-in-the-group" notion.

And yet, another very sensitive decision must be made. One may describe it perhaps by suggesting further questions needing answers. Thus workers ask: "Suppose I place Jimmy into a group of boys of similar age with a male worker, would the situation resulting help Jimmy or hurt him?" If Jimmy has trouble with adult men would the group merely make matters worse? "Or," the worker asks, "would this situation be one in which Jimmy would learn that men can be predictable, do not all leave him (by the desertion of dying)?" In other words would the group experience help or make matters worse?

A further set of questions occurs, which we will lump under the heading of dealing with "reality." Thus one observes that Jimmy must learn to get along in this world and that this includes most especially facing separations of all kinds throughout his entire life. And so, it often follows that settlements, camps, clinics, youth organizations and institutions place their many "Jimmys" in groups, to become part of them in order to learn the realities of human interaction and experience.

Some "Jimmys" don't get such experiences right away. They are thought of needing the protections of individual treatment. For them, workers perceive group situations not as the sources of therapeutic confrontation but as danger. To be sure, it is recognized that in most cases protection from others should be temporary. What such considerations nevertheless suggest is that for some people at some point in time in their lives a reason for not placing them in a group (grouping) on is the belief or guess that the group is too challenging, is seen as a source of intolerable danger and makes demands of a person that he cannot meet. What for one person is thus opportunity is great threat for another. For the worker it is to predict the difference and what to do about them. Once again I would re-enforce the fact that in the Type III group (the individual-in-the-group) self-disclosure and thus both potential opportunity and threat are greater than in groups seen in the numerical or even the numerical plus sense.

Considerations such as these tend to be greater where the agency table, program is explicitly therapeutic in nature. But not all agencies with growth-oriented groups are of such nature. Many agencies with socially educational (as distinguished from therapy) goals work with people where the goal is still in terms of individual growth. I have emphasized predictive grouping but not at all experiential grouping. Experiential grouping is exactly what the words imply. Persons are life-grouped - usually according to some dimension, such as common interest, common goal, sex, age group or educational level. Decisions as to suitability are made as the group goes along. The rule is that a member

unless contra-indicated. But the decision is not as simple as that either.

Example:

Doug was placed in a cabin group as one of eight boys, aged 7. Soon after arrival at camp it became evident that Doug wandered off and when pressed to stay with the others became physically attaching. In very short order Doug was in trouble with all the group members, including the counselor.

By the third day - after attempts to talk to Doug - he was transferred to another group in hopes that he might do better. But the same problems occurred there as well as in still another group.

After a week, Doug was taken home as unsuitable for camp.

Experiential grouping as in the case of Doug is very common and has certain advantages because it produces more reliable data than prediction. While Doug did not "work out" much can be said for knowing this on the basis of actual experience rather than to predict it.

This becomes particularly true in the light of predictions made on the basis of individual behavior without reference to the total content (the individual-in-the-group) in which the behavior took place. Most frequently such data are unavailable and even when available are not too reliable. It goes without saying that where reliable information about the functioning of a person can be gotten, they ought to be used.

Much can be said for experiential grouping as is attested to by the frequent and surprised statement "I would never have thought that Mr. Smith would do as well as he did in the group." In the case of Doug the "surprise" was in the opposite direction. Not only was it assumed initially that he should be a member of his cabin group.

Even after he did not work out in the first one, further experience was gained by two further trials in two other groups. Experientially, three sources of data were finally tapped - all with the same results - a rather impressive array when one considers predictive grouping as the alternative.

III

Severe limitations exist in the collection and interpretation of useful data for purposes of grouping. Nevertheless, both predictive and experiential grouping are common methods of member selection in growth-oriented groups. The rationales for grouping can be discussed in terms of self-disclosure as fundamental to meaningful group experience. This in turn presumes an individual-in-the-group approach to group process, rather than numerical or numerical plus approaches. Another way of stating the problem is by observing that the greater the need (demand, expectation) for self-disclosure, the more important grouping as a professional technique.

While no precise technique for grouping exist, some rules can be used as guides and are thought to provide greater firmness of approach to the problem of grouping than would be the case in a "pot luck" approach.

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TIME IN WORK WITH GROUPS

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1973 (X)

→ Du Baltimore

by

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Statements about social process harbor definitions of time.

Every frame of reference for professional practice in some way comes to terms with the concept time. Time is implicitly defined in the use of words such as process, dynamic, ^{Entstehung}emergence. Time suggests basically a physical idea, namely that the cosmos is in perpetual motion and never reverses ^{unreversibel} ^{unrückbar} itself. Time suggests that the past is "used up," the present always "here" and the future ever in coming. The cosmos moves at an uncontrollable pace in an untouchable course. For people time suggests growth, usage and death: it reflects the metabolic phases of nature, including man.

Man is both part of the cosmos and its guest. He is a guest because there is a host: the much larger and powerful universe that subjects man to its laws. There is no reciprocity here, since man appears infinitely small and powerless in relation to the cosmos that gives him his ride. He, so to speak, sits on top of it. He has been unable to influence its motion, to say nothing of controlling it. Aside from the unevennesses of power between man and the physical universe there is motion itself. And motion, just like the mountains, the water, and the sky man cannot control. At

best he is guest, at worst he is victim, most often he is explorer, investigator, and much of the time he just wonders.

Thus, both part of the universe and powerfully aiming to control it, man has choices to make. He can either bat himself against the uncontrollable, the physical and temporal; or he can concentrate his energies on that which he can influence even if it seems very small by comparison: himself. Mental health work is a way of helping man influence himself as part of others.

To influence man, men behave. Behavior has purpose. It is maintenance and perpetuation of man within the dictates of the physical laws of the universe. Whereas man cannot change the fact that it takes him "for his ride," men can influence their relations to each other. While man is helpless -- in the sense of the fact that he moves, liking it or not -- he can influence the qualitative aspects of his relations, i.e. the way men change each other. This is the purpose and the outcome of human behavior.

There is so little non-interactional behavior of consequence that behavior is used here always in the sense of "interactional" or "social." The purpose of all helping efforts therefore, is to influence behaviors among people, to render them qualitatively valuable and therefore effective.

When mental health people speak of movement they do not mean physical motion. They suggest that behavior has 1) changed; and 2) for the better or worse.

When mental health workers say that a person has not changed they mean not that a person is exactly as he was but rather that he appears to have remained steady, that he copes with demands made on him in ways he has used before. Sometimes it is desirable that these patterns, these steadinesses change to different ones; very frequently that is not necessary at all.

People in such circumstances need help with the solutions to situational difficulties that arise but not long range modifications in their behavioral qualities. To say when one is more necessary than the other is part of the exploratory aspect of working with clients and aptients.

To obtain a clearer view of time and movement we shall view the problem from two standpoints. The first is named sequential time, the second concurrent time.

Sequential Time and Concurrent Time

Sequential problem solving favors a type of activity that also stresses sequential views to time. The central logic in sequential approaches to time is continuity.

Behaving men are ever becoming. Having behaved in some way one never

again behaves the same way. One might behave similarly but not identically.

Most definitions of time suggest that human events are time limited, e.g. have beginning, middle and end. This is the case in the most widely known theoretical approach to crisis theory.¹ According to this view men are constantly experiencing -- other persons and each other in a lasting process of becoming part of each other, but always in the now, never in the past and never in the future. It supports the idea of becoming . . .²

All approaches to time place relative emphasis on sequence and on concurrency, neither totally excluding the other.

Time as Sequence

For most purposes time is thought of as occurring in three sequential phases: past, present, future. Any occurrence preceding the present is "in" the past, anything following "in" the future.

Central to notions about time is the word "is." It "is" a certain time. I "was" home then and I will "be" home later. Memory, awareness, prediction, correspond to each "time." Thus anything that happened can be remembered unless forgotten; some events can be predicted. Correct prediction of coming events is highly valued and universally endowed with prestige for

¹Parad

the seer, the scientist, and the magician.

Time is actualized as humans behave it, such as remembering occurrences in time, or to look into the future through planning. It really means little in everyday life unless spoken of in the language of events. It makes no sense to say "yesterday." We are not instructed when we observe "tomorrow exactly at noon." There is a "what" that fills time and it is only then that time makes sense, that a statement about time communicates anything of usable significance.

Discussions about groups frequently end with the way they began, namely that group interaction is a process. Many cliches are used to say so. "Nothing stands still" is one. An interesting paradox is contained in: "All situations are dynamic."

a) Is

The word "is" cannot be eliminated from the language. One reason lies in its pervasiveness. Another is psychological in that the word and thought "is" lends definition to situations and definiteness in time and space. We are, of course, brought up to think of time in "is" terms. There is tension between the security of "is" and the strong desire to see existence as dynamic. This has to do with partialization. It is impossible to grasp ev-

everything at once, be it time or behavior. We therefore partialize, that is to say organize events into manageable pieces even if for no purpose other than to get hold of some time of time.

Professions that follow disease models describe course of disability, illness, cure. What is most noticeable about them is the sequential definition of the professional's activity, be it social worker, physician, psychologist, as well as an increasing host of other professionals patterning their activity after the physician. All follow the following sequence of events: study, diagnosis, treatment, re-study, re-diagnosis, treatment . . . Viewed from the standpoint of time it is evident that study comes "first," diagnosis "then" and "finally" treatment. The inner logic is self-evident. It is a step-by-step approach. It follows order. The steps are identifiable and they are clear. It is universal. Practically all members of the professions mentioned start out by requesting the patient, student, client to tell what "happened." All consider this question of central importance to the performance of their tasks. There are two major reasons for the practice. First, treatment decisions and prescriptions must be based on facts (what "is"), i.e. on differentiation of data. One must give the right med-

icine, advice, suggestion for the specific situation of this patient. The professional must know what ails and what is healthy about the person. He studies, he explores, synthesizes, abstracts, diagnoses for condition and for cause.³ Second, the need to know assumes the right of the professional to assume in turn that he knows what is good for the patient, client, student as consumer of professional service. Even when the patient knows his symptoms it is always assumed that he does not know what they mean. Self-diagnosis is severely discouraged, both from the standpoint of safety and because of the need for professionals to protect their monopoly. To do so anyway is seen and resented as an invasion of expertise which professions claim and fiercely protect. At the present stages in the development of most professions this is still not a problem of justice; it is a matter of fact.

The whole course of curing whether directed at the measles or at some social dysfunction includes evaluation of treatment as against diagnosis.

It is both an intermediate and a final step. In the intermediate form it appears in the sense of re-study and re-diagnosis. In the final form it follows all treatment efforts, taking on the character of predischarge ex-

³Chance

amination or autopsy.

The sequential approach to time expressed in the form of study, diagnosis, and treatment corresponds closely to general problem-solving sequences. Identification of problem, exploration of problem, action-type intervention, and evaluation are almost nothing more than differently worded re-statements of the disease model words study, diagnosis, treatment.

The same is to be said about the "steps" in the scientific method which with minor variation follow the same general patterns of thought as well as procedure.

b) Cause

Time is clearly visible as a dynamic in any discussion of causality.

"We are the products of everything that has happened to us, especially during the first five years of our lives" is unquestionably one of the most popular illustrative statements and cliches. So is the opposite: "people change throughout their lives, they are not fully predestined by the time they are five." The assumptions about time are exactly the same. "Treatment will need to be long-term because of the nature of the problem" is a statement implying cause (difficult problem) and effect (prolonged treatment).

"He hit you because you hit him first" says mother. "No, he hit me first" says son.

However valid or persuasive these observations may be in relation to their application in work with groups, there are nevertheless choices one can make in the use of the concept time. While utilization of time sequential approaches are both inevitable and fruitful, we doubt they are the only useful ones. We should like to present an additional view and point out its logic in relation to social work generally and to group work in particular. Again, we emphasize that what has been discussed is one approach to time.

Time as Concurrency

The usual manner of starting a group after the preliminaries and the contract have been explored is to ask "what happened that brought you here?" An alternative is to say "what do you remember that accounts for your being here?" The first statement implies that some event brought the people. The second question talks not of the event but of the people. The second question places heavy emphasis on client action, while the first mentions a fact and a client response to it (coming for help). From the standpoint of time the second question stresses the "now." It is as if the worker has said

"What do you remember . . . now . . . that brought you here."

An example from the beginning of a group session will serve to illustrate.

W: Let's start the session by talking about what I said to you in our individual interviews about the purposes of the group.

The primary emphasis lies in the importance of knowing what the worker said.

The worker might think it both interesting and necessary to know how accurately clients remember the facts (what the worker said in the interviews).

As to the alternative:

W: What do you remember we talked about in our personal interviews regarding the purposes of the group?

The stress is on three elements: the clients, the worker, and on their behavior. It does not stress objective knowing of what happened but rather what client and worker (now) remember. It is as if the worker said "who are we now?" It also stresses that worker and client exist together in time (again, now); that the remembering is ours, not the worker's. The implication is that persons act on what they presently remembered, not on what happened. The worker does not aim to ascertain Truth. Remembering is behavior (according to our earlier definition interactional). It is an example of what is meant when it is said that worker and client are members of the same group.

The worker's opening comments thus seem to suggest the following: "let's figure out what kind of relationship we perceive for ourselves as we now view it."

Remembering and acting on what is remembered is present behavior. Speculations about the future are present thoughts. Group membership is always meaningful in terms of present relationships (in what ways men are part of each other). They surely change in content, in affect, in style, but whatever goes on in the group goes on now. Whatever manifests itself in defensiveness is meaningful now. When it is in the cooperative style it is also now. Time is neither reversible nor can it be speeded. Whatever time it is it must be now, for time for humans means behaving . . .

I pointed out earlier the remarkable rationality with which sequential approaches to time proceed. We noted the implications of this from the standpoint of problem solution and scientific method. Surely, it is not all rationality that governs. When persons interact it never does. Nevertheless it must be admitted that the strain in such models is toward the objective, not toward the experiential in subjective, feeling terms. In here and now approaches, to the contrary, the strain is also toward ration-

ality but it is the discipline of will rather than of intellect that is stressed. When time is treated in the concurrency style, i.e. when all that happens happens in the present, there then occurs a fusion of all experience. The content of it is knowledge, feeling, self with other, in sum the totality, the fullness of all that people are, the latter in the sense of experience. This includes specifically the spontaneity of self-expression in itself the result of a finely disciplined will, of consciousness of self in the most secure possible sense. It provides persons with the freedom to express fully, to feel and experience the totality that is not only each person but of all as part of each other. What is experienced -- known and felt -- by living, vibrant persons is what makes each now truly now. The experiencing fills, provides the moment. The persons "open up," feel their totality within themselves as simultaneously they belong to each other because they are each other in a special way -- their way. Persons thus do not only look at each other, do not only observe, do not only hear sounds: they absorb. In the experience of the absorption as each moment melds into the next blurring boundaries of beginnings and of ends lies the meaning of the otherwise so pale and austere, even lifeless terms: now. Nothing is certain as persons feel themselves as well as think in that never ending

movement. The only certainty is the degree of consciousness of each, more or less in control of himself, steering his ship as part of others, taking the risks of uncertain next phases . . . Filled with anxiety, having lost each moment to the next without ever knowing what is to follow, his will tells him to move on . . . and he does. He cannot do otherwise for if he falters because he lacks discipline he will move because the cosmos moves -- without his control or his direction. Thus he battles the constant tendency to be swept along, losing mastery. The constant awareness of now is the sharp command to stay on top, not to lose direction. He is helped in that effort for man is not alone -- though he may in fact be lonely -- but part of others as he is of them. They do whatever must be done together, each in his way. Intensity, intimacy, integration characterize the existence of them all. Rational knowing becomes willing, and willing makes for the personal discipline through which alone man can be free and spontaneous, feeling affect securely rather than as threat upon the personal integrity all men seek.

The inability to feel personally secure as part of others is the disastrous evidence of Twentieth Century America. The crippling effects of failing to experience the intensity of each here and now results in failing to

learn presently from the past and makes impossible as present thrust into the future through planning. The individualistic chase for mirages that characterizes millions betrays our failure to absorb deeply and intensively that there are no individuals. The insistence that workers with groups must be objective, i.e. remote says that we say we want to help and fail to trust ourselves to do it. It is not that we do not know what is to be done. The words are all there. So is the fright that in trusting we can be attacked, and that in savoring the moment as part of others we might be overwhelmed. The answer then is to remain dispassionate and merely reasonable -- and irrelevant.

Method in the professions is subject to the over-preoccupation of people living in a technological society where "fixing it" is important. This holds in professions as in TV repair. The latest techniques are eagerly embraced and adopted and are sharply dropped when something else comes along.

Crisis theory reflects the same need for cloture. Aside from its great usefulness as related to resultant short term treatment it is also remarkable in terms of time. It embodies a strictly sequential mode, stressing identifiable beginnings of a given crisis, its course during which the client

is highly susceptible to therapeutic influence and its end, pegged at about six weeks after onset. Crisis theory has had important influence on the re-evaluation of long-term treatment courses. Important research has recently shown the efficacy of short term treatment, in some ways a derivative of crisis intervention.⁴

Yet crisis has other meanings as well. They are not nearly as precise as in crisis theory, nor are they culturally as acceptable in America as something that begins, has a middle, and an observable end. This is crisis in the sense of suffering. Suffering is used in the sense of "to allow" involvement, commitment. It is an open-ended notion from the standpoint of time and it holds that crisis is not an event as pointed out earlier, but rather that it is to be viewed as a style of life. According to this view all living is crisis.⁵

The emphasis on needing to deal with what happens in a group as it occurs has been observed clinically by many practitioners. A worker and other members must respond in some way to whatever happens. A delay in responding is itself response. Members, especially client members are under no obligation to work toward worker objectives.

⁴Reid and Shyne

⁵Falck

All experiences are incorporated and made part of the interacting (behaving) persons. In this sense, also, we see another view of time, namely that that which is incorporated lives on far beyond its initial occurrence. With the reminder that psycho-social relations are symbolic, rather than physical in nature it can be seen how one may indeed argue for the ongoingness of experience in time.

Practice Implications

The usual professional approach to study-diagnosis-treatment describes a series of worker activities. In reality this is a rather impossible way of working in groups. A group work frame of reference comes close to demanding that there be mutuality between worker-member and client-member. "I am not studying," "I am now diagnosing," and "I am now treating" leaves out of explicit discussion the client-members. It sounds like an extra-social undertaking. We would argue the efficacy of a different approach. This is that group members (all members, the worker included) together reflect on their behaviors in the group in their attempt to improve their functioning. This is the assessive dimension of group behavior. It is also something else. Members are changing as behaving persons by virtue of and as they assess. Therefore, members at every turn seem to be saying, "This is who

and what we are . . . now."

Sequential ways of thinking about treatment may be conceptualized horizontally. Concurrent ways may be viewed as vertical. Sequentially, "time elapsed" is of importance in order to give the treatment undertaking an opportunity to be conceptualized with a sense of continuity and of order. It is a logical device yielding precision and a practical one yielding distortion. Reality is not like that. It also contains a strong quality of "everything-that-happens, happens-at-once" to it. Thus also, there is real logic in viewing the worker independently thus understanding him as scientist. It is also highly illogical since he never exists functionally speaking apart from those of whom he is a part, namely the group of interaction. Not science but his will controls him there.

It is merely common observation to say that large processes to be studied must be partialized. This corresponds to the views of those who take sequential time style as their model. When faced with the demands of the concurrent here and now such persons qualify the earlier statement by pointing out that study, diagnosis, and treatment do in fact take place at the same time. It is the reliance on disease models, medical models that lies at the root of the problem. The utilization of medical psy-

chiatrists for consultation, teaching, advice; the ancillary role of social work in host settings -- particularly psychiatric and medical -- has left its mark. The deterministic character of psychoanalytic reasoning is its central logic. Gradually, as social work develops additional thinking styles emphasizing its own logic, styles that fit social work purposes and mission, it becomes apparent that social workers do not treat illness but rather influence behavior. The closer one comes to clients in influencing their behavior together with one's own, the greater the sense of the present. The worker who views himself a member of the group -- with his own role intact -- presses himself to deal with what is presented in the group as it occurs.

The reconciliation between present reality (concurrency) and historical determinism (sequentiality) is aided by Polanyi's concept emergence.⁶ To emerge means to unfold, to move, develop, come out of something previously real into something not yet seen. Thus, a group can be viewed as being in motion, enabling us to see it at various stages in its career. There is continuity without cloture. Thus, the words "stages of development" when applied to social work groups mean that we may recognize certain rhythms

⁶Polanyi

and derive a sense of organization in viewing the group. A person who undertakes to do so does, of course, change himself even as he views a group's development. It is in fact a particular "he" who sees a group's development. Thus he is autobiographical as he describes what he discovers about the group. Emergence suggests, therefore, that both the viewer and what he views are subject to the same movement, that there is always something yet to be discovered and that in the process both what is to be discovered and he who does it -- change, i.e. emerge. Any given moment during which all this takes place is called now.

The occurrence sequentially as well as concurrently of joint observing and judging, characterized further by mutual reflection, remembering, planning -- may be called social work.

Summary

All description of human experience as well as human experience itself imply some definitions of time. Awareness of what these are influences professional influencing styles. Time is conceptualized physically in the sense of a moving cosmos. Analytically it may be seen as sequential containing the logic of continuities, and concurrently containing the logic of present

experiences. Both always play roles in helping processes, although with varying emphasis depending on the style and intellectual convictions of workers. Emergence encapsulates both.

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INDIVIDUALISM AND DIAGNOSIS IN MENTAL HEALTH PRACTICE

Hans S. Falck, Ph.D.*

Introduction

Quite recently, I spent 35 nights sitting in front of my TV set watching a Senate sub-committee conduct hearings on a national scandal. As I watched the many witnesses come and go and listened to their testimony it occurred to me that each of them seemed somewhat disconnected from all the rest. Each witness mentioned a good many names but characteristically in such a way as to put distance between himself and all others. Many of the persons mentioned did not, of course, appear as witnesses before the committee but were rather names referred to by those who testified, usually in some restricted sense, pointing out what was said by whom and what was heard and what was thought to have been happening, while at the same time invoking short memory and the dimness of events occurring in a distant past like six or seven months before. I thought more and more often that a strange undertone that separated individuals from each other must have been something more than dimmed memory or fear of self-incrimination. How could people who saw each other every day and spent many hours together and shared many experiences so glibly and readily disassociate themselves from each other? It occurred to me that this was merely a defensive maneuver designed to enable each man to promote his own interests by disassociating himself from others.

As the hearings progressed, criticisms began to emerge. One harked back to the McCarthy era of the early 1950s: "guilt by association." I began to think about what that meant. The same thoughts occurred to me then as when I watched the present effort, to erase guilt by disassociation. It was clearly, unmistakably an example of an old theme in American social and poli-

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tical history. "Each individual exists by himself."

Individualism and Its Uses

Individualism is the sacred cow of American political and social thought from the radical political left to the conservatives on the right. In the name of individualism plethoras of virtues and sins are equally justified. Individualism is used to excuse the flagrant misuse of persons as in a cruel hoax called welfare. It is used for blatant exploitation under the cover of caveat emptor. It is glorified in the corporate state. It is glorified in political and social chaos.

When survival depends on the ability to compete aggressively, and when those who are able to do so most effectively and with the least compunctions are rewarded with material goods, prestige, and power, the ethical teachings of that society are useless in the face of the widespread patterns of aggression and counteraggression which a society creates when each man has to look out for himself (1).

In organized, majority religion individualism underlies views about man's origins, his present state, and his destiny. The economic individual is producer and consumer. The psychological individual is "personality." The political individual is the Voter. For the sociologist he is a role occupant, for the existentialist, Being-in-the-World. For the moralist he is the possessor of Will and is Self-Responsible. For the behaviorist he is Actor. For the subjectivist he is Viewer-of-the-World-through-Self. For the objectivist he is Observer-of-What-"Is." For groups, the individual is Member. For the biologist he is Organism.

For the businessman he is source of income, profit, and often object of exploitation. For the politician he is target of appeals. Without exception the individual is separate, isolated, and alone. He is idealized as the source of all that is good, particularly when he is Fabulous Success. But equally so, he is under-idealized when he is a Failure. Nobody takes responsibility

for anybody else.

Psychiatry is no exception. The individual is the patient. He is investigated, reviewed, diagnosed and explicated as if existing by himself.

In modern times one may trace the development of individualism from the idealism of John Locke and the authoritarianism of Thomas Hobbes, to the Industrial Revolution that used individuals to make the smokestacks smoke; to the revolt that resulted in the labor unions, to American neo-Fascism in the late twentieth century. Individualism converges with a variety of ideas each of which uses individualistic man to justify its own self-centered point of view. The elaboration of individualism through Freudian psychoanalytic psychology into views of man that it never meant, represents nevertheless a convenient convergence for those who wish to defend conservative values, the cruelties of industrialization, a money economy, the doctrine of individualized man, separate.

To those who challenge individualism there comes the hoary reminder that all "believe in the essential dignity of all men." Yet, the analyses, description and elaboration of the notion of individualism frequently have far less to do with his essential dignity than with his exploitation for political, religious, and commercial advantage by others.

Ironically, perhaps, psychoanalytic psychology, so often used to defend individualism, when properly understood gives credence and support to the notion that the basic unit in society is and never has been the individual but the human group. I refer, of course, to object-relations theory and ego psychology.

Diagnosis As Political Activity

Diagnosis making is a political activity because it allocates and pro-

poses the reallocation of power and also defines social status differences. In the first place, he who makes diagnoses exercises the power of competence, knowledge, and skill. Beyond that he exercises the power conferred upon him by the society that creates and perpetuates the institutions he serves. His profession exercises social control functions which exist only as long as society either tolerates or actively supports them. Diagnosis making is to make a statement about alternative behaviors, prescribed by the diagnostician for the patient.

This is no accident. Deviance and sickness are social products. They

Deviant behavior emanate from societal judgments upon the behavior of persons in society (2).

Similarly, whether treatment or education, when one prefers to see the patient as becoming increasingly self-sufficient, more independent, i.e., more and more individualized, one makes a mental health statement and a socio-political one. The preference aspect of the diagnosis, i.e., the fact that the diagnosis implies and prescribes a different set of behaviors as desirable, is a statement made in a social context. The professional represents specific views as to what is to be considered preferable behavior over what is happening with any given patient. Society socializes, indoctrinates, corrects its members with its values, norms, persuasion, treatment, threat and punishment. If a society does this insistently enough, as societies do, it is hardly surprising that patient and therapist, both being products of the same society, often agree on what behavior is desirable or undesirable. Simultaneously, both make political statements in the sense that they go to each other, often willingly, sometimes unwillingly, to negotiate as it were, alternatives for behavior.

There is no such thing as individualism. The mental health professional and the patient are the products of groups and to defend individualism therefore from the standpoint of intrusiveness *As far as possible* is only one step away from say-

ing that individuals can exist separate and apart from other persons.

The problem, aside from the political and social considerations, is to develop theoretical formulations that incorporate both the idea of the human group and the person into a single, non-dichotomous framework. This should be of considerable assistance in laying to rest the notion that individuals can be individuals and groups can be groups as alternatives to each other rather than as two aspects of the same human situation. It should be recognized, of course, that for political purposes, i.e., the reallocation of power between the haves and the have nots, between the treater and the patient, between students and teachers, between government officials and citizens, between priests and parisoners, between lawyers and clients, these relationships would be reexamined fundamentally and would unquestionably have to change with a very different outlook of what makes for a more responsible society than we now have.

From a diagnostic point of view in clinical practice such an approach would mean something very different than what most often takes place at the present time.

Traditionally, mental health practice has tended to see the individual as just that. Especially with the rise of the movement that focuses the attention on intra-psychic process it became extremely easy to ignore all considerations outside the "individual." Besides, the focus on the individual intra-psychically in many ways converged with the traditional focus in medicine on the biological entity. That biological entity is one person at a time and there was much to be said and a considerable amount of comfort to be drawn from the notion that if one could see the biological individual as a separate independent organism one could do the same thing on a different level of abstraction in terms of the intra-psychic individual. Thus, organ-

ismic as well as intra-psychic points of view about man had a good deal in common.

As such views, now appearing simplistic, began to be severely questioned, especially under the influence of Henry Stack Sullivan, the influence of small group theory and research, and similar concerns after the second World War, practitioners and teachers in universities became increasingly concerned with what is called "the environment." This environment would consist of other people but it would also be described in non-human terms. For mental health practice, however, the most important and significant part was the role of other people in the environment. Thus we would, for example, conceptualize an individual and his family. Or we would see an individual and his group, or his "work place" and/or his "neighborhood." The key to the problem was and is in the use of the word and. The suggestion is, of course, both positive and negative. On the positive side, one has to recognize that seeing man living in a social context is a considerable step of sophistication beyond the notion of seeing him as "an individual." Nevertheless, one still has to deal with what appears as a split in the sense that people are with each other but not of each other. People are seen as individualistically separate as before, except that we now recognize that there are other people around them with whom they have some kinds of relationship. The literature even indicates, as one would expect, that there is a causal link between the behavior and experiences of the individual on the one hand and the influence of the human environment on the other hand. This only underlines the sharp delineation between the individual and the environment. One is often tempted to ask, then, where the individual stops and the environment begins. This is particularly visible in mental health practice. Quite aside from the causalism that implicates the behavior of the individual with the behavior of other individuals in the fam-

ily or in the human group one still runs into the notion that the identity of the individual is something separate and apart from that of his group, or to put it differently that the individual and the group have two separate identities. What does not yet show up very often in mental health practice is that there is such a thing as "a group as a group" implying both the individuality of persons and their groupness at the same time. Thus, it is also fairly typical that we still engage in debates over what individuals owe the group or what the group owes the individual.

It would be unwise to ignore the great fears that people experience regarding these theories. They may be understood from two points of view. On the one hand man fears his aloneness, his sense of isolation, the fact that he is so often manipulated without any concern about him as a human being. In that sense he feels lost, subject to anomie, to alienation, to being a cog in a big wheel, to being part of the machine of 210 million people, in which he counts nothing at all. He feels isolated, unprotected, and essentially uncared for by anyone. The apologists for this state of affairs then tell him that he really should not feel so bad because he is after all an individual and we all respect his individual rights and see him as being inherently worthy of the virtues that define his individualism. At the other end of the spectrum stands another fear. It is the fear of being swallowed up. It is the fear that has to do with loss of identity in a mass of confusion. It is the fear induced by seeing Nurenberg party conventions of the 30's in which literally millions of people, a huge, inchoate mass shouted its adulation of the Fascist dictator. It is the fear of the spectre of Communist China and of other totalitarian societies. It is the fear that one owns nothing, is nothing, means nothing. It is the fear of being in an inchoate mob, blind, undirected by self, manipulated and pushed about by a power so overwhelming

that it is unreachable and yet omnipresent and omniscient.

What those views have in common is that they leave man in a situation of total helplessness. Individualism reasoned to its ultimate conclusion leaves him utterly isolated and unskilled to deal with the situation. Over-extended notions of groupishness lead him to the same helplessness in which he is merely pushed along by the forces of human mass and of history, meaning nothing to anyone and essentially meaning nothing, including to himself when he looks in his psychic mirror. But to propose either notion as the antidote for the other is merely a repetition under a different guise of the same conditions to which men currently object.

One might ask oneself, of course, why this is all so, why the alternatives are the ones they are? The answer to this is both historical process and advantage taking. The predominant historical process in the Western world has for centuries spawned and supported a notion of individualism as it has finally emerged and is now under profound attack. The notion of man alone, the notion of man as a source and purpose of Divine Will, the notion of man standing singly on judgment day before the Throne, the notion of personal virtue and sin, are notions that have always separated man from man. Even when reminded that he owes his brethren love, charity and support he has all too often been left to do so out of his voluntariness which splits the situation into a giver and a recipient who played parallel roles but never interdependent ones. The interdependence was absent because the elaboration of the Biblical demand that each man owes the other was left to a matter of voluntary charity. The individualism implicit therein is underlined by the fact that an act one produces voluntarily rather than as a matter of duty and obligation is also an act which can be discontinued. The result, as we have so often seen in social welfare services in the United States, is that the reci-

patient is totally dependent upon the will or the sense of responsibility or the good will of the giver, any of which can be withdrawn at any time. That truly separates men from each other and it says absolutely nothing about the obligations of men to each other, to say nothing of human life as an organic and single entity.

We have created over the centuries a substantial tradition that differentiates in the most dichotomous sense possible between the individual and the group. This dichotomy pervades our thinking even when we are aware that beyond the intra-psychic there is a human environment, leading to the coinage of words like "psycho-social." Although brought much closer together than before the essential split in the concepts individual and group are maintained. The importance in this development lies in the fact that the conceptual, theoretical, attitudinal approaches to knowledge and to human experience are matters of human choice and that, unlike many notions of individualism, they are not conceived in heaven but by people. This being so, we can choose what to diagnose.

What To Diagnose

Just as the individual has been endowed with many kinds of attributes some of which border on the magic, so has the human group. The group is seen as socializing agent, i.e., as teacher of behavior. The group is appealed to as social control agent -- a judge and confronter of normal and deviant behavior. The group is lauded as creator of standards, norms, mores, and traditions. The group is seen as refuge -- as protector from a stormy world and from loneliness. The group is seen as confronter -- as a reality screen against which an individual can try out his behaviors to get "feedback." The group is seen as developer of latent strengths and genetic endowment within

individuals. The group is seen as context for persons surrounded by other persons. The group is viewed as obligator -- speaking to what persons owe the group and what the group owes individuals. The group is described and celebrated as an alternative to cruel, abject individualism. It is imagined as a safe harbour from a stormy sea. The group is celebrated as an enveloping mother.

The group is feared for its authoritarianism as teacher. The group is feared and distrusted as an arbitrary, capricious judgment maker. The group is looked to as a giver of instructions for behavior so that persons don't have to make their own decisions. The group is seen as humorless and lacking in compassion as it faces individuals with cruel reality. The group is seen as deceptive as it develops individuality without comfort of protection. The group is seen as smothering, overwhelming and dependency inducing when it declares that individual man cannot possibly exist alone. The group is seen as the oppressive creditor who collects a price in return for what it gives.

As in the celebration or condemnation of individualism the group can and has been used to create and confirm all of man's hopes and all of man's fears. Thus, being born into and therefore being part of the group is both fond hope and dread fear among men. Not surprising, really, in such a dichotomous culture many men both seek what they fear most and fear what they seek. But the culture does not release them from this dichotomy because average citizens and the intellectuals insist and persist in promoting the split which led to the dilemma in the first place.

The alternatives for the future...can help us generate positive images that will draw Mankind in the direction of transformation to a higher level of integrative awareness. We have a choice. Let us choose liberation (3).

A more explicit social tradition, instead, long ago addressed the problem of the individual and the group. In this tradition the emanation of individualism is both the product of and the contributor to the perpetuation of the human group. Individuation is the accented word, rather than individualism. Individuation is seen as a social act and identity formation and validation of what a person is in the Jewish tradition is viewed as a product of the human group as well as a contribution to the group as a whole. Jewish tradition, law-bound as it is, is an earthly tradition which strongly proposes, underlines and accentuates human obligation. The philosophy holds that it is the human group that makes for individuation with the consequent result that individuation takes place in such a way that while the person is served so is the group. There is a deep inter- and intra- linking between the person and the other persons. Ethically and morally from the oldest Biblical tradition through the medieval Maimonides to the twentieth century communal organization the emphasis has been that person and group are inseparable and interlinked. In that tradition one does not speak of the individual and the group. In that tradition one also does not need to struggle with the alternative sense of loyalty which goes to either the individual or the group, or even to the individual in the group, or above, under, over the group. Individuation and groupness are interlinked inseparately (4). "Our Father, our King, we have sinned before You," prays the Jew (*italics supplied*).

The problem of person-group integration is well implied and articulated by Ezriel:

It is my view that in dealing with this common group tension (of a particular session or part of it) every group member takes up a particular role characteristic for his personality structure because of the particular unconscious phantasy group-relations which he entertains in his mind, and which he tries to solve through appropriate behavior in the group. It is by analysing the role which each group member takes up in dealing with the common group tension in the 'drama' performed in that session

by the group as a whole that we can demonstrate to each group member his particular defence mechanism in dealing with his own dominant unconscious tension, and we do this in the same manner as in individual psychoanalytic sessions (5).

Clearly implicit in both the Biblical tradition and in very recent conceptual and technical views as those cited is the point of view that person and group can be one, not two, that we may choose and that in the words of the Fiddler it would not "upset some universal plan" if one chose to move beyond the individual in his dizzying but lonely success and his dismal and isolated failure.

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Were there the papers he gave
in Diabasis Nacht,
Kaiser's work ?

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1971

THE UNJUST SOCIETY, CONFLICT, AND SOCIAL CHANGE

UNJUST

Ex

by

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"The educational task," Dewey once said, "cannot be accomplished merely by working on men's minds without action that effects actual changes in institutions". We cannot overemphasize the importance of keeping the fact in mind that human behavior is like a centipede, standing on many *Thousand legs* legs. Nothing that we do has a single determinant. We emphasize this ... because we believe there is a danger in focusing too narrowly on personality factors; elements in addition to the personal equipment of the client must be considered.

Bennis, Benne, Chin, p. 6

On Reason and Value Conflict

After centuries of experience we have been severely shaken in our faith that rational action can be adequate to bring about sufficient social change without violence and revolution.

It is useless sophistry to document what every person knows - his deep fear that somehow man will not make it, will not survive the constant pressures of war, near-war, racism, hunger and an aimless life. It is the fewest in the world who truly believe that life is anything beyond the daily scramble for bread. *Adriano, Panfili*

Let it therefore be said that what is to be spoken here has real meaning only for those with a full stomach. We are about to commit a luxury; to reflectively consider an aspect of our lives having to do with rational ways of producing social change through group action. The luxury of this endeavor lies in rationalism itself, because it suggests quite categorically that one must wait for the evidence to come in. It always takes time for the rational process - like the scientific one - to do its work. Its very value lies in the attitude of reflective consideration of adduced evidence, subjected to the rules of scientific process.

We are at a point of development in the world where the suspicion of reason is no longer documented by war alone. In fact it is most under siege from those groups whose devotion to a peaceful world is most ardently proclaimed - those who recognize scientific invention as having undermined reason in order to destroy a rational world in its infancy - when one considers hunger as well as Bangladesh and Viet Nam as well as untreated illness. War and destitution share unreason, chaos and hopelessness.

The social revolution of the newer generations and of many among older people can be understood as the despair that reason may prevail. Still, no matter how science has failed the world and its people, we will continue to place our faith in it. Almost as if it were a compulsion *During/Notifying* instead of a conviction, men and women insist that like Christianity, reason has hardly had a decent chance to show what it can do for the good of mankind. We, too take that position regarding reason, and the purpose here is to make clear the use of the small human group to produce rational social change.

But before we expand on this theme and explore its possibilities, it will be useful to take a closer look at some of the specific ideas that characterize the present day criticisms of those who challenge current society. This is necessary because the small group - family or other - is no hiding place from the impacts of the mass society within which it operates. That society contributes its own children to its wars, its disasters, some happinesses and achievements. They are the recipients of society's mores, moral standards and fashions; of its opportunities and the foibles of society at large. *Schwäbchen*

Enough has been written on inter-generational conflict to suggest to our attention, however briefly, the major interactions of young and old. Anthropologist Margaret Mead recently pointed out that in the United States the old kill the young. We would add that in parts of Europe the young kill the old.

What is meant here has to do with a conflict of values over what produces the just society. This conflict also addresses itself to the methods of change that might in time bring us closer than we are now to

such an elusive set of goals. And indeed, it sounds as if we knew a just society when we saw it. From my standpoint a just society is one which guarantees that all people have enough nourishing food to eat, live in physically solid homes, guarantees universal educational opportunities, guarantees an adequate income as well as medical and mental health services as basic rights attending human existence. A just society is that society which guarantees life instead of pre-mature death, and a quality of life, exceeding basic survival. Minimum existence is slavery, be it physical, emotional or political. Contrariwise, the small group can be utilized to learn political freedom, for it is ideally suited to teach, maintain and perpetuate decision-making opportunities in daily life. In its smallness and in its potential for candor it teaches us the difference between *subjective* scientific objectivity and moral indifference, as well as the exercise of human power and personal effectiveness.

Criticisms of the Unjust Society

The term "inter-generational conflict" and the attached words "old" and "young" should be taken flexibly. We really mean them only very generally in the chronological sense. We do not mean that all that is old is bad and useless, not that all that is new is creative and life-enhancing. But we do think that many middle-aged and older people see people younger than themselves in certain patterned ways, whereas younger people - rightly or wrongly - perceive persons older than themselves in equally patterned ways. We readily acknowledge the danger of stereotyping but still think that inter-generational conflict is no myth.

When inter-generational conflict exists between large masses of people

and when they escalate it to win out over each other in competition over what all want, then it becomes possible to pronounce the ultimately irrational death, the knell message: "the old kill the young and the young kill the old". Most such conflict still exists in graduated form short of this extreme, however often eyed with a spirit of enmity and destructiveness, and characteristic of people thinking that they fight for their very lives.

What do they say to each other. On the subject of property the old defend its privacy and accuse the young of Communism. As Locke suggested, so the old of today defend private property by the claim that it was earned by labor. The young reply that there is a Common Good and that one man's view of private property is their view of ^{greed} greed. Social and political institutions are defended by the old in terms of stability, i.e. systems maintenance and by accusing the young of fostering chaos. The young in turn see the social institutions as exploitative and their own views as Progress. In religion the old see the security of tradition and the alternative as nihilism, while the young view tradition as hypocrisy and their preferred answer is humanistic secularism. In the area of social values the old praise stability and fear valuelessness and moral chaos, while the young point to the corruption of leadership and praise moral relativism and situation ethics.

The old view prudence as the preferred guide to social change with gradual accretionary improvement of man's lot the best way to advance, while the young see less and less alternative for revolution, but not necessarily violence in the physical sense. Meanwhile, many of the young see gradualism and peacefulness as recalcitrance rather than progress. The methodology

for bringing about social change, too, is highly influenced by generational difference. For the old it is a matter of choice between rationalism and ineptness with heavy emphasis on data, machines, positivistic objectivity, and to the young the old's rationalism looks suspiciously like another excuse for inaction, dressed in rationalistic language, but hiding, they suspect nothing more or less than individualistic egotism. Their alternatives range from democratic socialism to near total collectivization of public and private life.

These harsh alternatives exist as possibilities in all of group life. For most of us in the Western World the preferred ways to think, value and act lies somewhere between the extremes of social staticism and violent nihilism. Somewhere, also, between these extremes there is a place for the ethic and method of the small group as vehicle for active, even militant efforts to bring about social change. The small group can be used for the expression of any and all ideologies, values and points of view. It is easily maneuverable and easily led. It can act as it will; its members may be readily influenced. It can be a highly personalized means of growing, educating, and protecting individual persons. It is highly mobile and readily available for action if it wishes. In sum, subject to the general atmosphere in which groups exist, they can be autonomous, relatively independent units which promote the dual purposes of task-fulfillment as well as personal growth and satisfaction.

Group Work and Social Action

Stemming from the social work literature we know that all work with

groups directed toward social change must take into account and reconcile two major considerations. One is that the task must be accomplished; the other that those who perform it are people who have personal needs, behave in ideosyncratic ways, and treat each other in personally determined ways. A task group is neither a social club nor an impersonal instrument. Hence, we recognize that when we speak of both, the concept "group" and "social action", it is necessary to say what we mean and also demonstrate how one relates to the other. 1 2

Social action groups are competitive in nature because they almost always address themselves to obtaining some advantage - be it material or abstract - which someone else possesses and the action group wants. That may be better housing for the poor, money, civil rights, health care, political advantages. The action taken, therefore, often assumes an adversary psychology if not method. Friends and supporters are sought. It is assumed that they are "we" and the adversary is "they", the latter being those who refuse to give up or supply or to make possible what the actionist wants. Aggression Opponent Adversary Aggressor

Frequently aggression is central to social action, mostly because there is an adversary and sometimes an enemy to be dealt with. Yet, as Tiger points out:

"Aggression" is a social-organizational term referring to a process, while, "violence" describes an event which is only one possible outcome of the aggressive process.

Tiger thinks that aggression is an inevitability, a natural event that occurs when people are put in groups. When the members are men, the aggression tends to be outward, toward something to be hunted or to be achieved, something in the environment that is to be mastered. But he also distinguished

between aggression and (physical) violence.* The distinction is intellectually relevant for the social actionist because he needs the emotional balance between the inhibitory process and the enabling, sanctionary one that allows aggressive behavior as long as it does not overstep the boundary beyond which it becomes offensive to morals, physical life and psychological autonomy.

When aggression is overstated in one direction it destroys, when understated in another it is timidity, lack of autonomy, perhaps even loss of ego boundaries. Yet, with these limitations, aggression is a legitimate social process, sociologically in the sense of human interaction, as well as psychologically from the standpoint of the person. Interpersonal dependency, over-emphasis on organizational rules and behavior are means of minimizing the expression of aggression. Aggression in social action is therefore painful for both him who tries to use it and those who receive it if the participants have a life style that does not permit it. As a consequence, we can see that social action requires personal and social (group) characteristics that for many persons, especially in the helping professions, is laden with personal conflict. I think particularly of social workers and ministers. In brief there is no social action without aggression, without conflict. One need not kill to be aggressive, but one need to view one's own interests or those of one's clients as having merit superior to that of the other.

Aggressive efforts to win basic advantage over others make aggression a means of life maintenance. When food must be fought for, aggression is life saving. When workers picket for wages, aggressive action (not violent

*Lionel Tiger, Men in Groups, New York: Vintage Books, Random House, pp. 202 ff.

action) enables the success. When parents refuse to send children to oppressive schools it takes aggressive organization to make the protest.

The primary demand and condition of social action is aggressive behavior and the willingness to engage in it. It can take many forms - including non-violent ones, as Ghandi, Martin Luther King, and many others have shown throughout history. Whatever its form, viewing competition with an adversary as a legitimate motive is basic. Tiger makes the point also that aggression among men* (bonding) is highly cooperative behavior when engaged in over issues of substance and importance to all concerned.

The counterpart to aggression is conflict. Conflict can be heard and seen and is a social phenomenon. One way to define conflict is to view it as differentness in an interactional situation. Hence, one ingredient of conflict is autonomy, i.e. the amount and quality of self-generative ideosyncrasy (or differentness) displayed by persons who interact. Conflict must be managed (not eliminated) through a variety of group processes. We call them: competition, cooperation, decision-making, leading, eliminating.

I would now like to describe these basic elements of groups from a particular point of view. This point of view contains several features.

① First, we are describing the group from the inside, i.e. from the stand-point of the members themselves. This is of great significance since what the group members are able to do vis a vis outsiders in their quest for social change depends heavily on what they can do with each other. There is little doubt that a group of people who are unable to confront each other can also do little along such lines with others whose intentions

are to resist the demand for change. For example, if the manager of a housing project is asked to do a better job than he is currently doing keeping the place clean, and if he resists such efforts, the group may have to be quite confronting. If, however, the group has no experience doing so because its own procedures are such as to preclude open debate, then it is rather unlikely that the group can act with much flexibility when it comes to the housing manager. The most ineffective social action groups are those who shy away from open decision making within a conflict model. A variety of problems and constraints may be operating. One of these has to do with the way decisions are made in the action group. For example, the group may suffer from authoritarian leadership problems. Although on the surface it may look like the members are enthusiastically involved, in fact decisions are made by one or two people -- usually after the meeting on the telephone. This may be efficient in the short run but in the long run it is ineffective for a group that needs to count on member participation in a social action effort. Another is the other extreme. Here the group invites authoritarianism when it engages in endless argument, thereby evading decisions it should make. It is the open door for the take over of the group by overaggressive members or by outsiders who might well destroy it. We are describing the timidity of the person (who could help the group with some assertiveness) and at the same time the timidity of the group that makes no decisions. On the other side we have the over-aggressive dictator who lets no one participate and the over-aggressive group that cannot permit dissent or the voice of the minority. It all adds up to the inability of the group and its members to engage in a conflict model of work - a model that offers both balance so that the group can maintain its

existence and at the same time full-throated, open, vigorous internal debate and action, providing all members and the group as a whole full opportunity to act.

We have already considered some of the underlying reasons for the inability of individuals and groups to take action: the fear of aggression, the tendency to confuse peaceful assertiveness and autonomy for individuals with the ever feared violence. Under such circumstances the violent impulse of group and person may spill over precisely when it is least wanted because persons and group are unable or unwilling to face the fact that one can act best only when one faces the reality of one's potentials, the wish to live in peace as well as the urge to destroy. When group and person clearly understand their potentials they can choose their behaviors. When they can not, both may understandably fear their less than understood impulses, thus increasing the chance for unwanted mistakes.

To some considerable extent one never knows what plans, decisions and actions a given group may produce at any particular time. This may give the impression of chaos, but it is the price that one pays when group interaction is vigorous. An over-concern with formalities, with prerogatives of the leader and other rigidities may give the group the appearance of predictability, that is to say of order. Yet the overall outcome tends to be a static situation and the inability to move. The counterpart to the lack of dynamic flow of group process is the total lack of structure, of rules of procedure, and task orientation. Some newer advocates of group action call this democracy. In fact it is nothing of the sort, and what emerges is the dictatorship of chaos substituted for the authoritarianism of order.

A further problem in action oriented groups is to confuse an adversary with an enemy. There are adversaries who indeed are enemies; enemies of the poor, of minority groups, of the least, the last and the lost in any society. If however, the method of social action is negotiation, that is to say persuasion of others to one's own point of view as to what needs to be done about some social problem of concern to the action group, then it is necessary to take an emotional as well as strategic stance that furthers the aim. To see the adversary as enemy may help the internal morale problems of the action group in the sense that it furthers its cohesion as a group, yet it is unlikely to get the work done. Enemies do not make good partners.

The problem is further confounded by the nature of the issues about which action is to take place. Ideological differences if such are at work tend to split action groups from their adversaries, particularly when the ideological content is crucial. Ideologists are especially likely to see adversaries as enemies. This has to do with the tendency to see any particular disagreement as only part of what is really involved, namely to demonstrate a belief system as superior to that of the adversary. This tendency is well recognized in the United States and it accounts for the common practice of dealing with social issues less in ideological terms than in practical ways, i.e., from the standpoint of what works in the way of compromise in settling a particular problem.* If, for example, the issue is to get more government or private funds for day care for children, or for better housing for the aged, one addresses oneself to the problem of how one can by negotiation, pressure, legislative influence, or persuasion achieve such goals. One does not typically argue the superiority of

*Herbert A. Thelen, The Dynamics of Groups at Work, Chicago: University of Chicago Press

socialism over capitalistic, private enterprise approaches to social planning, or over party affiliation or the personal life style of the reluctant adversary. The issue is less whether one likes the adversaries' political, ideological, or personal views than how one might by one means or another achieve what one wants.

The conclusion from what has been said in these terms is that one should employ the most disciplined approaches possible to the definition of the problem to be solved, the data that support it, and most especially to the methods and strategies to be used with some estimate regarding their expected success.

At last we turn to the dilemma which we identified in the beginning of this discussion: the achievement of social change within the lifetimes of people who need that change to do more than survive minimally. The prescription is the employment of reason; yet there is the slowness and gradualness of the rational process. As Chin and Benne point out: "One element in all approaches to planned change is the conscious utilization and application of knowledge as an instrument or tool for modifying patterns and institutions of practice."*

Let us then look at change from still another point of view, at social change, a view widely applicable.

The Small Group: Passivity and Action

We shall begin this part of our discussion with the problem of passivity, a problem particularly relevant to hospitals. I am selecting it mostly because it is so typical of middle to large sized organizations

in general.

A group of staff members, who are staff for a ward of forty patients are sitting in a circle discussing their next meeting with their consultant. This consultant visits once per week and his role is to help the staff examine their relations to each other, since it is thought that what goes on in their relationships happens in one or another way between staff and patients and between patients and patients and also between patients and staff. The discussion on this particular day had to do with the staff's feelings that the hospital administration interfered with the staff's work -- administration had scheduled a meeting at the same time as the consultant came to meet with the ward staff - - thus creating the impression that staff had little control over its own work.

As the discussion developed it was quite clear that the hospital administration is staff's "they" and that the "we", staff, were being controlled against our will. In brief, staff wanted their meeting with the consultant, while hospital administration wanted at least half of staff to attend the other meeting. Various attempts were considered to evade facing the choices: one was to skip the hospital meeting without notice, another was to try to get the consultant to change the regular meeting time with staff.

At this point a young physician spoke up - as a matter of fact one of the newest members of the staff team and took leadership in trying to mobilize the staff group into action. Five minutes later the consultant commented that the physician was battling the group's silence and added that the group might want to talk about it, which they did. Several members spoke up and commented on their hopelessness that anything could be achieved vis a vis hospital administration, that it did no good to try, that nothing would ever really change.

To the surprise of the staff group, the consultant commented that to the patients the staff are "they" just as hospital administration are in that role for the staff. The group then recognized that in part, at least, they were talking about themselves.

This example illustrates the frequent complaint that nothing can be accomplished, due to the power differential between small groups and total organizations or institutions. One experiences the same phenomenon in citizens groups who try to get the municipal or provincial government to

hear and to implement change. Powerlessness is a world-wide phenomenon and is of the greatest importance to people whose expectations are such that they envision the possibilities of social change. The conflict between powerlessness and achievement of power is the expectation that something could be done, not that it can surely be done or that it can never be done. This is the phenomenon that occurred in the United States in the 60's where millions of people suddenly thought that social change on a vast scale was a possibility. The huge social protest came not from the feeling that nothing would happen but from the impressions that it might happen, especially around problems of poverty and racism.

Rarely do the masses mobilize to bring social change, although exceptions do occur as exemplified in the anti-Viet Nam war movement in the United States. But in Western countries there is a tradition of citizen action groups, especially in neighborhoods. This is the English and American tradition of the settlement house. It is the tradition of social change on the small scale, the tradition of a fierce sort of citizenship rights, the tradition of millions of Americans who came from Europe and Asia and who in their poverty and real powerlessness possessed and developed a sense of neighborhood in the big industrial city that led to the formation of thousands of small groups, engaging in learning English at first and socializing with fellow immigrants, and later adding social political action to their interests and agenda. The labor union movement in American succeeded to that pattern and later, especially in the '30's and '40's, became a powerful national force for social change. It has since been ideologically absorbed into American conservatism.

The neighborhood social action movement was revived in the '60's and

once again showed that it can be effective in small groups in the face of very great odds. It is still struggling. *Chambers*

What kinds of issues do such groups deal with?

In institutions in many countries staffs fight to get their work done. In Latin America they have to do with getting the poor undercaste to boil their water to cut down on disease. In Baltimore, Maryland citizens in Negro ghettos negotiate for better police protection. In Washington, D.C. black mothers protest the behavior of welfare officials as well as the low payments they get. In St. Louis citizens engage in social action to tear down a huge housing project built only twelve years earlier, bringing terrible living conditions to thousands. In each and every case, the adversary (and sometimes indeed the enemy) is tradition, official obstinacy, racism, the feeling of powerlessness by those who thought they could gain nothing. Frequently, they found out as did the staff in the hospital from which I drew the example, that they themselves stood in the way of their own possibilities, represented by their feelings of helplessness.

It takes leadership to help a group over this inertia which regularly sets in after the first glow of enthusiasm has gone. Frequently, as in England in the late 19th century it came from university intellectuals, students, professors. In the United States it frequently comes from social workers, who work against great resistance from people who fear them. Ministers are increasingly involved in social action work and unfortunately often with too little training to do it well.

The problem of leadership deserves all the attention one can give it, for what hinges upon it is crucial not only to the education of children but

also for the self-realization of adults and the release from their own passivity. Any kind of leadership, no matter how formulated, speaks of authority which too many people fear for its impact and consequences, however defined. The exercise of authority means anything from guiding, to commanding, from approving to criticizing, from enabling to directing. At the same time the usual views of leadership are far too limited, both in concept and in application.

Most writing on the subject, as well as most practice of leadership revolves around a concept called leader. Thus from the beginning we see that implicit in the term leader is another term and concept, namely follower. One may easily visualize it as the leader who walks ahead so to speak and the others literally following him. In such a view one usually speaks of one leader. In more sophisticated terms one distinguishes between the formal leader who may be the president or some other officer in the group and the informal leader, i.e., the person who by his attractiveness to others draws them towards his views, his values, and his behavior. But I would like to draw attention to how little the title tells of the individual person. Rarely, in such a view do we learn anything about the person's behavior. The term leader is after all only a label in this sense. We do not underestimate the potency or the importance of such a label for it implies -- even if it does not explicate -- certain rights and prerogatives. It does even more than that. It also suggests who enjoys highest social status, and besides it clearly suggests who is accountable for the behavior of the group at work. Typically, the rationale for leadership is that it points to who is responsible for the work to be done and rationalizes certain rights and prerogatives deriving from it.

I would like, then, to offer an additional view of leadership which I believe is highly relevant to a great many task oriented groups: One kind of task oriented group is, of course, the social action group we discussed here. But there are others. Committees in work organizations are task groups, and are in this sense distinguished from growth groups such as social clubs, children's groups, and others. Also, a task group may or may not work primarily for the benefit of its members. Most frequently social action groups work for the benefit of the members as well as other citizens whose interests they represent.

The concept I would like to introduce in this context is called leadership behavior. Leadership behavior is any behavior or action by a group member that furthers the purposes of the group. This can be any verbal or non-verbal contribution and is leadership behavior to the extent that it meets that criterion. One would understand it from the beginning, not as speaking of a particular person but of behavior, of action. Moreover, its primary usefulness is a democratic one, namely in that it recognizes the differential ability of people to contribute to the work at hand. It offers, I would suggest, a far more flexible view of leading than the relatively narrow and fixed one, called leader.

Leadership behavior as concept suggests important aspects of the expected behavior of "the leader". A leader who would define leadership behavior as we do here, and would consciously promote it, would in all likelihood see his role as that of an enabler. An enabler is a person who promotes other peoples' ability and talent in contributing to the success of the group's work. It also suggests the merging between the performance of group task on the one hand and the feelings and needs of the members on

the other. People like to be drawn into the network of the group's work when they also get recognition for their contribution. They will work harder, with a greater sense of task ownership when the group's work becomes their work, which is to say when they feel that they have a stake in it which is recognized and regarded by others.

To the extent that social workers, ministers, and others lead groups, they must then be expected to understand their effect upon the group members. Professional people are highly vulnerable to this respect for the simple reason that professional education in most professions suggests to the budding professional that he exists to tell other people what is right and what to do, all out of the assumed authority of knowledge, social status, degrees, and expertise. To this we would say that one need not criticize or diminish people who wish to exercise and show their talents. But one would also say that all people have some talents that can indeed be useful to the group, and that one way of displaying it is in helping others in the group develop theirs.

A social action group to be successful must engage in collective action. It is not, or at least ought not be, a springboard for the aggrandizement of one or two persons, although individual talent and performance may surely be recognized wherever it is found.

I doubt that leadership given by professionals is merely a matter of intuition; contrariwise I would suggest that it is and ought to be a central part of one's professional performance and should be learned and in the beginning supervised under disciplined conditions. Only one aspect of the difficulties so many professional people experience -- and there are many others -- is their widely recognized inability to work in leadership

positions with people of lower or higher social class, caste, and status than themselves. It is a complex subject and at this point beyond the purview of this lecture.

Conclusion

In order to understand the methods of problems of social change through the use of the small group it is also necessary to understand some of the intellectual, political, and technical aspects that surrounds them. Of great importance are those having to do with the attitudes of the change agents -- the willingness to engage in human conflict, the willingness to address "small" problems, often with people very different in background and attitude than our own. This includes the necessity to face up to the political implications of social action on the one hand, while understanding at the same time that ideologizing the process of change is often more impractical than productive -- thus arguing for pragmatism.

Social change efforts are relevant and possible in a wide variety of places, in village, hospital ward, the city street, and in the church.

Finally it surely suggests itself that the most potent place for the correction of human injustice is in our own institutions.

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ON A HOLISTIC CONCEPTION OF INDIVIDUAL AND GROUP:
TOWARD A PHILOSOPHY OF COMMUNALISM*

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Introduction.

The purpose of this paper is to outline and suggest a philosophy of group and community in America. Specifically, the presentation focuses in the first part on individualism and its central features. The nature of the group as its alternative is examined and we show how as long as these are seen as antidotes to each other it will be impossible to develop a philosophy of democratic communalism.

The paper raises questions and challenges for the Human Potential Movement.

The last part of the paper examines the conditions of personalism within the context of the human community and suggests its advantages and its dangers.

I

In the three decades since the end of World War II there has stirred in the Western World a ^{explosion of energy} burst of energy pushing toward the resolution, as never before, of the age old split between a ^{demanding} individualism and the social collective. It insistently poses the question of what we owe each other and can expect of each other as people; and just as insistently as to what pertains to each of us separately as individual human beings and what we have in common.

* Presented on April 19, 1976 at the 8th Annual Council Grove Conference, Council Grove, Kansas.

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Our performance in social welfare, in health care, in business, education and religion is characterized by uncertainty and ambivalence. Two-hundred-fifteen-million people in the United States alone, await a coherent view of the group. We despair of being Massenmensch and have yet to search seriously for what would bind us together to attain a desirable reliability on each other while simultaneously defining our personal uniqueness. We have learned that Americans are lonely; lonely within the mass, alone in success and lonelier in failure. But, we are only beginning to question whether individualism is a social good at all and whether we desire it in perpetuity: as taught by the Church or at least so interpreted; and as proposed by our economic system; and as indoctrinated in the schools. Our social contract in which free men bond together toward the attainment of "happiness" seems more like that of the absolutism of Thomas Hobbes than of Locke. It depends on a mammoth federal government that protects economic centralism; and is unsure regarding what to do about its obviously disabling side-effects on individuals.

But, at least so far, both the antisocial-welfarist and the humanistic liberal, unbeknown to both, share a crippling belief in extreme individualism. Both fear and fight communal commitment and make strange companions.

To set us on the way of resolving the split between individual and group, it is necessary to define an American version of the social good. To borrow from Eastern philosophy is both fruitful and understandable. Besides, cultural borrowing has precedence all over the world in language, life style and in culture. But I believe that the serious difficulties of American culture regarding a conception of collective life and its relationship to individualism, must be solved in American terms. The collective and personal good must for each culture be attained in the social and geographic community we call home.

Superimposing Eastern culture on the American situation without thoughtful integration leads to distortions and illusions found too readily in the Human Potential Movement.* In its commitment to better explanations of group life the Human Potential Movement turns away almost despairingly and seeks answers elsewhere. It is in jeopardy of setting up still another minority group, self-defined, and in the poorest position of contributing to the very society it wishes to influence most.

I think that a usable American view of a theory of individualism and the social collective is given by John Rawls in his work, A Theory of Justice.

We can express this by saying that in justice as fairness the concept of right is prior to that of the good. A just social system defines the scope within which individuals must develop their aims, and it provides a framework of rights and opportunities and the means of satisfaction within and by the use of which these ends may be equitably pursued. (Italics supplied). The priority of justice is accounted for, in part, by holding that the interests requiring the violation of justice have no value. Having no merit in the first place, they cannot override its claims. (Rawls, 1971).

If the Human Potential Movement is to serve as a guide for a new way of formulating human existence, it must address itself as Rawls does, to social justice, a collective phenomenon. From that it can then define how it wishes to act, consistent with its ideological position.

* I use the term Human Potential Movement to denote a series of loosely organized groups, all which have in common their more or less radical rejection of traditional theories of change, especially clinical psychiatric ideas as practiced in most mental health settings to this day. Most are more or less existential in orientation, phenomenological in their implied outlook. They range programmatically from Esalen-type massage, encounter groups to rolfing, psychosynthesis and other meditative experiences, all emphasizing personal, affective as well as physical involvement. Most are conducted in groups, but because they characteristically enunciate no theory of group, they tend to confuse and misunderstand the difference between group and aggregate, a general tendency in social science research as well.

One feature of the central questions facing the Human Potential Movement is that ~~they~~ are questions about ultimates. Many previous attempts to answer them have been made. For example, in an age of upbuilding the Continent, it was reasonable enough to tell men that they should risk their lives and take chances in the hope of reaping individual profit as wage for that risk and that danger. There was little other alternative in a vast land which appeared nearly empty. Here, as elsewhere, history was not made by the signing of documents; it was made by the way people invented ways to stay alive as well as to provide for their perpetuation. In a land of vast distance, few people, and resources without visible limit, it was both necessary and profitable to think of reward and of sacrifice as individualistic. It also was socially necessary. And of that social necessity made into an ideal emerged the pride and even the messianic fervor that told the Old World with cities 3,000 years old: there is a new and a better life here. It was a way of stopping the clock, of giving up on a psychology of time that crowded people into tradition, into churches standing on top of two buildings that had been there for hundreds of years before. America was a fresh land; one could build on virgin soil where many times the settler was the first person to set foot.

America is not fresh anymore. A psychology of adulthood has gradually replaced one of childhood and youth - with memories that speak of the old in ideal and overstated terms, a sign of defensiveness against new ideas.

In the face of new knowledge, the insistence on the value of radical individualism lends the impression that individualism is not a creation of man but of an ineffable God. It would appear to be untouchable. I do not believe that the preoccupation with individualism, need be the last word on the subject or the inevitable guiding light to success - personal or collective.

There is nothing in individualism that is inevitable in any culture. Yet we recognize that individualism is a potent idea reaching far back into Western history. That history has debated the relationship between the individual and the political state. For centuries of post-Christian and Medieval times, and indeed down to our day, there has been an intense concern as to what ought to be the proper relationship between the individual person and society. In all of it there is the implicit assumption that there is a dividing line between the individual and the group.*

That distinction has led to social and political institutions that assume individualism to be an alternative to group life. From this also has arisen the need to protect the excesses of the human group. We not only recognize the world to look like this, we also think that individualism as defense against collectivism is the proper antidote. That judgment is under attack. That is the lesson of the Twentieth Century in the Western World. It is most particularly so in the United States where the individual versus the community has been the logic of glory and defeat, wealth and poverty.

Individualism in nearly all its manifestation is on the decline. Even

* One attempt to overcome the problems of two unintegrated theories about individuals and groups may be found in Bion's work and the so-called Tavistock formulation based upon his work. "Whole group" interpretations are frequently made by the consultants in such groups in the language of individual mind and personality theory. The difficulties in this approach lie in its reductionism, i.e. the language of personality is illogically applied to groups. Similar problems occur in some of the writings on family therapy.

For elaboration on Bion and the Tavistock model, see Margaret J. Rioch, The Work of Wilfred Bion on Groups, Psychiatry, 1970. (Rioch 1970).

For philosophy of science considerations of psychodynamic personality theory and hence psychological individualism see Joseph F. Rychlak, A Philosophy of Science for Personality Theory, Boston: Houghton Mifflin Company, 1968.

the most conservative among us recognize that we are a society of two-hundred-fifteen million interdependent people. That fact translates to the consequence that individual man can no longer be held accountable in toto for what is most necessary for his survival. It challenges the assumption that the average worker in Baltimore can assume responsibility for decisions affecting his livelihood that are made in the corporate board room in Detroit, Michigan. It holds as untenable that some citizen on the streets of San Francisco can, as an individual have any real impact on the kinds of decisions that are being made for him, and to some degree in his name, in Washington, D.C., New Orleans, or Miami, or in New York City. (Falck, 1973).

The Human Potential Movement taken seriously must be recognized as rebellion against an individualistic, linear Weltanschauung, premised on the notion that individual man is a whole thing by himself, utterly self-determined in shaping his life, responsible for his fortune and failure. The Human Potential Movement has the opportunity to protest against individualistic man praising his virtue, condemning his sin, asking forgiveness for himself but not for others, celebrating his election, mourning his descent.* It should protest the view that for the individual other people are merely his environment; keeping it distant lest it make itself part of him. It should speak out against the fear of intrusion and the avoidance of human closeness.

Man viewed in that spirit is nothing but a stimulus precipitating response. Neither part of anything else, nor subject to concern about his systemic complex-

* By contrast, the Hebrew prayer book for the High Holidays speaks of sinfulness and confession in plural, i.e. social collective terms. Thus "Our Father, Our King, We have sinned before Thee."

ities, he appears as behaving actor, pallid and nearly lifeless. His spirituality, his emotions and his values are hidden; hidden beyond discovery - in fact internal to himself and just like his property, private and subject to his exclusive control. Men don't ask for help and women are praised for courage when in tragedy they hide grief behind a stony facade.

Were a scholar to write this paper in 2076 one could visualize him to say that during the century since 1976 explanations of individualistic and group life would have become one topic rather than two. He would point out that up to the late 20th Century it was almost impossible to get a single view of how individualism and collectivism fit into one concept. He would wonder how vestedness in the perpetuation of one or the other was defended as strongly as it was and for so long. He would be shocked at the tenacity and the fear that accompanied the demand - now having widespread support in 2076 - that both be given up in favor of a new synthesis. He could hardly imagine what we, in 1976, still went through in our cultural agony.

The loss of individualism is a most traumatic experience. It involves a new social contract, to replace Lockian and Hobbsian individualism plus that of Jefferson and Hamilton. And what would in 2076 have become of a tradition holding that each man faces his Maker alone? And of Africa which only a century before was trying a new form of life for itself, free of the Western intellectual traditions stamping their images, on what were a century before referred to as underdeveloped societies?

II

The Metaphysics of Authority and Communality.

The character of the questions I raise is metaphysical in nature.* They have to do with a rethinking of the most fundamental ideas about our society and its destiny: the nature of ultimate authority; and what we mean by communality. To find confirmation for man's hope for eternity he looks upward, hoping for individual salvation. Individual salvation is just that -- individualistic. But even as regards our earthly life the West preaches that we should treat our brothers as we would treat ourselves, with respect and with love. That assumes, of course, that each man thinks well of himself! But rarely have we said or thought that a sense of community on earth could be an ultimate end, rather than a method of maximizing the individual good. Social welfare - a good indicator of what men think of each other - has since the Middle Ages been built on the presupposition that individualism leads to individual rewards both on earth and in heaven. The theme is that one supports one's neighbor to assure one's own goodness, and not because what happens to him happens to us.

--In contrast, it is my belief that the Human Potential Movement should develop a sense of social wholeness that explains to man his relations to God through a common notion of the community, and which is something more than a philosophical basis for individual self-gratification.

The Human Potential Movement can earn the right to be taken seriously if it could address itself to that task. To do so, it needs to work out for itself what its commitments are. It must rethink the philosophical bases for

* A serious attempt to work out the concept of community in relationship to the therapeutic community has been made by Richard Almond in his The Healing Community - Dynamics of the Therapeutic Milieu (New York; Jason Aronson, 1974). Noticeable is Almond's inclusion of Eastern philosophy and change models built upon it.

the kinds of human relationships it wants. They consist of redefinitions of person and group. To do so it must challenge the traditions of American individualism and the totalitarianism implicit in pure collectivism.

Unvarnished individualism and collectivism contain the same totalitarianism. In the former the individual is left unprotected against the violence of alienation whether in success or failure, while in the latter he is totally alone in the regimentation to which he is subjected by a society that denies him his personhood. Nor is a synthesis of these two conditions of isolation the answer. What is needed is a fundamental redefinition of the relationships of person and group, i.e. community. That redefinition contains room for community and personalism as part of one language, not two. It describes person and community together. With that in mind, the Human Potential Movement can be taken as something more than a superficial attempt to rebel against the traditional morality of everyday life. A vision of human life that thinks of life as whole, granting personhood as a vivid, fulfilling experience within a concept of community that realizes our most basic needs and desires for connectedness with each other is worth developing. That can be the promise and the task of the Human Potential Movement.

All of these pages lead to the defense of a certain thesis. It is a thesis that ultimately addresses itself to authority and collegiality. It is my observation that American culture has a highly elaborated set of ideas about individualism and simultaneously, seriously underdeveloped ideas about group life. A corollary to this view is that the Human Potential Movement needs to articulate a set of ideas about authority and collegiality that offer viable, democratic alternatives.

There is a paradox at work in a society aiming at equality for people,

and a society historically suspicious of authority if not authoritarianism, and that clings to an overdeveloped sense of hierarchy and an underdeveloped sense of collegiality. But perhaps this is less a paradox than would appear. One ought not be surprised that the democratic ideal arises and has meaning precisely because of its inadequate expression in daily life. The ideal takes its significance, therefore, from its underdeveloped and underelaborated sense. It becomes the task before us.

The religious man, particularly the man influenced in some way by Christian thought knows that he cannot do without God. He is aware of His indispensability in his life on earth and in heaven. He is perhaps ignored at times but never forgotten. God is not a small, nuclear, white, middle class family that moves around every few years, thinning His relationships to others as He moves about. He is there, in us and we in Him, and all of us party to Him. That hierarchical character of the Divine is taken for granted, and the resulting relationships to human hierarchical characters is by extension also taken for granted: the charismatic leader, the president, the doctor, teacher, priest, boss, the business executive, even the policeman.

But these very themes of which we speak here, authority and collegiality and their relationship to each other, are subjected to severe questioning and realignment. Either the 20th Century will many years from now be known for the demise of Christianity or it may be known in time for the regeneration of a dynamic Christianity that has elaborated on collegiality as it has for thousands of years developed its ideas about authority. Its greatest glory would be to have been instrumental in defining the person and the social order in one language instead of two, where the hyphens that bind psycho and social were no longer needed.

Communality suggests what it is that makes persons like other persons, where the distinctions between hierarchy and collegiality fade. The interdependence of man becomes a problem here in societies that suggest somehow that the only achievement of real, true, lasting worth is that which is gained by individual effort (and thus hierarchical superiority) which on earth is represented by achievements honored by competing people, reaching into the other world where individual salvation takes place of earthbound achievement.

The task before the critic of the uneven distribution and management of hierarchical and collegial aspects of society, is to pay central attention to finding a language that describes how man becomes person as manifestation and product of society; how his personal individuality (not individualism) be nurtured as part of a social order that defines him and itself simultaneously; and how one instead of two logics heal the split between the individual and society that need, as I see it, much more than repair.

On the Morality of Communalism.

I raise the question of communalism in American life as part of the philosophical charge that, I think, the Human Potential Movement needs to assume. It needs to assume that charge in the moral sense and in the programmatic sense. Those who identify with the Human Potential Movement should think about the moral issues involved in a weekend in group work. The reason for this discussion is to identify as well as suggest the moral imperatives for a movement that is concerned with how people grow and to what they grow. A solid commitment to communalism goes beyond attending group meetings, beyond a consideration of means; it must address some form of the good, the just, the right. A look at our own inconsistencies and later at a possible program will help make the point.

First, there is an inconsistency in the fact that although we talk about human potential we replicate what already exists in the world, namely extreme individualism. Fritz Perls is only one example with his often quoted advice which seems to say that we live next to each other, not with each other, to say nothing of being part of each other. For Perls, as I read him, man would appear as utterly disconnected from others. For him human collegiality would seem to be an accident. Second, although a great deal of work in the Human Potential Movement is done in groups, there is really no philosophy of the group at work. What is done is in a style of semi-openness and usually in a very short time. It defies almost everything we know about group behavior.* I emphasize the shortness of time in encounter group experiences despite our knowledge that groups form in stages. They are not the same as aggregations where people's private matters are spilled recklessly. I think that most people in weekend aggregates do not have group experience. They are not together long enough, the leadership does not emphasize the group, and no responsible philosophy of group work emerges. Instead, the Human Potential Movement replicates the same cultural biases as the very life it wishes to change. Most often there is no real exchange - it only looks like it. Members too quickly reveal personal matters; and one suspects that we wish to avoid really personal interchange. True group experience has to do with carefully and sensitively changing balances between openness and containment, between publicness and privacy in verbal expression, intimacy and distance. Such balances are learned, rather than commanded. Exercises can help form

* John DeLamater, a sociologist makes the comment that "yet, in spite, or in part of the tremendous amount of empirical knowledge which exists about groups, there has yet to appear a major conceptual synthesis dealing comprehensively with the small groups." (DeLamater, 1974).

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groups but cannot cut short that process. To expect people to reveal their most personal secrets to total strangers is exploitation. It is the same cafeteria style life that brought most of us to the Human Potential Movement in the first place. It depersonalizes men and women. Thus, unless one knows something about the people who get involved in Human Potential Movement groups and truly respects what one knows, one can do damage to their psychological makeup, including suicide and other ills. That is regrettable but at the same time not confined to Human Potential Movement groups. What is even most disturbing, however, is the message we broadcast. That message is that human situations become dehumanized in the name and in the service of humanizing the world.* To intervene in the human situation takes responsible training of some sort; but even that is not the most important consideration. The real point is that what takes place in the Human Potential Movement must speak to all people, professionals and others, on the basis of a serious philosophy. It is this that needs to be thought about. We do not need more of the machine like treatment of human beings that we get everywhere else. It is no wonder that for millions becoming industrialized and urbanized has resulted in withdrawal from close relationships with others, and more importantly, in a life view that treats other human beings as environments. Let us not repeat the disasters that view has produced.

Individualism as an antidote to the mass society has made the problem worse rather than better. At the same time, it is a matter of staggering proportion to realize the millions of small groups that exist for every

* Koch (Koch 1973), Pruyser (Pruyser 1973) and others have sharply criticized the Human Potential Movement on precisely this point. They see it as defeating the very humanity it purports to rescue and redefine.

conceivable purpose. In the light of that one should think that Americans feel connected, sensitive to the needs and feelings of people and never lonely. Yet one quickly discovers that the contrary is the case. It is the quality of those groups, it is the quality of what people do there that makes the difference. In that light the Human Potential Movement can discover what communalism really means, how it can help us understand person and group as one fully integrated phenomenon from which we might draw a philosophy of life and the behaviors that go with it.

We are speaking about a moral problem, not a technical one. It is not some discussion about "values" which are cited after the event to justify what we have been doing. We look for meaningful ideal statements, capable of convictions carried through to behavior. There is an urgent need to make choices. There ought to be behavior which we would not engage in as well as that which we would promote. There would be expected to occur consciousness, personal and social, that takes into account the consequences of the group experiences we provide for ourselves and other people. We would reflect upon that which we set loose among people when we are the facilitators, the group leaders, the participants. Letting things hang out is as destructive as keeping it all in. A movement that wishes to influence creatively, must address itself to the same social contract concerns that our English and American forefathers, and before them people in all ages, have argued and written about. Without that the Human Potential Movement falls short as a civilizing force. The Human Potential Movement is in danger of falling by the wayside because of its own thoughtlessness about a viable philosophy of person and community. It is neither good will nor lack of technical know-how with persons and groups that ^{endangers} the movement; it is rather that as children of this culture we fall

This is what it should be

unwittingly and unconsciously into the very patterns, assumptions and behavior against which we speak out most vehemently. It is from this painful recognition that any attempt to develop different and serviceable views about groups and persons must begin.

The Requirements of Communalities.

We are in search of a holistic way of viewing human experience, not one of individuals and individuals, not one of individuals and groups, not one of absolute yours and absolute mines, not one of rigid directionalities of privilege, power, accountabilities, obligations and rights, neatly partialized into independent or semi-independent sovereignties; also not one of strict hierarchies and flat horizontalities. What is sought is a communalities (wholeness) that in one language encompasses all types of human relationships, based on holistic indivisibility. We search for a holographic view such as by the apparent nature of the brain we are capable of creating and in fact do create. This does not imply nor is it intended that submerged in this holism is man's personal individuality. Individuality can be understood to represent the nodule(s) in the whole that are indivisibly interlinked with it. While the sharp boundaries that separate individuals from the whole and from each other are purposely blurred to suggest the intermesh, personal uniqueness need not be denied. Quite to the contrary, I envision the situation as one in which the personal uniqueness men seek is the result of the group and so being, contributes to both group and person simultaneously as one rather than two products.

There are three important ways of looking at the developmental aspects of persons within groups. The first of these is well known and is referred to as incorporation. It is a personality approach which postulates the way in

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which children incorporate their parents and convert the incorporated messages into their own developing personality. What is most often misunderstood and is of great significance for this discussion is that incorporation has two phases not one. The person is thought to take in what the parents and others provide by ways of feelings, impressions, "messages", especially in the primitive sense of being good or bad. That is the first phase. The second phase has to do with the child identifying these messages and making them his own, ^{so what the parent conveys about the child, the child also conveys about himself.} Important consequences derive from these processes, with particular emphasis on the development of the superego and on identity. It is an important way of understanding something about the relationship of personality and group. Incorporation links both the individual personality and the group to each other in the same process.

Handwritten notes:
 "this would be 'metabolism' in Object relations terms"

A second way of understanding the relationship of person and group is called socialization. While a number of definitions of socialization are available, they all deal with the rules, the mores, the expectations that are conveyed to persons, especially in the process of gaining membership in some particular group. Socialization, as I think of it, is essentially a process in which the old teach the new or sometimes the young, with the latter being on the receiving end, or the essentially passive end of the process. Even more important, socialization is specific to certain roles. Examples are socialization to being a student, or a parent, a member of a certain group, or a wife. One barely oversimplifies the matter by observing that socialization is training.

A third way of describing the relations between persons and groups is to speak of enculturation.

To be encultured reflects several features not quite present when one thinks of socialization. First, it would seem to suggest a major effort by the person involved in it. This is not to say that socialization takes place under conditions of total passivity. But it is true that in a socialization process the newcomer is trained to recognize as valid what is demanded of him as newcomer, is instructed in proper behavior and rules, and is told when he has met the test requirements to which he is subjected. Under conditions of enculturation the major effort is made by the person to involve himself in the group, its history and tradition, its norms, and its future. Secondly, under enculturation we would understand education. Training, as used here, denotes the more or less unquestioned acquisition of behaviors that lead to reward or goal fulfillment, i.e. membership acquisition. Once such behaviors are learned, the doors, so to speak, are opened and the newcomer is invited in as a member in full standing. Enculturation, however, goes well beyond socialization. It has to do with the gradual, voluntary and in-depth involvements that might best be described by observing that the group and the person become one. There is a merging, a loyalty, an identification of one with the other that is both intensely personal for the people involved and at the same time obligation incurring for the group. In short, both group and member make an implicit and explicit promise to each other to defend, protect, and elaborate the other. Even the term acculturation does not quite get to what we mean here. The prefix ac has overtones of an outside process, i.e. the person is acculturated (passive) to the group, whereas enculturation provides for the impression that he or she is getting into the group, actively and with profound understanding of the group and all it means. It represents a truly holistic understanding of education and human development. One may perceive the differences between

individualism and holistic personhood in the following distinctions:

Individualism

A human being described by relationships to others that are characterized as attributes of him alone. He is the actor of consequence.

A human being who defines his identity by what distinguishes him from other people, i.e. I am I and you are you.

A human being who defines himself as "free" by the degree to which he can make decisions leading to maximum benefit to himself.

A human being who views his uniqueness as an individual as entitling him to needed satisfactions.

A human being whose views suggest that the highest level of behavior is reflected by his feelings of independence.

Personhood

A human being who views his relationships with others as defining of himself and of them simultaneously.

A human being whose identity is intrinsic to the word "we" i.e. a view of cohesiveness.

Someone who defines himself as "free" by the extent that his choices simultaneously elaborate others and himself.

A person whose group behavior leads to satisfactions desirable by and for him.

A person who thinks that the constant awareness of human similarity and differentness create a tension leading to personal growth as well as social cohesion at the same time.

In thus defining the different points of view that underlie individualism and personhood, one experiences when considering the latter a feeling of wholeness, of totality. That is the explicit intent of holism philosophically, and the experience itself neurologically, as pointed out before. In wholeness there is a strong tendency towards the convergence of elements towards the center, indeed a seemingly integrative quality, a coming together, often described in groups as feelings of cohesion, intimacy, and interlinking. But, at the same time and consistent with my views there is within the whole the opportunity for differentiation of persons. When speaking of groups or communities in this sense, one can see the individuality of persons but not the individualism. The

individuality or personhood of which I speak is an irretrievable part of the whole and in no way separable from that whole. At the same time that the person through his individuality is an indivisible part of the whole he is - each of him - the sensory outlet to the world of which he is a part. Persons experience, groups and communities do not. They have no minds. But persons do, and through them (literally their brains) they may focus on the wholeness of their experience in the world. The advantages of such a view lie in the flexibility one can thus acquire in perceiving the world and oneself in it, from many possible points of view. The disadvantage is that a world experienced subjectively by each person may offer few comforting, solid boundaries, universally agreed upon in the form of law, tradition, custom. A further advantage of this holistic view is that the person has the opportunity to feel the power and the surge of energy when he realizes that it is his brain that creates the holographic experience, not something impersonal "out there." But at the same time one can recall easily enough what megalomania was wreaked in the 20th century alone. It was, at that, a speculative megalomania in which one needed to convince one's fellow citizens that one's ideas, grandiloquent as they were, were credible. With neurophysiology telling us that we are the creators of our world much more than we ever thought, we have the word of Science to free and endanger us simultaneously. The grandiloquence arises as much from the ability to perceive holistically (which is always more and of different quality than to perceive partially) as from the fact that man is the actor; that it is he who through his brain creates, and much less that there is also a world, objectively and empirically "out there." Still, another advantage of a holistic view of the world lies in the very subjectivism we have been talking about but from still another standpoint. Morality, whatever its

manifestations, is built on the notion that its norms are universal, i.e. that all people who are subject to it are bound by it. That is essentially an objectivist "out there" idea, and it may feel comforting indeed to be loosened (not freed) from the constraints of behavior that mean so little to so many. But at the same time the very subjectivist outlook that frees may come to be the arbitrary outlook that binds more than the old, objectivist, rules that come from the Ultimate. The early rebel becomes the defender of his tradition as much as the most doctrinaire traditionalist whose sanction is the Divine.

There is a widespread feeling among latter 20th century men and women that leaves us uncertain and ambiguous about what we observe truth to be and about what we feel it ought to be. Subjectivism does not reassure us in this dilemma but it provides those of who have not given in to total nihilism the opportunity to be more flexible than we were and out of this to create a new world more in keeping with both our convictions and our scientific knowledge. There is a fine line indeed, between helpfulness and damage, between objective and subjective reality, between morality and immorality. When we could still perceive ourselves in the world as peices of something bigger, we could confidently draw boundary lines between these alternative dimensions. When, however, these boundary lines become blurred and we think holistically, then what is endangered is the ability of man to sort out what he likes from what he doesn't, of what he approves from what offends him, perhaps depriving him of being on the right side of issues and behavior instead of in one holistic pot. The inside world and the outside world, the world of objectivity and subjectivity thus become uncertain and blurred and the diagnoses we draw from such clear distinctions loose much of their meaning. We are at the edge of a

scientific and philosophical breakthrough, the consequences of which appear awesome.

In 1973 my colleague Paul W. Pruyser, whose conclusions on the topics here treated differ quite radically from my own, published a paper the end of which I would like also to speak for me. Said Pruyser:

I am well aware of the peculiar style and tenor of this presentation. It does not have the desirable features of a scientific paper. It is an editorial, but that is precisely what the situation demands. (Pruyser, 1973).

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