# GUIDELINES FOR GROUP WORK

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# INTRODUCTION

The reason I wrote this material is that I wished when I began working with groups somebody had told me in quite specific terms not only why and toward what ends to work with a group, but how. I hasten to add that any cookbook on such a complicated matter as leading a group has its limitations. But I submit that there are equal limitations, if not worse, in leaving persons totally to their own devices either because one thinks "it is good for them" or because "one way or the other we all find our level of work." The reason that cookbook approaches have their limitations is that they rarely take into consideration the specific circumstances at which the time the "recipes" are needed. Nor can one assume that any given circumstance will appear in the same way twice and that therefore what worked the first time will also work the second time. But I am equally convinced, however, that there are modalities that all of us know about. All of us know about the fact that to start a group and convince the clients that they ought to join is difficult. All of us have experienced silences and didn't know what to do with them. All of us have made the mistake that in ending we may reopen the session in order not to end. One can list many other examples. One or two occasions may be similar; it is also true that two occasions are totally dissimilar.

Keeping in mind these considerations and limitations I decided to write a series of brief chapters about particular events that occur in groups and that need to be explored in order to be used in helpful ways with clients. The book in a way is to be used by the group worker as a checklist or as a list of options that we have of which we're not always

aware until somebody points them out to us. To use this booklet is therefore very simple. You select the issue you want to read about, read the chapter and ask yourself whether the points made, the suggestions, the possibilities raised have anything to contribute to your own thinking and to your own practice. In some cases this will indeed be the case; in others it may not be. However, the material is written in such a way that even if the particular problem with which you want help is not listed, nevertheless the approach of learning to check the possibilities and options that occur in the group is something that may help you quite independently of the particular subject matter being discussed here on any given page.

For the time being, I expect that we will keep this material in loose leaf form so that I can write additions as our common experience will demand; and perhaps at a later point we can print it up and let some other people read it too.

The first item in the booklet, namely the one of theory, has a somewhat different tone than the others and that is purposely done. Without writing another chapter now on the theory of theories, let me merely say that I agree with Kurt Lewin who said that "nothing is as practical as a good theory."

## A FRAME OF REFERENCE AND ITS USES

Anyone who works with groups is likely to develop some concepts and ideas about how to understand what he sees and hears. This takes time, for most workers are first preoccupied with learning to understand what is going on at any given moment and what to do about it, and only gradually relax enough and gain sufficient experience to conceptualize what they encounter. Just as technique is intensely colored by one's personality and comfort in working, so is the conceptual frame of reference that one uses. And yet, it is a gross overstatement to suggest that all group workers invent their own theories. There are, in fact, a number of attempts that have been made by various people to write down their theoretical frames of reference, and what follows here is no exception. My theoretical frame of reference is heavily influenced by other people but also by the thinking and writing that I've been doing for many years based on my own experience as a group worker. But undoubtedly it will be recognized by the reader as something that he has heard of before, that he might have read about, and best of all that he himself may have thought about as part of his or her own practice.

I believe that a frame of reference, made up of pieces and sometimes "whole statements," has components that fit together. One way to accomplish that is to list the various pieces and to ask oneself how they might fit together.

I believe that a frame of reference is a promise to oneself to interpret what one sees and hears in a particular way. By "interpret" I do not mean interpretation in the psychoanalytic sense, but I mean it in the scientific sense; namely that one views or classifies certain information under particular kinds of categorical headings or classes. Seen from that

point of view, I believe that every group worker has to come to grips with certain elements and group properties and behaviors that he or she encounters. What follows, then, is my way of doing it.

I believe that every group worker deals with some notion about time and place; with the difference between one-time behavior and patterns of behavior that he encounters in the groups; with persons individually and with whole groups. I think that one has to have some way of perceiving the group as a whole, of group members and non-members, of perceiving the worker role, of personality and of some notion of family. Keeping this in mind, I will now present a series of statements which both implicitly and sometimes rather explicitly define what I mean by these terms. Taken together they then make for the frame of reference which I use in my work and which in later pages in this publication I reflect upon from a point of view of "what to do when."

I would like to remind the reader once more before presenting my frame of reference that this is not a textbook, that this is not primarily a theoretical work but is related as closely as I know how to practice. In addition, what is being discussed here now may also be seen as an example of how to link some very specific practice ideas to a theoretical frame of reference--something in which all the helping professions always find their greatest difficulties.

The frame of reference is as follows:

1. All that transpires in the group is conceptualized in "here and now" terms. The worker interprets all discussions about the past as present memory, all comment about future as present anticipations or expectations, and all comments about what is presently going on in this session as present understanding of how a patient(s) cope(s).

2. The worker views all interactions at any given moment as cross-sectional "statements" of the individuals' and groups' characteristic patterns of behavior. In other words, all the worker needs to know presently is available as patients or clients portray it.

3. The general and governing metaphor guiding the understanding of persons and groups together is the family. This concept is chosen because it makes possible the understanding of observations simultaneously in terms of object relations (internalized objects) and group relations. Similarly, the former deals with personality variables, including the unconscious, where the latter describes and invites analysis of group process (in the social psychological and in the sociological sense). The relationship between the two therapists is viewed in a parental as well as marital metaphor. (This is written in order to reflect the fact that very frequently groups are led by more than one therapist.)

4. The worker views the group as an action system, i.e. as a social network, and not in the language of individual persons. Groups are neither discussed in personality terms, nor in collective action terms because groups do not possess minds, nor intentions. They are viewed as social arrangements in which persons act in relation to each other.

5. All patients and all workers in the group are conceptualized as members (albeit with different and varying social roles). The requirements for membership are viewed to be (1) presence in the group, (2) interaction within it [including silence, scapegoating,

resistance, and leadership]. All behaviors in the group are viewed as attempts at coping simultaneously with self, all those present, and with the whole network, i.e. group.

6. All behavior by all group members is assumed to be reflective to some degree of the absent group, i.e. the internalized experiences of memberships in other groups and which are currently carried in symbolic form into the present group.

7. Within the family metaphor interactions of patients with each other on the social level are viewed as peer interactions, while on the personality level they are treated as sibling processes. [It is important to underline the fact that we are talking of sibling processes in metaphorical terms, and that this is not to suggest that adult patients are children and are therefore to be treated as such.]

A variety of other views are available. They may be found in Robert W. Roberts and Helen Northen, eds, Theories of Social Work with Groups. New York: Columbia University Press, 1976.

## HOW TO SET UP A GROUP AND CONVINCE CLIENTS THEY SHOULD BECOME MEMBERS

It has been my experience, and it has been the experience of many others, that one of the most difficult things seems to be to get a group started in the first place. Before the group is actually started one has to have the clients that would make it up. So the question arises, how does one say to a client that one thinks he or she ought to join a group?

My own practice is to say to the client, "I have been talking with you for a while and I have the impression that you have the kinds of problems that many other people have. I (or some colleague) have other clients from whose experience I think you can benefit and I think they can benefit from yours. I would suggest, therefore, that you and they and I get together once a week for a while and talk about the things that bother several people and that seem to give all of you something in common. I will be talking with the other people too, but I would like to know from you what you think of this. I want you to understand, however, that I'm not merely asking you this question but that I'm recommending to you that you do this because in my estimation such an experience would be very helpful to you."

If you get beyond this point, the next item is to determine together with the client exactly what the problems are that he or she wishes to discuss in the group. This has to do not only with giving a sense of purpose to the client but also with giving a sense of purpose to yourself, that is to say the goals toward which you are working. These need to be specific, like "to help you stay through an entire working day on the job and do your work," or, "to help you get your housework done and get the shopping done so that when the family gets home in the evening there will be dinner on the way and the place will be fairly clean." These may strike you as very concrete kinds of things and you might ask yourself what is the psychoanalytic point in all of this?

The answer is that one needs to sacrifice no psychoanalytic insights and at the same time be very concrete in the kinds of help one can give the clients. We shall have more to say about this in another section.

In the meantime, your own conviction as to whether you think that it is desirable for clients to talk with other clients and share experiences and perhaps learn something from each other is what will have a heavy impact on whether or not you get the group together. If, however, in suggesting the group you also suggest that it only deals with superficialities but never get at the "real problem," or if you are afraid that you are going to "lose" your favorite client if you put him in a group, and particularly somebody else's group, then the undertaking will fail because the client as well as you will pick up the multiple messages that say both yes and no at the same time.

## 2 FORMING A GROUP

What to do when you are trying to form a group and you are not sure who belongs in it.—— Forming a group is complicated by the fact that knowing a person on an individual basis tells you very little about how he or she will show up in a group. The reason for this, in turn, is that a group is an interactive system in which there are many unknown factors, i.e. how particular people may respond to particular other people. I believe that this is a judgment that cannot be arrived at with any precision before one actually has a group. Besides, groups are not the same thing once they are into the work as they are in the beginning, that is to say, groups have a life of their own the course of which is very difficult to predict.

a. When you set up a group you might consider putting people of the same age together.

b. When you set up groups you might consider putting people together who seem to have similar problems.

c. When you set up a group you might put people together who are of the same or of the opposite sex. (That exhausts the options of that dimension.)

d. When you set up a group you might put people together of the same age or people of very different age.

e. When you set up a group you might put together adults and children.

The above words are not written in jest but rather suggested as some of the dimensions to take into account.

There are, however, some limitations which may be spoken of, yet nevertheless with caution. For example, there are some group workers who do not like to put openly psychotic patients into a group of people who are not.

Then again, there is a fair amount of experience that suggests that there is no reason not to do this; suppose somebody does hallucinate and perhaps there is a reason why non-hallucinating people need to learn how to live with people who have severe problems, etc. There is, in other words, no final word on this.

My own practice is to let my hunch and my intuition tell me what might or might not work and then simply try it out. This means that there are some risks that get taken, but in the absence of more precise knowledge I have always been willing to take that risk. This is about all I can say on the matter; the findings, I think, permit me to say no more.

## (3) STARTING THE GROUP

These suggestions have to do with how to act in a group during the very first few minutes. They are very concrete and practical and are designed to answer the question "What do I do when the clients and I sit down in a room?"

a. Be sure to look around the circle and say, "I think we should get started. Every one of us is here for some particular reason, namely that there is something going on in our lives that we don't want to handle alone." Then tell the group members how often you will meet, where the meetings will take place, what time they will start and what time they will end, that they will be charged for meetings they miss and that if there are ever any questions about these matters to either bring them up in the group or talk to you about them directly, although you would very much prefer if these matters could be brought up in the group. The reason that you leave open a small loophole is that for some people this is too much to handle early in the life of the group, especially the people who are either very ashamed of having problems and/or who have had very little experience in groups.

b. The next thing you do is to start setting work contracts. Start with something like this: "As I said, all of us are here together for a particular reason, yours being that something goes on in your life that you do not want to handle all by yourself." [Do not say "can not" because that is not true--patients have lived for years with their problems before they came to us. And while they may have had disastrous experiences

they did, after all, handle their problems, poorly or not.]
Then go on to say, "The purpose of this group is for various people with various difficulties to seek help from each other so that we won't feel so alone and in order to have an experience of knowing that we are not useless to other people after all. In that process we will try to help you solve your problems. I am here in order to help you seek help from each other and from me, but you will notice that I will keep encouraging you to talk to each other as well as to me." [Be sure to cut yourself in; otherwise you give the message that you are a silent bystander, and silent bystanders are great threats rather than helpers.] At the same time you want to be sure that clients do not turn only towards you, for if that were the case, why have a group?

## 4) THE CLIENT AS "THERAPIST"

What to do when a particular client speaks and the other group members ask a great many questions:—— This is a very common tendency, and when it occurs it often sounds and feels like the other group members are taking on some kind of caricature of what they think a therapist is like. The manifestation of this is the asking of a large number of questions with the accompanying impressions that those who ask the questions reveal practically nothing about themselves directly but content themselves by asking other people questions. If, however, you listen very carefully you will frequently find that a question asked of someone else may in fact be a statement about oneself.

a. When you have reason to believe that the questioner is really talking about himself, you might say something like, "I hear you ask Bill a lot of questions, but I also have the impression that maybe you are also talking about yourself."

b. Another way of dealing with the same thing is to point out that the group members seem to be asking a particular person a great many questions and whether it might just be possible that this is a way of protecting themselves from revealing feelings and ideas that are too painful to face themselves as well as to let other people know about them. Before you use this kind of a comment the group should be several sessions old, with you knowing a bit more about each patient than you did at the very beginning because this can be quite a threatening maneuver resulting in exactly the opposite of what you want.

c. Another indirect way of handling this is to call attention to the fact that a single person seems to have become the focus

of the entire group and is it perhaps possible that other people have similar problems and make similar impressions as the one person who is constantly being addressed. This technique is called "generalizing" and will, when properly used, usually result in spreading the discussion to everybody.

d. A further way of getting at this problem is to try to understand whether the person who is being addressed is being "scapegoated." Scapegoating is frequently a technique of unloading personal conflicts that are too painful to look at on other people who are then expected somehow to carry them for the other group members. This is especially visible when the questions and comments addressed to the scapegoat are tinged with anger or perhaps even rage. At such time the therapist might well demonstrate that not only is the one person here to get help, but so is everybody else, and also that each particular patient or client will be protected from unproductive and punitive harm. The message is that if you do it for one person you will also do it for other people.

e. Sometimes the scapegoating is done in relationship to the therapist. This could mean a wide variety of things, but unless you've real reason to believe that the scapegoating is done because there is something about the therapist personally that evokes the anger of clients, try to understand that scapegoating the staff or deskilling the staff (there are a number of other words that can be used) is a way of displacing feelings on staff when in fact they may mean something else. This something else may be that the client is feeling a great deal of anger about himself or herself, feels conflicted, confused, and uncertain

about what to do with his or her own feelings. A carefully worded and well placed comment to that effect frequently helps in this regard and clients become more aware of their own true feelings and that these can be handled for what they are.

f. Especially when there is considerable anger in the group [see the section on dealing with strong feelings] there is a tendency to suppress this.

   1) The suppression of feelings may come from the discomfort of other people, not only the therapist, to face anger because often it is experienced as rejection rather than caring.

   2) The client may feel so overwhelmed by his anger that he can let it out only in small doses, and when it slips out, particularly if the patient becomes very much enraged, there may be guilt feelings to deal with afterwards. A comment such as "I know how difficult it is for you to express your feelings--especially when you either hold them in or they roar out of you, you may feel overwhelmed. It is all right, we are all here to help you deal with it because this is an important problem for you."

g. As in the expression of crying or other such feelings, particularly feelings of affection, try to keep track of what's going on inside of yourself, try to sit back in your chair and relax and let the group and the persons in it handle these. Usually they do quite well, "quite well" meaning that they deal with such matters at the level of their current ability to do so. It is as if they were saying, "This is the best we can do right now, maybe we'll do better later."

h. It might be useful for you to think about your philosophy of expression of affects and how desirable or undesirable you find this in your own life and for people in general. This is probably one of the most fruitful things to think about because it will surely influence your changing attitudes regarding this matter on the part of clients.

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(5) "YOU," "HERE" AND "NOW"

This discussion is about what to do when clients in a group consistently (or more or less often) use the word "you" when they are talking about themselves rather than the personal pronoun "I." This is a matter more complicated than it looks like on the surface.

a. It may well be that this is a patient who consistently does this everywhere and that the use of the second-person pronoun is not unique to the group setting. Nevertheless, the patient is coming for help for himself or for herself and a good way to help people own this decision to seek help is to also assist them in using the proper pronoun. It may very well be that if you wait, the other group members may bring this to the attention of the person who does it; on the other hand, they may refer to them as "I" or just simply say nothing. It may be useful in the second or third session and from then on to occasionally call this to the attention of the client and eventually ask to consider what may be behind this.

b. A somewhat similar issue arises with patients who never talk about what is going on in this group, at this time, in this room. This shows up very frequently with people who talk about everything else but what is happening here.

   1) It may very well be that people have very profoundly important experiences elsewhere which they do bring in. As a matter of fact, this is of course the purpose of treatment; but it is equally true that if they are going to do anything about their memories of what has happened, they need to face the fact that they cannot go back to the event but that it can only be done in the here and now. It may well be a good idea to explain this.

This does not mean that this has to be done the first time this issue comes up, but again what we are talking about is somewhat of a pattern and not only in a particular situation.

2) Group therapists need a "philosophy of time" and here is one suggestion: treat reports of past events as present memories, treat speculations about the future as current anticipations and treat comments about right now as passing events. In all cases try to read patients' verbal contributions in terms of their efforts to presently cope either with their memories or their anticipations or the current situation in this group.

3) A way of helping people deal with the here and now is called "focusing." Focusing can be done by the group members and it can also be done by the group therapist. One way to focus is "I hear us talking about very important matters that have happened (or that we are expecting to happen) and it would be important to see them in terms of what we presently think and feel in this group because this is where the help is that can be gotten." As always, each therapist will pick his own words and formulations and these are suggested more for the thematic value and by way of a particular example than as a prescription for all situations.

4) Try to stay conscious of your own use of language and ideas, so that you do not unwittingly engage in the same behavior that you want to help the patients correct in themselves. This goes particularly around such issues as time, as discussed just above.

## WHAT TO CONSIDER WHEN THE WORKER BECOMES THE (ONLY) FOCAL POINT IN THE GROUP PROCESS

When the clients always seem to look at you in the group but never address each other:

a. Consider whether the contract you made with the client was sufficiently specific, i.e. that the purpose of the group is to get help from each other, especially other clients.

b. You have seen the client in a one-to-one relationship or he/she has had other one-to-one therapy relationships and is used to that model.

c. The client is telling you that it is too frightening to talk to strangers.

d. The client feels utterly helpless and is in effect seeking assistance from you to support him or her through the group.

e. You are setting up a pattern in the group in which you address each client separately, thus becoming a role model for clients' resistance.

f. You tend to dominate the group, either through language, or more likely [and often overlooked] by your physical bearing, the way you dress, look and sound.

g. The clients are telling you in some way that they do not feel free to share, whatever the reason.

h. You leave the impression that the group belongs to you and that only you can determine what is to happen there.

## SOME TIPS ON DEALING WITH EMOTIONS

It is difficult to say with precision what to do in any single situation because the expression of strong emotion may have very many meanings that one cannot anticipate out of context. Nevertheless, there are certain guidelines which may be useful.

a. When the patient begins to cry, it is usually best to say nothing and give the person an opportunity to express whatever the feelings are.

b. When a patient expresses strong emotions it is usually a good idea not to ask questions or probe for more. Respect the patient's right to reveal or share just as much as he or she is ready to.

c. If it is difficult for you to face a very strong emotion from other people, talk to yourself silently and try to relax. One can sit back in the chair, keep the hands in one's lap and wait. Also, bring this up in supervision or consultation.

d. Very frequently when a patient cries, other people will hand him or her the Kleenex box. This is a complicated and I believe an important matter which needs to be discussed.

e. It is not necessarily helpful for the therapist to rush in with the Kleenex box unless the patient asks for it. Sometimes handing a patient a Kleenex may be experienced by the patient as a signal that the expression of his emotion is inappropriate and that you wish to stop it. Therefore, before you become concerned about tears messing up the lipstick, the powder or the necktie, ask yourself what you know about this patient and whether it would be more helpful to encourage the patient to express whatever he or she does or whether it is better to save outside appearances.

## SILENCES

What might be happening when there are long silences in the group is that you are trying to shift the verbalization from yourself to the clients. This is a very frequent problem and in understanding it you might consider the following possibilities:

a. You have done too much talking and the air is full of your words, with the patients and clients being unable to make the transition from your talking to their talking.

b. This may be a group of people who know each other very well, you may be the only stranger and they may have "secrets." This does not mean that they are trying to leave you out as such, but it does mean that your task is to "break into" a preexisting group [like families, friends, etc.]

c. There may be some shared feelings in the group towards you or previous therapists that are not getting expressed out of fear of rejection.

d. Consider whether you break in too early when the clients do talk, especially with interpretations that are too powerful, or come too early, or are perhaps too threatening and thereby become unacceptable.

e. Check your language and see whether it may be a bit above the heads of your clients.

f. Reconsider the nature of the contract: Is this a class, are these clients or patients, is this a socialization group? In other words, have you defined what you expect from the clients with sufficient clarity so that they know they're supposed to talk and share?

## (9) ABSENCES

When you suddenly get unexplained absences by group members who seem to have been doing well in your group, you might consider:

a. Whether the contract was clear enough from the beginning, regarding commitments made by members and therapists.

b. Something that occurred in the group the session before that you might have overlooked and which might have been too threatening so that the client solved the problem by staying away.

c. Whether the client "spilled" by telling too early too much that was too personal, as he saw it [and whether you encouraged this out of the feeling that sharing is desirable].

d. Whether the client is substituting another person or activity away from the group in order to sidestep relationships in the group.

e. Whether the client is overwhelmed by intimacy.

f. Whether the client thinks that "he is not getting anything out of this" because he may have been confronted by others in the group.

One way to look upon the problem is to conclude that each group member has a right to decide for himself or herself when to come to a meeting, i.e. when to engage in treatment. If that is the view taken, it is necessary to discuss the matter in the next group session.

a. When a group member drops out or frequently misses sessions, this is something that is of concern to the rest of the group. The issue is not to talk about the absent member but rather to help the group talk about what it means to them to have the empty chair, to have someone not there regularly, etc.

b. Another approach to the absent member is to call him. This way

the member recognizes the obligation that he or she has incurred, the concern of other people, and that the idea is not that he show up for the group as such but that he gets services for which the group is, after all, only a vehicle.

c. A further possibility to keep in mind is that a group member who has trouble coming may also be sending another message, namely that he may occasionally need some separate help. This can easily be accomplished in offering the person a private session. However, one would warn that this can also be used to feed into the group member's resistance in such a way that one lessens the motivation for group treatment by offering an alternative. It is of very great importance that this issue be discussed with a client and that he or she know what the risks are.

d. Hidden, quite often, with the sporadic group member is a message that says that far more is wrong with the group member than the situations the group can address itself to or that perhaps a group therapist knows about. Therefore, in line with the earlier comments regarding individual sessions, it may be quite useful and possible to take an infinitely broader look at why this group member is coming in the first place, what the unspoken problems may be, i.e. it is possible that the goals have been set too narrowly because the group member had shared too little and that other developments may have taken place since the beginning of treatment that nobody as yet knows anything about.

## WHEN IMPORTANT MATTERS COME UP AT THE END OF THE SESSION

What to look for when the most important things that you think the clients ought to work on come up during the last five minutes, when there is no time left to really work on them:

a. Consider whether the client or clients have been giving hints all along that they wanted to talk about something but for some reason you couldn't quite hear it.

b. Consider whether the clients are trying to push you into a "collusion" in which, on the one hand, the material is brought so that it might be said that the client is emotionally committed to treatment but at the same time is brought up too late so it could be dealt with. The message here is that you are perfectly happy to help clients deal with tough things but they need to be confronted with the fact that it's coming up so late.

c. Is the material being used to end the group session, in order to evade real discussion and is thus used as a rationalization and a defensive maneuver against intimacy?

## ENDING A GROUP SESSION

What to do when it is time to end a session:

a. Before time is completely up, you might consider summarizing one or two themes at the most that you think have been talked about in the group. You do this by asking yourself the question how do the pieces, i.e. the various things that were talked about, fit together into a meaningful whole? When you are reasonably sure that you have that, you might say, "I have the impression that today we talked about such and such." It is not necessary to do this. If you feel that either you do not understand the connections that you were seeking or perhaps because there are none that are discoverable at the moment, you might look at the clock and say, "We must stop for today."

b. The words, "We must stop for today," or some other such words, need to be said clearly, in simple English and with a slight bit of emphasis. Also at that moment, rise from your chair to indicate clearly that your behavior follows the announcement. Under all circumstances avoid saying, "We must stop for today. Are there any further questions or comments?" This is a double message because it simultaneously says that we must leave now and stay at the same time. It confuses, undermines confidence in the clarity of your purpose, and invites putting into the hopper matters that "can simply not be talked about today" because time is up. Instead of that, be simple, plain and uncomplicated. It will convey the message that you know what you are doing and that is what clients want and need to feel.

## 12 TERMINATION

Many people have a very hard time saying goodbye. This includes both clients and workers. Therefore, termination often gets delayed or is handled in short shrift and because we do not see our clients after they have terminated, we often have no idea how difficult the consequences may be. However, termination can be done carefully and as part of the overall group process. Termination is not an event; it is a process which starts at the very outset of the group.

a. When the contract is formed at the very beginning, the date that the group ends is indicated.

b. One way of handling termination when the time draws near is to indicate that we have so and so many sessions left and then wait for some expression of thought and feelings about that. This process can get started gradually so that as the last session moves into view there is some increasing talk about it. It is perhaps wise to remember that the more feelings people invest in each other, the more careful one needs to be about group process such as termination.

c. One way, perhaps of ending a group at the actual point of closing is to say, "Goodbye." With that, one might get up and gradually move toward the direction of the door.

d. It is important to be very clear about when the group has in fact ended. Occasionally group members may want to suggest that there be another get together later on, "a party," or they may call individually. While such suggestions should be heard, they should, however, be evaluated against their meaning vis-a-vis ending. Some clients have difficulty ending relationships and try to promote their extension,

but this needs to be discussed with the client.

e. Particularly when clients are very needy, workers may become confused and ensnared in their own feelings of guilt, i.e. that they are deserting the clients who are so needy. I might suggest that this reaction is unconsciously intended to help the worker perhaps more than the client. It should be looked at for its meanings.

f. It has been my experience that usually the clients know when the group comes to an end if this was clearly agreed to at the beginning--hence the constant emphasis on the nature of the initial contact. If a worker has a co-therapist, then the two therapists should be talking with each other about the meaning of giving up their relationship to each other, particularly in relation to this particular group.

# The Social Status Examination in Health Care

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# PREFACE

The development of *The Social Status Examination in Health Care* represents, in a very real sense, both a continuity with social work's past achievements in health care practice and a new conceptualization of that practice for the present and future. Beginning in the early part of this century, social workers demonstrated consistent commitment to the development of a sound practice base responsive to the social aspects of illness and disability. This commitment was strengthened by the formal organization of the American Association of Medical Social Workers in 1918, the first professional social work organization in the United States. The result was the development of a substantive body of literature of social work practice theory and methodology which not only advanced the practice of social work with ill and disabled clients, but contributed significantly to the profession as a whole.

Following the establishment of the National Association of Social Workers in 1955, as the result of the merger of the American Association of Medical Social Workers and six other professional organizations, this movement continued for several years, supported by the efforts of the Medical Social Work Section of the new Association. However, in the 1960s, for a variety of reasons, attention in social work turned to other issues and concerns. The result, whatever the positive gains that ensued, was a loss of momentum and continuity in the development of the practice literature underpinning social work practice in health care settings. In many respects, Bartlett's 1961 book,

*Social Work Practice in the Health Field*, marks the final contribution of the movement begun by health social workers more than forty-five years earlier.

While health social workers remained active contributors to the literature during the subsequent period, the specific development of a practice literature supporting health social work became scattered. Not until 1975-76, when two new journals devoted to this field of practice began publication, did it reappear as a clearly recognizable body of practice literature for social workers in health care settings.

Now, with the *Social Status Examination in Health Care*, Dr. Falck has picked up the earlier thread which characterized the literature developed by the American Association of Medical Social Workers and others. He provides a specific theory base congruent with the social purpose of the profession, and applies it to health care practice. The *Examination* thus provides a specific process for practitioner-client assessment of the client's situation and the planning of intervention.

Two other aspects of Dr. Falck's framework ground it solidly in a social conceptualization of social work practice in health care settings. First, the concepts of clientship and membership reinforce the view of the client as a social being. This concept applies whether the client is viewed as a member of a family, a non-kinship group, a community, an occupational group, or as a member of a helping relationship in which both social worker and client carry mutual responsibilities for the giving and taking of help.

Second, the approach avoids the pitfalls inherent in separating and categorizing so-called concrete and psycho-social services by unifying them in a single conceptualization, the purpose of which is to help the client sustain, enhance, or prevent breakdown in his or her level of social functioning in relation to illness or disability.



Dr. Falck's *Social Status Examination in Health Care* will be welcomed by social workers in health settings for the clarify of purpose and process it brings to their work with clients, their clients' families, and others. Those in other fields of social work practice will find it to be stimulating grist for thought as they consider the nature and process of their own work with clients in non-health care settings.

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# INTRODUCTION

I have written *The Social Status Examination in Health Care* for those social workers who practice in health settings and who need a clear and concise method of gathering and organizing data about health care clients.

The majority of social work that is done in health care settings, be it in clinics, hospitals or other organizations concerned with health and illness, is done by social workers in close contact with other people who belong to different professions and sometimes to no profession. Whatever advantages accrue to clients and social workers from this, there exists a need to be quite clear about the social work function. While in all probability there exists no health or mental health profession that has exclusive knowledge and skill that make its functions uniquely definable altogether, one should expect with some confidence that each should be able to demonstrate what is *central* to itself. So it is with social work. *The Social Status Examination in Health Care* therefore has two essential advantages. First it can help -- when properly used -- to assure the client a certain level of service that takes into account his/her social situation linked to whatever else brings him/her to the health setting. Second, it should enable social workers to demonstrate quite precisely the areas of social work concern and activity; and how and what social workers think about.

There is no doubt that other members of health organizations may be equally interested and concerned about *some* of the aspects of the client's life as they render their services, and that these

may bear certain similarities to social work. However, that is not my concern nor do I think it should be the preoccupation of other social workers. The task here is to define how social workers perceive and define the social aspects of illness/disability, i.e. how illness and illness management modify family and other social memberships. In the case of true health settings, that is to say organizations not primarily concerned with disease but with health maintenance in its most literal sense, *The Social Status Examination in Health Care* needs the kinds of minor language modifications each social worker can make to fit the situation of the client.

I wish to make two other points. First, in this document, the recipient of social work services in health settings is designated as client, not as patient. The term client is, as it always has been, central to social work whatever the setting or specialization. The term patient implies illness and social work has never claimed to treat illness despite the unfortunate use of the terms "therapy" and "therapist" in much of the literature. Next, since health settings, particularly hospitals and some clinics, define the patient role as being rather passive, I have chosen to speak of clients instead, intending to suggest thereby that the recipient of services has both the right and, I think and suggest, the obligation to participate actively in obtaining and using them.

Social work has to do with the client's management of membership in social groups, with the help and assistance one can give, receive, and use when events such as illness, injury, or chronic conditions take place that distort social memberships and make them problematic, both actually and potentially. This has to presuppose client action to the greatest extent possible.

My second point has to do with the manner in which *The Social Status Examination in Health Care* might be best used and how to avoid its potential misuse. Misuse in my judgment, takes place if the



*Examination* is used merely as a checklist; or, if it becomes an examination connotative of a school or a physician's office. It is not something to be passed or failed. *The term examination as I intend and understand it is to describe the mutual effort by social worker and client to gain as complete a picture as seems needed to identify the desirability and practicality of social work help.* It would take me and the reader of these lines too far afield were we to engage in a lengthy discussion of interviewing at this time. To avoid that, but still emphasize what I intend *The Social Status Examination in Health Care* to be and do, I will only indicate that its successful use does not depend on asking questions of the clients. Most of the items which it addresses can be satisfied without the intrusiveness that characterizes so much client-social worker interaction in daily practice. Various trials of earlier versions of the document have shown this very clearly. Besides, excellent interviewing is infinitely more complicated than asking and answering questions.

To assist the mutual social worker-client effort I have described here, although within the relatively narrow confines of *The Social Status Examination in Health Care*, I have presented the material to follow in three major sections.

Section A presents fifteen items that guide mutual social worker-client efforts to gain a picture of the client's circumstances and needs. A separate discussion of each item is presented to provide a more concise and accurate understanding of the intention and meaning of each item.

Section B calls for a Formal Assessment of the client(s) social status, based on a summary of the information gathered in Items 1-15 in Section A.

Section C calls for a written Intervention Plan, based on the Formal Assessment.

There is little doubt that what I have formulated and discussed as *The Social Status Examination in Health Care* will have to be improved upon and revised. It hardly belongs to the category of "last words".

## SECTION A:

## THE EXAMINATION ITEMS

Item 1. Indicate 1) the developmental stage in life to which this client belongs; and 2) the developmental level the client has achieved.

Item 2. Indicate the client's illness/disability. Explore together with the client's current behavior. Some illnesses/disabilities directly modify behavior, while in other cases behavior change is an indirect result of illness/disability.

Item 3. Illness and disability nearly always influence the quality of membership in family and with other important persons. What are the family and other membership issues linked to the client's illness/-disability?

Item 4. If the client is a member of a racial or ethnic minority there may be some specific relationship between the illness and such group membership(s). In addition, cultural factors often influence the social management of illness/disability as may issues of gender and sexual identity. The attempt to distinguish frequent value differences between the social worker and client(s) may be of great significance.

Item 5. What kind of metaphysical beliefs do clients hold? How do clients explain to themselves and to others the metaphysical meaning(s) of death, disease, injury, misfortune and responsibility? How do these meanings manifest themselves in the behaviors of clients?

Item 6. Estimate social class membership of the client(s) and its connection with the social management of illness/disability. The class values of social workers and client(s) may differ and this needs to be taken into account in the evaluation of how clients deal with illness or disability.

Item 7. How does the client's illness/disability influence his/her occupation? Include here a brief discussion of abilities/disabilities, temporary or permanent, limitations in work functioning, etc.

Item 8. How does the client's illness/disability influence his/her financial condition? What income maintenance efforts are being made? Does the client have savings? Is he/she supported by others, and by whom?

Item 9. Does the client have health, accident, disability, life insurance? Is it being used to pay for services connected to the illness/disability? Who pays? Is he/she entitled to Veterans' benefits?



Item 10. What transportation is available to the client? To relatives or other visitors?

Item 11. What kind of housing is available to this client? What is the impact of illness/disability on housing as well as housing on illness/disability? Who lives with the client?

Item 12. Describe the client's mental functioning. Is he/she aware of time, place, person? Can the client participate knowledgeably in decision making in regard to his/her future?

Item 13. Does the client understand the nature of his/her illness/disability? How does the client express concern over the illness/disability?

Item 14. Can this client follow medication and other self-care instructions? Who can assist the client in this regard and upon whom is he/she dependent?

Item 15. How ready or reluctant is the client in asking for help? Or in using it where offered? How well does the client work with the social worker or other health care personnel?

*Item 1:* *Indicate 1) the developmental stage in life to which this client belongs; and 2) the developmental level the client has achieved.*

The intention here is to describe where in his or her development the client ought to be and where he/she in fact is. The "ought to be" refers to such judgments as might be consistent with epigenetic theorists such as Erickson or any other developmental theorist. Age is usually a concomitant in this respect, although none would suggest that developmental level is a function of age alone. Nevertheless, people who belong to the 60-65 age range while behaving as if they were 30 years younger not only become noticeable to others, but also reveal something about themselves, how they experience their bodies, their world, etc. None of this is inherently desirable or undesirable. In fact, while in some persons behaving "younger than their age" may reveal optimism, and the wish to remain creative and individualistic, it may for others spell out reluctance to meet head-on the vagaries of aging, of changing body functions, or mature ways of meeting vicissitudes of life, the dreams of youth, or fear of aging to the point of denial.

For the social worker the issue is not so much a matter of the client's age or whether a client's developmental level is viewed as good or bad, or as needing support or modification. Rather, a good observational estimate of the client's developmental level is useful for a further understanding of strengths and weak-

nesses in coping with adversity, i.e. in this case, health disability or illness as it affects his/her social situation.

*Item 2:* *Indicate the client's illness/disability. Explore together with the client(s) the impact of the illness or disability on the client's current behavior. Some illnesses directly modify behavior, while in other cases behavior change is an indirect result of illness occurrence.*

The intent here is two-fold. First the clinician needs to know something about the way clients are affected by the illness itself. This is not of equal importance for all illnesses nor all clients; but illness/disability does not exist apart from the person who "owns it." It might be ignored but cannot be ineffective. The second concern has to do with what the client's inner and social resources are to cope with illness, whether acute or chronic. Of particular importance here is to understand the client's past efforts in coping with adversity. In sum, illness is dealt with reactively as well as proactively. In the first case we look at what the illness does to the client; in the second case, what the client can bring by way of personal and social resources to the illness. At some point these merge.

*Item 3.* *Illness and disability nearly always influence the quality of membership in family and with other important persons. What are the family and other important membership issues linked to the client's illness/disability?*

Common sense tells us that the sickness of people has an impact on themselves as well as on those of which they are part. This is what is meant by membership. It is most visible where the illness is very dramatic, sudden, major, perhaps life threatening and where it is chronic, extensive and demanding on both the patient and those who are part of him/her. The impact may be financial, occupational, but also psychological. It is always of social significance, since illness influences the relationships of people with each other. This, in turn, influences how much of a resource family members may be in time of need, as well as the shifting balance in marriage, in parent-child relationship as well as most other aspects of interpersonal, intimate relationships.



*Item 4:* *If the client is a member of a racial or ethnic minority there may be some specific relationship between the illness/disability and such group membership(s). In addition, cultural factors often influence the social management of illness/disability as may issues of gender and sexual identity. The attempt to distinguish frequent value differences between the social worker and client(s) may be of great significance.*

The intent here is manifold. First, there are certain illnesses that occur with more frequency among some racial/ethnic groups than others (Sickle Cell Anemia, Tay-Sachs Disease). Second, culture, group values and standards, and management of pain and discomfort are heavily dependent on group membership, social expectation and validation/non-validation. Third, intervention strategies by help-givers must take into account such variables in order to both respect and reach out to what the client as a member of his/her group stands for. Non-observance in this connection is not only disrespectful but also leads to failure no matter how good the intentions.

*Item 5:* *What kind of metaphysical beliefs do clients hold? How do clients explain to themselves and to others the metaphysical meaning(s) of death, disease, injury, misfortune and responsibility? How do these meanings manifest themselves in the behaviors of clients?*

The intent here is to discover something about clients' religious or other convictions, with particular attention to behavior, e.g. Jewish dietary observance, Protestant fundamentalism (creation science and the Bible), Islamic beliefs about the souls of women, Catholic belief regarding abortion. Not only are these to be respected by social workers, they may also organize a great deal of clients' lives with particular emphasis on illness, injury, recovery, chronic illness and death.



*Item 6:* *Estimate social class membership of the client(s) and its connection with the social management of illness/disability. The class values of social workers and client(s) may differ and this needs to be taken into account in the evaluation of how clients deal with illness or disability.*

In part, the intent is to gain an impression regarding where the client stands in socio-economic terms. This item calls attention to income and financial abilities but, equally important, to his/her values and aspirations. Social class is also related to help seeking, illness management, acceptance or denial of illness. It is related also to spending priorities, as well as spending patterns.

*Item 7:* *How does the client's illness/disability influence his/her occupation? Include here a brief discussion of abilities/disabilities, temporary or permanent, limitations in work functioning, etc.*

The intent here is to obtain some estimate on whether or not the illness/disability has affected the client's ability to work. Especially intended in this category is a brief discussion of the physical effect of the illness in relation to the psychological and social meaning of work. Work for many people is connected to their view and image of themselves, and when illness/disability leads to modification in the work life of the client, other consequences often follow.



*Item 8:* *How does the client's illness/disability influence his/her financial condition? What income maintenance efforts are being made? Does the client have savings, is he/she supported by others, and by whom?*

The intent here is to determine the financial condition of the client and his/her family or other persons important to him/her. All that is known about the financial assets and liabilities of the client should be considered here.

*Item 9:* *Does the client carry health, accident, disability, life insurance? Is it being used to pay for services connected with the illness/disability? Who pays? Is he/she entitled to Veterans' benefits?*

In this section the intent is to continue to consider the financial assets the client possesses in relation to the payment of charges for his/her illness/disability. It is not to be taken for granted that people who have insurance coverage necessarily use it when needed. Some persons are unclear as to coverage or how to file a claim. Some do not know what is and what is not covered by insurance or Veterans' benefits, in what amount and for how long.



*Item 10:* *What transportation is available to the client? To relatives or other visitors?*

The issue to be addressed here has to do with the mobility of clients with illness/disability. Obtaining medical care on an out-patient basis is frequently influenced by the nature, if any, of the transportation available. Transportation touches on asking and taking help from neighbors, relatives, friends. Involved in it may also be a social services agency that offers certain kinds of transportation for illness management or health maintenance purposes, i.e., visits to physicians, clinics, hospitals.

In a society that places a high premium on being able to move about, not being able to command adequate transportation is perceived as a sign of inferior social status.

*Item 11:* *What kind of housing is available to this client? What is the impact of illness/disability on housing as well as housing on the management of illness/disability? Who lives with the client?*

The intent in this section is to investigate not only housing as a physical variable in the life of the client but also as a social one, leading to more extensive knowledge than would otherwise be the case regarding the client's life style. Also, it is intended that this section be used to talk about others who may live with the client, or whether the client lives alone and what that might indicate about him/her, especially in relation to his/her illness/disability.



*Item 12:* *Describe the client's mental functioning. Is he/she aware of time, place, person? Can the client participate knowledgeably in decision making in regard to his/her future?*

This set of questions relates to the mental status of the client. In order to participate in making decisions the client needs to be reasonably clear and effective in his/her ability to think, reflect, weigh choices. Reasons for inability to do so may be severe mental illness, anxiety, neurological problems. The consideration of the client's mental status may also lead to further thought about others who may be available to assist with decisions regarding the client's future, as well as in some cases, lead to legal considerations.

It is intended that the questions in this section be used with care and sharp discrimination, rather than as a way of proving the client's incapacities.

*Item 13: Does the client understand the nature of his/her illness/disability? How does the client express concern over the illness/disability?*

What the client knows or understands about his/her illness is not only important from the standpoint of the information imparted to him/her but also from the point of view of what he/she understands it to be. This leads into some highly complex psychological as well as social issues that are important to grasp. Among the psychological aspects is the matter of defending against knowledge that may be too overwhelming or threatening to consider seriously. Among key social issues are those having to do with the nature and extent of the involvement of others, especially in the family, with knowing and discussion of what is wrong with the client.



*Item 14: Can this client follow medication and other self-care instructions? Who can assist clients in this regard and upon whom is he/she dependent?*

The questions in this section relate not only to whether the client can follow instructions, but also to whether the life circumstances of the client are such as to encourage it. This is of great relevance in regard to medication and/or diet orders. Their realization depends on the client's willingness and ability to plan, to keep medication schedules, obey frequency and dosage instructions. Others may be involved, as for example, where a client is placed on a diet for diabetes, weight reduction, management of the consequences of heart disease and others. Most of these considerations are social in nature, since they almost always involve several persons in complicated communication demands.

*Item 15: How ready or reluctant is the client in asking for help? Or in using it where offered? How well does the client work with the social worker or other health care personnel?*

It is obvious that clients who can participate in planning their own future, in dealing cooperatively with care givers are more likely to have a sense of control over themselves than those who experience major difficulty in asking for and using help. Nevertheless, there are substantial numbers of clients who prefer to take care of matters on their own and do well. The section is intended to clarify how people use help, whether they wish help and under what conditions, and what it means to them to ask for or refuse it.



## SECTION B:

## SUMMARY AND FORMAL ASSESSMENT

Write a Formal Assessment of the social status of the client(s), based on a summary of the information gathered in Items 1-15 in Section A.

The aim of the Formal Assessment is to describe this person (as part of others) on the basis of the information and impressions gained in the interview part of the *Examination*. The intent is to formulate as precisely as possible a picture of the client and/or the people who are important in the client's life, with particular emphasis on illness or disability.

The information and impressions that constitute the building blocks of the diagnostic formulation should come from the interview itself and should be indicated as such. This permits the next step, namely inferences and conclusions.

Inferences are statements by the social worker as to the meaning of the material the client has given. They appear as professional judgments and are quite legitimate, *provided they are labeled as inferences by the social worker.* That is also their great advantage, in that they offer the social worker the opportunity to write out his/her part of the interaction with the client(s). The same holds for Conclusions.

A conclusion in the *Social Status Examination* is the ending statement that summarizes the assessment of the client and the appropriate inferences. Con-

clusions are subject to constant change as more information and inferences become available, especially in those cases where the social work process is spread out over a period of time.



## SECTION C:

## INTERVENTION PLAN

Write an Intervention Plan for this client, based on the Formal Assessment.

The Intervention Plan follows logically from the *Examination* and from the Formal Assessment. It is characterized by several features.

a. An intervention plan partializes the needs of the client into manageable pieces.

b. An intervention plan helps the social worker and the client(s) gain some sense of priorities from the standpoint of the complexity and the urgency of the help needed, plus such considerations as time available, finances, etc.

c. An intervention plan is a *logical* statement based on evidence (the information of the client and the inferences of the worker) and should, whenever possible, be based on data.

d. An intervention plan permits monitoring of the helping process by both client and social worker. It permits both to keep track of what has been done and what is still needed.

The intent is that an intervention plan be formulated -- to the maximum extent possible -- by the social worker and the client together. It is subject to change as new needs become apparent, as new information comes to light, and most particularly as the client gains more and different insights into his/her situation. This will, and in fact ought to, change the diagnostic formulation and the intervention plan.

## SELECTED BIBLIOGRAPHY

The following list of publications may assist those who wish to read beyond the *Social Status Examination in Health Care*. Many of the ideas in the *Examination* have had their genesis and are discussed in these articles. Some are still in the process of publication in journals, proceedings and elsewhere. A limited number of copies is available from the author.


1969 Thinking Styles and Individualism - The Problem of Human Autonomy. *Bulletin of the Menninger Clinic*, Vol. 33, No. 3, May 1969.

1971 Individualism and the Psychiatric Hospital System. *Bulletin of the Menninger Clinic*, Vol. 35, No. 1, January 1971.

1973 Magic in the Perception of the Self-Made Man. *Menninger Perspectives*. Topeka: The Menninger Foundation, 1973.

1976 Individualism and Communalism - Two or One? *Social Thought*, Summer 1976.

1978 Social Work in Health Settings. *Social Work in Health Care*, Vol. 3, No. 4, 1978.

1978 The Individuality-Groupness Effect: Phenomenology, Social Values and Clinical Applications. *Social Thought*, Summer 1978.

1980 Aspects of Membership: On the Integration of Psychoanalytic Object-Relations Theory and Small Group Science. *Social Thought*, Winter 1980.

1981 Social Work as the Management of Membership: An Interactionist Perspective. Available from the author.

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1982 What is Central in Social Work? *Health and Social Work*, Vol. 7, No. 3, 1982.



## NOTES

SW REL.014

# SOCIAL WORK, RELIGION AND THE COMMUNALISM OF PRIVATE EXPERIENCE

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## Introduction

The purpose of this essay is to demonstrate that professional social work and religious activity share a central theme. It is that both rest on certain perceptions of human membership. Social work is defined as rendering professional aid in the management of membership, while much of religion and religious activity uses the membership concept to make private experience, especially prayer, a communal event. Religion is employed in this essay as both belief and activity, as is social work in the sense of aiming for change. Social work, too, makes private events public, i.e. communal.

This essay about religion and social work represents an attempt to call attention to relationships as well as parallels between two enormously complex fields of human endeavor. We offer observations about them from a specific and particular point of view. That point of view rests on a conception of social work practice expressed in a definition of social work as follows: social work equals rendering professional aid in the management of membership. We will define what this means and link it to observations about prayer, and to religion-informed social services in America, concentrating on selected aspects of Christianity and Judaism. The attention to the first has to do with the fact that Christianity in its many manifestations is the most influential religion in the United States. Judaism is stressed because it expresses a different tradition than Christianity and offers significant alternative ideas that social workers might well ponder as to their relevance for a social work that stresses social. In a very general sense, Christianity is of relevance for its strong support of individualism; while Judaism again in very general terms, emphasizes not the individual as much as the person,

the person defined as component and product of group life.*

We aim to show also how religion-bound concepts serve as parallels for much that social work views as its own fundaments. We call attention to the place of self-determination as an important consideration in this regard.

"Religion and Social Work" (Spencer 1956) probably is the definitive statement of the two institution's relationship in the last generation. Spencer aimed to defend the profession primarily against attacks by Protestant clergy. One had to do with the perceived preoccupation of social work at the time with Freud. Spencer pointed out that Freud's hostility to religion may have been one thing, but that it never interfered in his professional writings. Another charge was that social workers did not deal with religion and belief with their clients. Spencer said that not only are there problems with client self-determination in this regard, but also with the fact that religion as an institutional force did get considered in professional education, albeit indirectly. It is indirect in the sense that one cannot teach about human behavior without dealing with religion, although she admits, the religion content could be more clearly explicit and enjoy more visibility. Spencer also makes the point that most of these issues are of greater concern to Protestant clergy than to Roman Catholics and Jews. Both of these handle problems in this area by and through the education of social workers in denominational schools or by other means. We would add that in Jewish social work the focus has never been as much on theological matters or matters of belief; rather, as one might expect, in post World War II years

* Doctrinal views of Christianity are matters of faith and conviction. In this case they are influenced in part by Abba Hillel Silver, Where Judaism Differed, Macmillan 1961 and by Leo Baeck, Judaism and Christianity, Jewish Publication Society, 1958.

it has been and still is on issues of group identification, survival, Israel, and intermarriage.

The National Conference of Catholic Charities and the National Catholic School of Social Service of the Catholic University of America have since 1974 published Social Thought. From the start it has addressed the linkage of social work with Catholic thought. In recent years, it has become increasingly interested and focused on demonstrating the impact of Roman Catholic sponsorship, social worker behavior, theological and ideological impacts on the work of social workers in Catholic agencies. An editorial in a 1983 issue sums up the focus and direction of the journal:

> Psychological literature reflects a growing interest in religion, ethics, and values, and this interest is shared to some extent by the social work profession. Catholic Charity agencies could provide the settings and the resources for furthering the integration of social theory with theological and philosophical principles. Can we not incorporate in our work the concepts of the loving God, the use of prayer, the positive force of religious faith? As we continue our efforts to add spiritual and religious dimensions to social work practice, we must (in our efforts to win professional respect) develop and test hypotheses related to a value system that goes beyond the empirical and material (Mohler 1983).

The concern with the attainment of social justice, despite the often underplayed fact that the profession has championed it from its organized beginnings, has taken a dramatic upswing in the last two decades. If it is of enormous interest in social work, and perhaps focused more clearly within it than in any other American profession, it still is not the property of social work. The churches, most of them certainly, have become equally interested. The World Council of Churches with its international, and sometimes not so welcome participation -- judging by the editorial comments of some U.S. Newspapers but also Fundamentalist Protestant groups -- of churches in the Communist East block, the National Council of Churches (and its

supposed liberalism), have dealt and still do with issues of hunger, disarmament and many other subjects. The work of world-wide networks of American international Jewish organizations is renowned, particularly in the focus on refugee work. The outstanding and controversial statement by the United States Roman Catholic Bishops regarding the use of nuclear weapons set off world-wide political and ideological reactions, including those from the White House, which itself tried to influence the debates leading up to the final statement.

None of these issues belong to any one group. Yet, it is clear that on the level of national and international policy there is much agreement between social work and the religious communities in the United States. On the community level, there are examples having to do with birth control, Right to Life issues and so on and the old conflict over whether Health and Welfare Councils and United Way can or should accomodate Catholic agencies and Planned Parenthood agencies is still there. It is in clinical work, sometimes referred to as micro-practice, that the consonance of social work and the theological aspects of religion (especially Christian religion) are relatively unexplored.

The essay before us is divided into two sections. The first is entitled Religion and Membership. The second is the Client and the Social Worker. We end with a Summary.

## RELIGION AND MEMBERSHIP

### Communalism and Private Experience

Central to religion is prayer. Prayer is also a private act. The overt manifestations such as moving one's lips, bowing, kneeling, in the prayer of Orthodox Jew, "davning" are the manifest signs that a private experience takes place. The outward signs are the inferential evidence. One form of speculation

about them is that the person who prays responds to beliefs absorbed, internalized, from the role behavior and demands of parents and other adults. Such words as superego, conscience, ego-ideal come to mind in this connection. From a social science point of view, one notices that the private experience of praying often takes place in socially organized ways, together with liturgy - spoken, sung, and played - within festive and solemn atmosphere and the use of symbols. What appears to be most private is also public, i.e. group centered. The occasion for saying "I" is simultaneously one for "we". A clear example of this is that during the days of the Days of Awe - Rosh Hashana (New Year) until Yom Kippur the Day of Atonement the Jewish worshipper asks God to inscribe him in the Book of Life (Rosh Hashana); and to seal the favorable decision (Yom Kippur), so that he/she might live another year in assurance of God's favor. It is personal, private, and when taken seriously, as intensely internal to each supplicant as one might find in Jewish liturgy. Yet at the climax of confession the Jew prays "Our Father, Our King, we have sinned before Thee: and the words "Ashamnu" (we have been guilty"), Bagadnu" (we have acted treacherously"). Similarly, Roman Catholic confession is a social act whether or not the confessor and parishioner can see each other.

The idea of "we" is at the very core of membership. It speaks simultaneously to the "I" and to the groupness of human beings in a way such that neither can be separated or even discussed separate from each other. The term membership synthesizes them, and in so doing raises the question as to its genesis. It is intellectually and scientifically comforting to be able to point to a date, an event, some specific occurence in people's lives.

Membership and its attainment is not one of those developments that can be dated with precision. Membership literally fades in, as the scientific literature makes increasingly clear.

There is evidence of intrauterine social life, the life of "we". It is now possible for mother and father to view their infant intra-uterine and to acclaim it. Also knowing its sex, the parents could, for all intents and purposes, name the infant prior to his or her birth (Evans and Fletcher, 1983). In such contexts of findings, it appears that birthing is more a change of interactional styles, than a total beginning of life. People are older, each of them, more than they can say. The common point regarding both examples, having to do with the public privateness of prayer and the prepartum social interactional character of mother - child relations is that life is social from its intra-uterine outset. The consequences of the increasing evidence that undergirds such views can hardly be surmised. The evidence, powerfully underlined by Mahler et al (1975) in their detailed observations of very young children, indicates how early and clearly the social "we" is the fundament of the emerging "I": rather than that first comes the individual and subsequently the group. The process is life long, it defines the nature of our institutions and our personalism, it dissolves the split between individual and group, and it presents us with a fundamentally changed picture of the human condition. What all of this means for Western ideology is beyond this essay. What it means for our views about religion and professional social work is a marely manageable subject.

RELIGION, SOCIAL WORK AND TERTIARY MEMBERSHIP

In considering the memberhsip concept which defines social work here and in an earlier work (Falck 1984), two dimensions take center stage, the membership of humans with humans; and the membership of God and man. Both

Both have to do with the perceptions of clients and social workers of their own situations in regard go tertiary group membership. They are conceptualized as being non-face-to-face and non-intimate, i.e. dealing with social involvements one cannot see. Examples of the first are the American people, the nation, humanity.

Man and Man

The intensity of loyalty by millions with in the community of believers leads to powerful and deeply held personal identification and internalization of standards, of morals, ethics, emanating from such communities and transmitted by families as primary membership groups. Religion is a personal means of knowing that one is connected, can hold membership and through it have a sense of himself/herself in identity terms with things he/she cannot see. Religion enables the person as a member to look beyond the limitations of his/her empirical scope. Religion speaks not so much to what is "out there" but to the links, to the connections of persons in his/her place and time, and the ability to comprehend concretely that there is room for him. It tells the member-believer that there is explanation to be found within the human group. None of this is by itself in any sense metaphysical. in fact, it is quite practical in that it is an explanation that articulates the membership relationship of person and others. The religious institution through its agencies (secondary groups) reaches back to the person by affirming the mutual membership of all who belong with each other. "You belong" is the message, "and consequently all of us similarly believing and acting, may and so refer to ourselves as 'we'". It should be noted that the message is not "you and I" or even "you" and "we". It is simply "we". It is found in good deeds, in acts of loving kindness, in acts of Christian charity, in the Gemilat Hasadim of Jewish tradition. These, it is emphasized, are earthly,

interactional, social, i.e. membership behaviors. They integrate persons in community and remind each person of human mutuality. When law and standards are violated, membership theory holds that one is not eliminated from membership but subject to correction and, sometimes, punishment, even ostracism and forgiveness. It is in the name of membership that each person is person and also, therefore, an aspect of collectivity. One understands that membership articulates person/group in practical terms. Obedience and violation are subject to self - and to other-judgement. The medium may be oneself, a priest, parent, teacher, spouse, even revolution but the links are from person to invisible community and from the invisible community to person. It is one process, not two - as the one acts the other acts, says membership theory. Being unable to see it, to hear it, to observe it through one's senses directly does not invalidate knowledge of the presence and reality of my people, my country, my nation. Person and group are one.

God and Man

A second way in which religion articulates the we is by the relation of person and deity. Beyond the ability to see but within the ability to believe, says much of Western religion, there is explanation, a protector, a Creator who creates, i.e. acts; and you and He are members of that mutual situation. The ability to control the future may be uneven, but it exists. You need to act properly, religion holds, to believe truly - yet even when not, the beneficient God who wants life, not death, keeps you because He calls you His. You, in turn, says religion - in order to participate in sealing the relation of God and man - act in ways acceptable. You are members of each other. But God does not speak in human language, He is God because

He is God - Ehyeh Asher Ehyeh* - yet lets man know through human ability to perceive and in a variety of ways what He expects of her and him. In the reciprocal process of God and man, only the man to God interaction is empirical; the God to man aspect is not. It is out of this expected, hoped for reciprocity that man takes his/her assurance and confidence that he not only hears the diety but is also comprehended by it. People express this aspect of membership by assigning meaning not only to their own behavior directed to God by reflecting on their own intentions; they also do it by interpreting to themselves what God's "behavior" might mean to them. They act in accordance with - not God's behavior - but by their interpretation of the meaning of what God transmits, as they see it, to them.

A curious parallel occurs here. When used with moderation it can be helpful, i.e. this side of anthropomorphizing God. The parallel to which we refer is that as the person related to tertiary groups on earth, so he/she relates to the equally invisible deity. Just as tertiary groups act through representative, secondary groups such as governmental mechanisms and in the voluntary, for example, business sector, so the person feels membership with God through representation, usually through the clergy. The attempt by people to articulate in some meaningful way, their membership, is a universal and constant effort.

One of the difficulties attending the desire to understand more than one can see is the manner in which we express that difficulty. It is, to speak of "them" and "us". It consists of testing at least verbally, the membership

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*Exodus, Chapter 3, Verse 14. The passage is not precisely translatable into English. "I will be what I will be" comes closest. I thank my colleagues Professors Ruby Walker and Jack D. Spiro for their assistance with this issue.

boundedness of all with all. Among ministers, this is often manifested in their communal views of their churches, and the congregation as recipients of preaching. Conversely, it is not uncommon for parishioners or members of congregations to refer to clergy as them, managing to overlook the fact that each of them is a person. If religion and religious ideas are to play more than a very vague role in professional social work, particularly in times of personal trouble where religion is needed as an asset, one must be willing to take a look together with clients, what kind of membership "we" exists for them. It is to this question that we turn next.

## THE CLIENT AND THE SOCIAL WORKER

The use of the term membership is too inclusive when it stands by itself, unqualified. If the group is the irreducible reality of social life, then it is also true that it is applicable from the dyad to society, all of it. One avoids the danger of conceptual looseness, by specifying the unit of attention and in professional work of service. Families, groups, organizations, pairs, persons can be defined. For professional purposes one defines each unit and defines it concretely.

### Individualism Versus Membership

One of the difficulties social workers experience in using the membership perspective lies in their socialization to individualism. (Falck 1976) A consequence of the use of the values tie to individual self-determination in social work practice is the further consequence that the successful individual is essentially alone. Nearly always overlooked is that this also extends to human failure. Admired or condemned, the burden is with one individual. Membership under such circumstances is voluntary. It is invoked or rejected out of hope or despair, personal advantage or wanting relationship. Not only does this contain questionable ethics; most significantly, it contains a major misreading of fact. The main one is the impossibility of the

of the human organism - at any age - to survive outside a human milieu. Membership is a condition of living - there is nothing voluntary about it.

Social Work and Sectarianism.

We thus turn to consider how all this affects the relationships between religioulsy sponsored institutions, social workers in such agencies and their clients. The worker's participation in the mutual work with the client is said to reflect in his/her behavior the ideas and ideals of that institution. To the extent that this takes place through and with the help of religiously sponsored services, the ideals and convictions of the agency and its social worker are honored. Agencies and social services work through membership contracts that spell out what can be offered the client, in what ways, for how much money, by what rules and toward what ends. The social worker will not go along with whatever clients decide in the name of self-determination. The worker will not destroy the sectarian character of the agency, and pretend to the clients that in the social world anything goes as long as it is the product of self determination. This would be a throw-back to a radical individualism that does not and cannot match reality. Sectarian agencies and their services need to be clear about what they believe, what the sectarian message is they wish to convey, and how their work illustrates their commitment. Clients need to know this, too, and there ought to be discussion and consideration as part of forming a membership (helping) contract what it is they want and under what condition they may obtain it. Jewish Community Centers portray Jewish ways of life, at the same time being aware that in Judaism there is no one way. Christian agencies with their many manifestations and internal differences, ranging from Roman Catholicism to Protestant Fundamentalism and its many shadings need to convey a Christian message. Staffs need to accept that message, however different its manifes-

tations.

Membership model approach in social work implies commitment. In the religious context, the commitment should manifest no hesitation on the part of all about potentially conflictual matters. Birth control, euthenasia, family planning, even racism, anti-semitism, salvation, the nature and meaning of hope, family, divorce are some of the issues that are subject to direct influence from given doctrinal positions. When one works in and offers one's services through a sectarian social agency, one offers not one's individualism. One offers a group (at least a dyad) and aims to render aid in the management of membership, be it that one works face-to-face with one or with several persons.

When religion plays a role in offering and providing social service, its tenets, its aims, and its methods need to be spelled out directly i.e. without subterfuge. It is one illustration of positive management of membership. When nuns and ministers or rabbis become social workers the assumption might well be that the purpose is to use the knowledge and considerable skills the profession offers for the sake of realizing a Christian mission and/or a Jewish conception of human life. The client who thus visits a sectarian social service agency is to receive something colored by the intent of the provider. The membership model assumes by its very definition that helper and receiver say not "you" and "I" but "we". Within that "we" there is within a democratic helping/receiving system, room for personal wishes, and choices, as well as preference. The "I" occurs and is supported within the context of "we" and "us", but not as an alternative to the concerns of other people. The term social self determination recognizes the preferable relation, while neither diminishing the person for the sake of individualism.

The congruence of the values of agency, sponsoring body, social worker

and client is as it ought to be, the issue under discussion in a sectarian social service.

When Client Need Compromises Sectarian Ideology.

A common question has to do with what happens when a service is offered that meets an indispensable need on the part of the client. For example, may or should an agency exact religious allegiance in return for food, medical care, early childhood education for the children of working mothers? Should, particularly when there are few social services in a community, services be witheld when clients refuse to participate in church services, or even when they do not but it is tacitly understood that they are part of the helping package? These are some of the complexities that when overlooked make what we said earlier look and sound simplistic.

The dilemma of social service and religion cannot totally be resolved. Even though the sponsoring agency rendering social service should, as suggested above, clarify the conditions under which it is available, the client in his/her private life is entitled to determine whether or not to follow advice given, provided he/she does not expect the agency to change its views about the value base upon which services were rendered. There may well be a point beyond which agency and clients cannot go and still work for the sake of the client. The history of child welfare is replete with examples where social workers who on behalf of public agencies, including the courts, have removed children from their parents. This is so because there is a public interest involved in the delivery of social services; it is rarely if ever a matter of exclusive private importance. Few, indeed, would be the practitioners in any settings, including fee-for-service, private social workers, and others who would care little or nothing about what clients do with what they gained from the services rendered them. To suggest otherwise would, once

again, isolate people into individualism.

The glories and the failures of man the "individual" are deceptions of oneself and others. To argue for the strong, self-determining and self-determined individual has little if anything to do with any major religion one could find, at least in the United States. One aim of religion, is to provide a membership context for persons. The purpose is to render a relational context within which each person may develop and further his/her membership in order to attain what it is he/she expects from life together with others. Part of that is done through secondary group experience and part of it within family and with friends. But it is also done within people who disagree. Even enmity is a membership style; religious, doctrinal disagreement-- sometimes vehemently expressed - are illustrative of the varieties of membership styles available.

Membership Within

There is one significant phenomenon regarding religion and the practice of social work which has received little attention. This is the role of the client who speaks to himself/herself through the actual or imagined voices of others in primary, secondary and tertiary membership groups. It has to do with the inner interpretation of the demands of the world "out there". Some of that has to do with what "God wants"; and some of it addresses the person's perceptions of what fathers and mothers want or one thinks they want; with what the priest, pastor, the rabbi might expect by way of behavior in everyday life. In another essay, we referred to these phenomena as the "unseen groups" (Falck, 1982) and suggested that their empirical invisibility in no way lessens their impact. One could probably make a case for holding that their invisibility also portrays to some degree their magic, their reassurance but also their danger as experienced by a given client(s). Yet, they

are group phenomena and they fit into this discussion of social work practice and religion, first, because theme and content is often religiously related; and secondly because they may once have been religiously colored experiences and might in fact still be. They always seem to deal with one's perceptions of self and others. They may be understood in both, the object-relations sense as well as in the symbolic interactionist sense where the key work is meaning. Coming from others, from oneself, being internalized and being assigned meaning, such experiences meet the conditions of membership.

Religion and Public Policy

Finally, we raise a question that might have occured to many who have been at the center of social welfare activity over the last several decades. It is why the fundamental issues concerning public social welfare occur over and over? Should not one assume or expect, in the analyses of what religion stands for, especially when compared to the systemic fact that social services exist and in ever growing scope, that at least the basic questions have been settled by now?

The dimensions of strategy, even when not always identifiable as planned steps, would seem to the following. For the social welfare community the aim has been to establish certain irreducibles of program, commitment and financing, i.e. services. To most such people who thus view social services as a centrally significant self-directed service complex it would seem logical to do all it can to stabilize social services for any given moment but in particular over time. Social services thus appear as centrally necessary for social life.

The membership approach to social welfare in religion terminology articulates justice, not so much in the legal but in the metaphysical sense. This is especially true of central services, those having to do with food,

clothing, physical protection. One speaks in this connection of human dignity. It is the basic dignity of membership, namely that to survive, to enjoy the dignity of life with others one must have food, clothes and shelter. This addresses, of course, the question of how to keep the spirituality of man center stage. Justice in this sense, has to do not so much with individualism but with one of the oldest of religious ideas. It is that my brother and sister are entitled, as I am, to irreducibles, those fundamentals that document their God-createdness before any and all other questions are asked and answered. We think that one can make the social welfare case on those grounds, and make it strongly.

The opposite stance, or perhaps one should say, a strongly alternative view of social welfare justification in religious terms, also offers several features worth consideration. To begin with, both groups would probably agree that the "safety net" is justifiable, much in those religious terms we just mentioned. What differs is the degree to which the individual is expected to take responsibility for his/her condition before one would invoke the minimum social bese. One might ask in the individualistic frame of mind at what point would the state make no further demands on the person before it supplied the basic necessities, no matter what circumstances or failing had brought the recipient into his/her stressful situations. The personal variable, the individualistic one, would be invoked more frequently and longer than that of membership. An interesting light is shed on the problem when one realizes that political conservatives as much as other people are found among the social welfare volunteer ranks in American society. These are volunteers working for the need meeting efforts related to the poor, the ill and so on. Notable in this effort at individualism and voluntarism is the

central religious concept that people do good without force and without compulsion, this is to say of their own volition. Is this not what God demands and rewards? Is it not morally superior to look into oneself and ask what one's duties are, without force or reminder? Yet, at least in Jewish tradition, doing well by others is a matter of duty, of righteousness, of obligation. It can be seen that what is of importance is less a matter of institutionalization versus incrementalism (Wilensky and Lebeaux 1958) than fundamental conceptions of what constitutes the conditions of human life. In the one case the irreducible is the individual with all that this means politically, theologically, and from the standpoint of the social contract. In the other case it is the personalistic attributes, but not as an individual. In the other case the impression prevails that the negotiations as to rights and responsibilities take place between each person and the community, the State and large groups. In the other such choice doesn't exist because person-group are integrated, irreducible components. The consequences of one view or the other are profound.

Religious Varieties and Client Convictions

Running as a latent theme through this entire discussion is the question about what kinds of religion or religions we are talking about. We have tried to take a rather high level view that favors inclusiveness. Simultaneously, the discussion has been confined to aspects of Christianity and Judaism for reasons stated earlier. Also, one must be cognizant of the fact that when one speaks of Jewish religion, the sense in which the term Judaism is used, there are many other areas of Judaism that are not explicitly touched upon.

As necessary as it is to understand a client's religious convictions as well as those of the religiously informed agencies, it is also of importance to understand something of the client with no visible religiously determined

interests. Our point of view is informed in this regard by the thought that few in this world fail to come to terms with religious ideas. This seems to be true of people who may be religious and "do not know it"; also those who have made a more or less conscious choice about their religious convictions (or nonconvictions). The membership model of social work implies that the decision not to be guided by explicit religious values is also a way of coming to grips with aspects of membership that deal with the metaphysics of religion. Such beliefs (in a sense, non-beliefs) must be respected. The religiously informed agency and social worker offer service to the non believer and the believer, precisely because both agency and worker believe. The contract, so to speak, between worker and client runs something as follows. Agency and social worker offer services consistent with their values. The client needs to be informed in this matter. In return, the agency and the worker offer services the client wants and needs, as long as it is clear that the client will not insist on services and values irreconcilable with both his/her own values and those of agency and social worker. However, the agency and the social worker will do nothing (other than by the fact that they exist) about convincing clients to see the world <u>their</u> way. If this formulation sounds at once too absolute as well as too ambiguous, this is because the positions we espouse are ambiguous and are such in the absence of more unequivocal answers. What is suggested here is that there needs to be open communication between worker and client; and that to serve only those who believe as agency and social worker do, and that in a world with very insufficient services, would be to bury one's head in the sand. Better to live with ambiguities than to deny services over doctrinal and belief arguments. That, however, some explicit

limits are needed also is dictated by the fact that sectarian social services exist, have a long and honorable history, are needed, and are entitled to represent their view of the world and the people in it, in ways that are consistent with their religious convictions.

## SUMMARY

An attempt has been made in this essay to show that different and large social institutions such as professional social work and religion with their central as well as more peripheral activities are not really definable in individual/group terms. We have discussed furthermore that when one serves in the interest of the other, the same membership framework that informs each is applicable, as when social work mediates an essentially religious purpose. While the examples discussed here are components of large complex processes, we suggest that they can nevertheless teach that social process is basic and not reducible to something else.

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# Peptides As Behavior

## A Psychosomatice Approach to Peptide Research

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Summary. The nearly explosive nature of discovery in peptide research forces confrontation of questions about their basic function and place. We offer the suggestion that pepetides may be psychosomatica. In this article we explore philosophy of science and basic methodological issues, attending the exploration of qualities and quantities simultaneously biology and psychology. Peptides are conceived as behavior. A list of key terms used in this essay follows.

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I. A Scientific Paradigm for Peptide Research.

A. The Problem

Kahn's views on scientific paradigms are well known, particularly those having to do with his (and others') observations that knowledge is both developed and organized on the basic of known paradigmas (Kuhn, 1970). These paradigmas may change for a variety of reasons. The result is that old knowledge is re-organized and new knowledge accumlated by new logical rules. Psychosomatics (not psychosomatic medicine) is one, well known, paradigmas. It shows the investigator that in order to understand what we know it is also necessary to understand the structure of knowledge. The wide variety of peptides have by now been identified, many of them as they occur in mammalian biology. There is consensus that they have much to do with neurotransmission, including. emotional states. However, neither psychological nor biochemical frames of reference are adequate by themselves. It appears, however, that a psychosomatic paradigm would fit the data and vice versa. We speak here of peptides (and hence an implicit definition of psychosomatics) representing the integrated simultaneity of body-mind, functionally speaking. We shall argue here that psychosomatics represents behavior.

B. Causality and Association in Psychosomatics

The causal links between anatomical, biochemical data and psychological things in man are unclear. Weiner pointed out that:

1) This causal link between psychological events and physiological changes may be infinitely more complex than we now suspect, or
2) this assumed causal link may not exist at all; concurrent events are not necessarily causally related. We cling to the assumption that there is a causal link between these events despite our inability to accumulate sufficient empirical data to show that psychological response and physiological change are consistently correlated in man (Weiner, 1977). Implicit in Weiner's remarks is the idea that linear one-to-one correlations present misleading causal pictures; and that multivariate approaches, though highly complicated, may turn out to bring us closer to truer representations of realities. S.R. Bloom in a conference on the "Systemic Role of Regulatory Peptides" says:

> It is recongnized that a regulatory peptide, the same regulatory peptide, can function as a hormone, a locally active (paracrine substance and as a neurotransmitter or neuromodulator.
>
> (Bloom, 1982)

Before going further, we should be aware that Weiner's work is in the field of psychosomatic medicine. As such he is kown for his massive accumlation and evaluation of data, and as a theoretician and philosopher of science. One relevance of Weiner's work to neuropeptide researach is that Weiner also deals with scientific models. His contribution to our interest is that he clarifies psychosomatics as a way to understand human behavior, incl. some attention to neuropeptides. These peptides are components (not parts) of the various physical systems to which they belong.

## II. On the Nature of Selected Concepts in Science

Psychosomatism is a concept, not a datum. A concept about something alive is characterized by wholeness, transformation and self-regulation (Piaget, 1969).

### A. A Parts-Whole View Concept.

The logical of parts-whole way of thought has to do with the demonstration of **connnections of parts**, in ways such that gradually - after all parts are identified the whole is clear. Varieties of cells, neurotransmitters biochemical and/or electrical functions (parts) add up to wholes such as body systems etc. The whole is the particular organ being observed/investigated. It is essentially a complicated, integrated series of clearly identifyable parts. The same could be said about entire body systems.

### B. A Componential View of Conceptual Thought: Holism.

The fundamental distinction between parts and components lies in the empirical observation of componential body behavior, such that **no component has an existence independent** of the totality. The human body may be characterized as a whole, as being able to change itself (transformation) and as self-regulating (e.g., caridiovascular system, central nervous system).

The research by Weiner and his exhaustive review of seven major psychosomatic diseases shows that we know rather insufficiently what **wholeness** means when applied to a listing of those parts seemingly appropriate and needed for descriptions of psychosomatic disease. For example, essential hypertension would be understood more comprehensively than it presently appears to be, were one to grasp the multi-dimensionality of the disease. In that case, we would know more than we do of psychological and organic, behavioral dimensions of rheumatic heart disease (Weiner, 1977). Viewed in terms of holism one does not add social, psychological and biological dimensions into one arithmetical whole. To offer something other than linear cause/effect models we need conceptual maps that picture **at the same time** social, psychological, and biological components. The aim is to show **in a single term** the entirety of a particular human situation. **A superdominant term would be introduced that centralizes the components into one term or idea. Essential hypertension** describes a disease simulataneously organic, psychological, and social in nature. One does not add these **up to** essential hypertension; rather **they are** essential hypertension by virture of the definition.

III. **On the Definition and Use of Terms**

We have in one or another way been leading up to problems attending the conceptual organization of data. The most comprehensive term in use in our endeavors is **biopsychosocial** (Engel 1980, Falck 1976, 1978, 1980). The consequences of common-sense definitions for some (bio), psycho (personality), socio (interaction) are one reason for our inability to generalize data that appear to have more than a single reference point. Any research covering more than a single field, i.e., peptides linked to anatomy, biology, psychology, psychiatry, must be based on clear, precise and consistently used defintion of each and every major term. Science knows no common sense; it should know and accept exact sense. Yet, precision is difficult to achieve. For example: "psycho" could equal personality; when thought about in terms of individual experience its major implications point to uniqueness when viewed from a social stand point it could mean the consistency in which a person assigns meaning to his/her interactions etc. It is now necessary to describe concisely the use and meaning of key terms.

A. Biological. Biological refers to living organism, delineated by semi-permeable membranes, observable for its component properties and for its behavior (actions).

B. Social. Social refers to living organisms (minimum of two) that interact behaviorally, subject to direct or indirect (in the case of masses, and societies) organization.

C. Psychological is a most difficult concept to define. It discussion will be divided into $P_1$ and $P_2$ and $P_3$.

$P_1$. In this definition of psycholgical $P_1$ means behavior that is relatively patterned and central (but not necessarily unique) to a given person. This includes wide varieties of actions but always focuses on a given person. This approach emanates from our knowledge and assumptions in the field of **behavioral psychology**.

$P_2$. In this definition the essential bases is psychoanalytical psychodynamics. Among many other concepts, unconscious conflict, object-internalization, emotion and others play central roles. In relation to psychosomatics research, grief, mourning, separation are of importance with emphasis on the work of Bowlby, Mahler et al., Weiner, The $P_2$ definition of psychological includes human developmental theory, which is normative and deterministic. Its chief weakness lies in the empiric inobservability of psychoanalytic phenomena; however, recent work by Roy Schafer has begun to attack this problem and with promising results (Schafer, 1976).

$P_3$. A $P_3$ definition of psychological consists of a combination of $P_1$ and $P_2$. Personality (psycho) in this approach equals patterned, observable and somewhat unique ways in which a person deals with her/his ways of portraying the self ($P_1$); to be understood, however, in terms of $P_2$, i.e., psychodynamically. Personality is, therefore, an abstraction which is understood inferentially from behavior.

## IV. Implications of Pschosomatic Models for Peptide Studies

1. At an earlier point in this discussion the comment was offered that the aim is to show an entirety in a single term. Applied to peptides it would be to show that they

are biopsychological entireties as such, rather than biologically and psychologically added on to each other. Were it possible to do so, peptides could be said to represent a step toward an understanding of unity in science, a paradigm revolution (Kuhn, 1970), and the development of single-language styles in the description of nature (Falck, 1983).

2. A further question may be highlighted by asking whether an abstraction (psycho) is legitimately describable in materialistic, i.e., behavioral language. The classic on this subject is Gilbert Ryle's The Concept of Mind (Ryle, 1975). Reductionism and reification need attention here. Ryle's "category mistake" is of significance here also.

3. On an impresionistic level one suspects that peptides represent a wholeness with components and may turn out to be true examples of psychosomatics. If so, we could eliminate the hyphens between the words psycho-somatics.

4. Climaxing this discussion is the suggestion that understanding of peptides rests on a **behavioral approach**. We ask, not how do peptides influence behavior but rather in what way(s) are peptides behavior? Psychologic aspects of peptides are behavioral repertories exemplying many possible ways to behave in "I" terms.

   **The major, underlying message is that man = behavior**, personally (psycho), interactionally (social ) and somato, i.e., organically. One way to understand both psychosomaticism and peptides functions, is to recognize that both follow the same logic. It is that body/mind are one concept, not two, and that this includes the not inconsiderable idea that behavior has purpose whether one looks at the psychologic (the "I" or ego function) or the soma function. As behavioral components these are, of course inseparable. The aim is physical survival, social order and the predictive ordering of human relationships i.e., a matter of human membership

V. Key Terms

Names in parenthesis are those with whom a given term is most identified.

| | |
|---|---|
| Paradigm | (T.S.Kuhn) |
| Psychosomatic | (H. Weiner) |
| Intergrated Simultaneity | |
| Behavior | |
| Association | |
| Causalism | |
| Event Concurrency | |

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# SOCIAL GROUP WORK: AID IN THE MANAGEMENT OF MEMBERSHIP

## EIGHT SENTENCES ON THE GROWTH-ORIENTED GROUP

by

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# Introduction

This chapter offers eight sentences about human groups. Each is in reality a section about scientific findings regarding human groups. However, each is also presented in a way such that it is suggestive of the kinds of interventions needed to make a social group work perspective workable. This accounts for the examples given.

The focus on examples from institutional work is intentional, and for two reasons. As the U.S. population ages, more people than ever before will be living in places away from home. Secondly, group work method offers much to people in their day-to-day lives; and that includes life in institutions and at home or home substitutes. The incidents described are to be taken as nothing more than examples, easily exchangable with life situations anywhere.

Insofar as applicability to settings is concerned, the material we present can be made to work in nursing homes, institutions, children's camps, homes for aged, psychiatric hospitals, street corners and parks, residential hotels, church groups and many others.

I would, in this place, like to acknowledge my bias and impatience with mere technique or even a too heavy emphasis on it. It stems from the influence of existentialism on my thought and my work. I want to know about persons' memberships, including mine as social worker with clients and students. Thus, the "sentences" that follow are heavily with techniques of social workers. Knowledge of and about people and a point of view will bring technique. But what one must have is knowledge. This is said despite the fact that the author has also written on technique; however, with the caveat that technique without theory is a reckless stab into - nothing. (Falck, 1981).

The Eight Sentences.

1. "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 (Polanyi, 1964).

2. Social judgement is the central maintenance process in groups and leads to the ongoing development of group norms.

3. Movement, i.e. social change, occurs spontaneously. It takes place because people interact with or without awareness.

4. Increasing ability of members to reveal themselves to each other increases the chances for desirable or undesirable changes in behavior, its valuing by others and the sense of group cohesion.

5. Personal change can be self-directed and in large degree conscious.

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.

7. Human conflict is defined as differentness among persons.

8. Man is psychosocial by definition rather than by achievement.

As the reader will notice, we subscribe to the bias that professional interventions in people's lives presuppose firm ideas about people in general, about one's particular clients as members of their life situations; and that the social worker's aim is to give aid (or help) in managing these memberships in everyday terms. What people are like comes as first and paramount consideration, what they and we want them to become is second, while techniques come last in our order of priorities.

> 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.

The author of these words, Michael Polanyi, (Polanyi, 1964) views the act of knowing in two ways: discipline and subjective involvement. In pointing out that he rejects "the ideals of scientific detachment" he does not lament the impossible, but rather takes the position that to know anything calls for the involvement of the knower with methods of obtaining knowledge as well as with the thing to be known.

The essay on the use of group methods for human behavioral change has to do with the methods and meaning of face to face human involvement. The subject matter is people, who together with others bring about change in behavior. What is desirable change and who determines what it is forms as important subject for study. By whatever definition, what we desire in human relationships depends on face-to-face involvement people have with each other under conditions where everyone is known to himself and to others. However complex the language that describes small group interaction, the confrontation of persons with each other is irreducibly central. It may be a sudden confrontation or it may be subtle and quiet: verbal proclamation, a whisper, a brief comment, a look, a word. Similarly, physical activity, 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 or otherwise sense them that each person is "here." 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 essence of confrontation occurs where both (or several) persons indicate their views of each others' behaviors. Thus, every behavior is a statement both about oneself and about others in the group, apart and aside from the subject, the agenda, the goal or interest. Whatever the "agenda," the subject matter 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.

All human experience is subjective.

2.

Social judgement is a central maintenance process in groups and leads to the ongoing development of group norms.

What is communicated, how it is communicated, the feelings aroused as well as knowledge provided those who perceive it, enter into the development of personal relations, i.e., social judgement. Social judgment results from the production of opinions, spoken and unspoken, by group members involved with each other. The crucial thought lies in the word social. From social judgment flows action or response.

Social judgement connotes the fact that persons do not communicate either from neutrality or from isolation. No one is tabula rasa and no experience is ever totally new or novel, save the earliest moments of infancy. The concept social judgment is central to the understanding of group life and without it interpersonal relations are impossible to view in any meaninfgul way. Judgment, i.e., social judgment, is the continuous assignment of meaning to interpersonal behavior. From this standpoint the essence of small group process is the continuous concern of all with all over how each person a) "appears" to himself: and, b) how all with all over each other.

Peers almost always modify behaviors under each other's pressure. The awareness that others judge one's behavior results in some awareness as to how one is perceived by others; and when these "others" are deemed significant for one's welfare people "line up" their behaviors in order to gain approval unless they perceive greater gratification from breaking the rules. Social judgment is a clear sign to all group members that behavior must be more than random, i.e. it must be considered in the light of group norms and values. (Feld and Rudin, 1982, pp. 398-403)

Social judgment is a central act in the rearing (socialization) of all people. Wherever the aim is to "produce" certain kinds of behaviors in people, whether in kindergarten or professional schools, judgments suggest to the neophyte what is expected of him by those who are ahead of him. Judgment makes possible assessment of how far behavior has changed under the pressure of group experience. Similarly, all therapies in groups, regardless of the theoretical base upon which they practice evaluate "before, during and after" behaviors, implying social judgement by therapist, other staff and by the group itself.

3.

> Movement, i.e. social change, occurs spontaneously. It takes place because persons interact with or without awareness.*

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.

*Feld and Rudin point out that group developmental changes occur in the direction of prediction mostly in their ideal form when the group is made up of new members who attend regularly, add no new members and terminate together. (p. 411).

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." At the same time to observe that change is spontaneous and ongoing is to make no comment on the desirability of the changes observed, qualitatively and quantitatively.

All presence has impact on all group members. Strictly speaking, the presence of all members sets up the task of having to be coped with - i.e. results in behavior change. Whether or not one would judge the manner in which members dealt with all members as 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, scapegoating, "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. People observe each other in silence for long periods of time and adapt their interactions according to what they think they see. Physical proximity influences interactional behavior. Who sits next to whom, who sits right across, how close people are physically, are significant behaviors and imply all sorts of meaning.

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 inpenetrable, now open and loose but always in motion as from a balled fist to an open hand; always,

sorts of meaning.

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. If is as if the group were a circle, now tightly drawn and inpenetrable, now open and loose but always in motion as from a ballad 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.

4.

> Increasing ability of members to reveal themselves to each other increases the chances for desirable changes in behavior, its valuing by others and the sense of group cohesion.

Important also in this connection is that aspect of small group life which deals with social intimacy and distance. (Bennis and Shepard, 1956) 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. (Feld and Radin, 1982, pp. 365-382). 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 <u>significant</u> 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. (Jourard 1964)

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 personal malfunction to the need for human socialization. Change must also be seen as qualitative and therefore subject to control. The social judgment 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 outside the group is also channeled into the group through its 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 distinquish clearly what influence is is 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/herself the more vulnerable he/she 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 judgment the greater the influence on members, and the greater also the pressure that change in behavior takes place in directions approved by members of the group. The more one shows of oneself, the greater the risks and the rewards. Group members are stage and court, observers and judges, rewarders and punishers, applauders and condemners -- a piece of life ever in flux. Living in groups is not an event. It is a career rather than an occurence. It admits of no alternative. One cannot choose not to be a member. 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.

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. (Falck and Kane, 1971) Occasionally one would see as part split off and other parts join up, only to be absorbed by the whole. Close inspection would reveal that though the components 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 in relation as components of each other. 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 judgment.

The occurence 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 be 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 patterns of a given person. (Taylor, Zurcher, Key, 1970)

Intimacy and Distance: Four Styles

In describing major relationships within a group, it is important to remember that what is referred to is not the relationship in a therapeutic session, but happenings in the ordinary life of people. For this purpose, a group is an ordinary developmental system in which persons live because they have to, because they need help in coping and adapting with their human needs. Getting help is to do something about one's membership life, not one's psychiatric illness (Tropp, 1968, Falck, 1978, Falck, 1984).

In dealing with people, several relationship styles may be postulated. One of these is characterized by maximum distance, another by total involvement of people with each other. In the first instance (referred to as Type I) we are to assume that each person is self-sufficient, unencumbered by giving to, and demanding from other.

Example:

> The meeting of the planning group was called for 10 a.m. Each person was asked to suggest activities in which he wanted to engage. Suggestions were solitaire, watching television, gardening. One person said she wanted to play chess.

Example:

> An alarm awakens the patients at 6:15 a.m. for breakfast. At 7:15 they line up and wait silently for the cafeteria to open at 7:30 a.m. Breakfast is required. Patients file into the dining room and each person picks up his tray, bowl, spoon, and coffee cup. The meal consists of hot cereal, toast, and coffee. The bare tables seat twelve. Little or no conversation takes place and the noise from the kitchen is loud. The ward aide encourages the patients to hurry. At 7:50 the patients file out.

Each person in these examples appears as a self-contained unit. There is no individualization, minimal interaction, and no overt concern with how

one person's behavior may affect others. Persons are not unaware of the presence of others (precisely because there is some awareness, the scenes are cold). The relationships are distant, extremely superficial, and essentially uninvolved.

The relationship implicit in these examples (Falck and Kane, 1971) may be diagramed as follows:

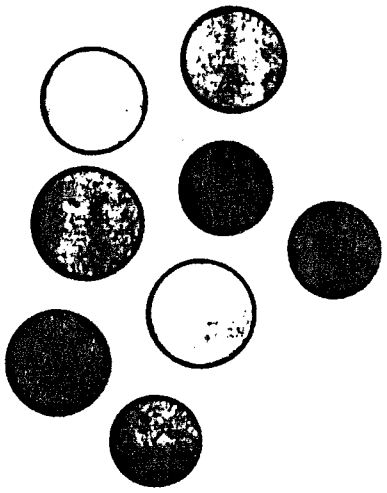

Figure 1.

At the other end of the continuum is a relationship style characterized by intense interpersonal interest among members (Type IV). The clearest way to sum up the interactions is by pointing out that what happens to one person happens to the others. Interactions are characterized by intense concern with each other; persons know each other intimately and are fully aware of most of the details of their lives. Such relationships are strong, deep, and show considerable cohesion. Newcomers typically experience great difficulty in breaking into such a group, while the loss of a member is accompanied by grief and mourning, anger and guilt. Residents relate to each other in semi-familial ways--highly protective of others' interests and therefore of their own.

Example:

> A meeting of the staff-patient planning group was called for 10 a.m. At the outset there was a 15 minute discussion about many concerns of the daily life of the section: who was sick, visits from relatives, the death of a family member in the community, staff hours, and resident behavior in the dayroom.
>
> Gradually the group members came around to planning leisure time activities. Discussion was detailed with strong feelings expressed regarding the fact that wheelchair residents almost always watch and rarely participate. Several staff and residents said this is unfair and that it bothered them to move around actively while others seemed confined to spectatorship.

Example:

> Miss Jones and Mrs. Smith helped each other get dressed for Miss Jones' goodbye breakfast. They went to the dining room with the other residents and staff. Mrs. Smith said they had been up until early this morning crying. One couple said they had hardly slept for thinking about her leaving. An evening staff member came in for the occasion and kissed Miss Jones goodbye. Little food was eaten because the group felt so upset. What they had planned to be a festive breakfast became a depressing goodbye.

This sub-group among the residents experienced profound grief and mourning. (Bowlby, 1952). The members are intimately involved with each other and experience the departure of one of them with intense feelings of loss.

A graphic representation of the Type IV interaction pattern looks as follows:

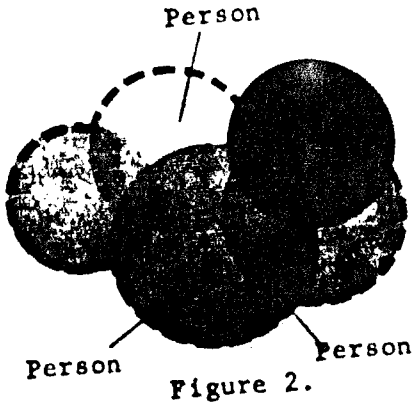


Figure 2.

There are two aspects to this picture. One is that each person appears in identifiable form. The other represents the group as a whole. A sentence summing them up would read: "All members are part of each other, each in his own way." The group is the product of the persons who are members, and each enjoys identity. Such relationships are rare, whether in the institution or anywhere else. (Falck, 1978). Although such interaction may give rise to problems (such as suffering caused by separation), long-term members should be able to form at least some extremely intimate relationships. For most persons both the pleasures and the pain that come with intimate relationships are accepted as a normal part of living. Death should be treated with openness and with recognition of the feelings of all members. (Norton, 1963). Mourning should be encouraged.

So far the relational types have been addressed from the point of view of their extremes: the distant, relatively nonrelational style and the very close, deeply involved, interactional style. Although neither Type I nor Type IV is representative of relationship patterns that commonly characterize group life, they do occur - particularly Type I. This is illustrated by the proverbial back ward and the less dramatic but more visible assembly line styles characterized by excessive lining up, waiting, and sometimes near namelessness of patients and residents (Henry, 1963) in institutions.

> Where the getting up time is 6:00 a.m. because it is traditional, as much as 1½ to 2 hours elapses before breakfast. (Vail, 1966).
>
> Ambulatory geriatric patients are awakened at 5:30 a.m., with a wait until breakfast of nearly an hour, "Nothing assigned except getting ready for putting ward in order. (Vail, 1966).

Between the extremes of relational types at least two other possibilities occur. These can be termed Type II and Type III.

Characteristic of Type II is what one might call impersonal personalness. It is characterized by what Kurt Lewin (1948) referred to when he contrasted conditions of intimacy available in American and German society. While Americans appeared open and friendly (first names are readily used for address and American society seemed generally informal and easy-going), it was extremely difficult to achieve any kind of true closeness. Although superficially open and accessible, relational depth seemed difficult to achieve. An example is a businesslike planning group that de-emphasized the psychsocial aspects of relationships in its functions.

Example:

> The meeting of the planning group was called for 10 a.m. Each person reported on activities suggested by people he talked to and he himself would enjoy. Discussion centered on how the residents could be involved in planning the activities. It was agreed that a variety of activities should be offered, so that each person might choose his own.

To illustrate the same theme in another context:

> The women are awakened by aids for breakfast. While dressing and eating they chatted about the weather and how well they slept. People voluntarily sat at the same table. One sub-group was deciding how to decorate their table for the next holiday. As each person finished eating, he returned to his room.

Graphically these examples might appear as follows:

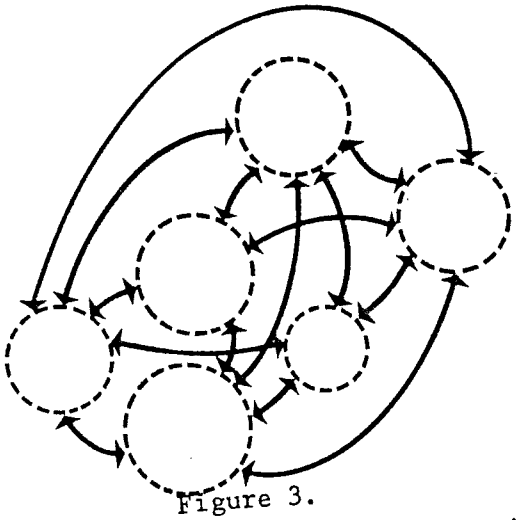

Figure 3.

The diagram portrays all the possible interactions. Yet is should be noticed that even where there is a great deal of interaction and a fairly complex pattern involving few people, the relational quality is shown as superficial, "skin deep to skin deep." A stranger would undoubtedly be impressed by the sheer amount of interaction. The same representation could, however, be used to illustrate how isolated people can feel in a group where there is a great of activity. A common example of this is residents in institutions sitting and watching--passively receiving--entertainment by an outside performer. In some cases the proverbial monthly birthday party for the 80 and 90 year "young" (note the contempt) residents further illustrates the denial of real and meaningful relationships.

The difference between a Type I and a Type II pattern lies in the fact that relationships emerge in the latter, albeit on a superficial basis. What is lacking is emotional tone--a feeling of protection and caring more typically available in a personally open and intimate system.

Type III is distinguished by the promotion of considerable emotional and social involvement among group members. At the same time it protects role

differentiation and individualism. It does not aim at or describe the kind of intimacy found in Type IV, yet it clearly relates person and group to each other in more than superficial ways. Sensitivity to the personal needs of members characterizes the Type III approach. The concern is not only with events. There is also much value placed on the importance of "little" things, such as words and sentences spoken, the meaning of what is said, the overtones of feeling that constitutes messages communicated.

A Type III approach values sensitivity as a way of life.

Example:

> The meeting of the planning group was called for 10 a.m. to consider the leisure time activities for the sections. Agreement was reached that some team and group activities should be planned. leaving people to choose what they wanted to do. Several members voiced concern that some patients never participated while others could never do anything alone. This group agreed that some effort should be made to draw the nonactive patients into at least some group activities.

Example:

> The women who got up early went to the dining room to set the tables and returned to awaken the other ladies. Breakfast was served from 7:30 to 8:30 a.m. and sub-groups made their own arrangements. Men and women sat at the same tables. One blind lady was helped to the dining room by an elderly man. A woman with severe arthritis was fed by another women while they chatted about making bread.

In the case of the planning group, members have the options of participating in group activity or working alone. There is opportunity for selective and voluntary socialization, but within certain limits. These are invoked when persons <u>never</u> participate overtly; and with somewhat less insistence when people always seem to need a group and can never occupy themselves

alone. It is a type of concern where people get "into" each other, yet are also able to be alone. The concept in diagrammatic form might appear:

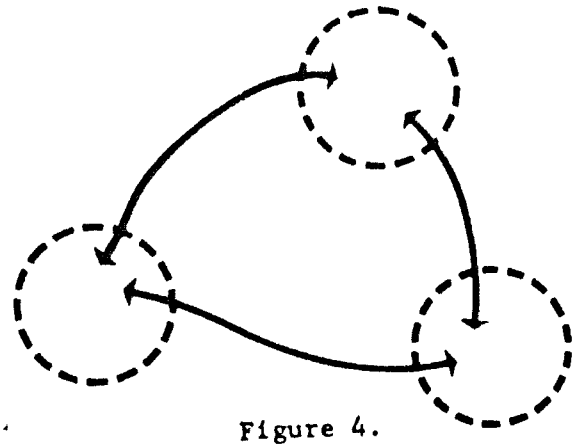

**Figure 4.**

Henry (1973) documents in detail, especially in regard to long-term care institutions, that we are very far from the treatment of people suggested by our Types II, III, and IV. His thesis is that human obsolescence is a governing theme for much of the American population in a youth-oriented, consuption-stressing, achievement-centered culture. He points out forcefully how human beings, usually without awareness, deteriorate under the impact of institutional life. Henry's summary of such problems is:

> One is also impressed with the gulf between aged and the young, even when the aged are mentally alert; and this is because our culture is an avalanche of obsolescense hurling itself into a Sea of Non-existence. And so it is with the personal community: our friends and those we love are a bit of string that falls from our hands when we die, and youth will never use it to tie up anything.
>
> An effort to formulate a "national character" for Tower (an institution Henry discusses) yields the following: the staff though animated by <u>solicitude</u> and kindliness seems to maintain an attitude of <u>indulgent superiority</u> to the patients whom they consider <u>disoriented</u> children, in need of care, but whose confusion is to be brushed off, while their

> bodily needs are assiduously looked after. Tower is oriented toward body and not toward mind. The mind of the patient gets in the way of the real business of the institution, which is medical care, feeding and asepsis. Anything rational that the patient wants is given to him as quickly as possible in the brisk discharge of duty, and harsh words are rare. At the same time the staff seems to have minimal understanding of the mental characteristics of an aging person.
>
> As for the patients, they live out their last days in long stretches of anxiety and silent reminiscing, punctuated by outburst of petulance, by TV viewing, and by visits from their relatives. There is no inner peace, and social life is minimal. Meanwhile the patients reach out to the researcher and would engage her endlessly in conversation if she would stay. There is a yearning after communion but no real ability to achieve it. In this we are all very much like them. (Henry, 1966).

Group Life in Institutions.

For most residents and their families, institutionalization is seen as losing a member, however temporarily, to the institution. To them the institution is revealed in the verbal exchanges with staff persons. The staff is, in a sense, the institution. What people feel and deal with is what "he said" or what "she said." Many a resident hangs on every word spoken, implied, or imagined. What is communicated may be distorted to favor the fantasies of those who hear it. Much of what an institution conveys may sound contradictory, beclouded, and beyond understanding.

Human interactions are specific. They transmit information and feelings. The information has to do with subject matter such as: "We had cereal for breakfast today." The affect, direct or implied, may be ".....and I like the way they cook it here." Information: "My room here is smaller than my living room at home." Affect: ".....and I feel cooped

up here." Information: "She smiled when she said, 'Good morning.'" Affect: "...and I couldn't see what there was to smile about, feeling the way I do in the morning." Information and affect: "I have been here three years--I am fed up with you and I want to get out as soon as I can."

In each comment there occurs the transmission of both information and feeling. It is important to understand that because there may be a negative tone to the feeling aspect, this does not necessarily indicate that the resident is doing poorly. As Wolkon (1970) has pointed out in discussing the work of Stotsky and Weinberg, "...self-radiance may be (measured) by the striving and determination of patients to assert their independence and break their identification with the hospital." Wolkon implies that there is a difference between the role of patient (when in the hospital) and citizen (when in the community), thus resulting in role-discontinuity which must beovercome if the patient is to assume or re-assume the role of citizen. The interactions between all members of the system, particularly between residents and staff, can reflect either or both roles.

The concern with life styles and roles rather than conditions of disability in no way denies that people in institutions may be sick. It is intended to stress that illness is a way of behaving. Even when chronically ill, the patient learns new skills of getting along in the world. The issue which must be addressed, therefore, is not illness or the consequences of illness, but the clients' efforts at adaptation and coping in an institution. It is with behavior rather than diagnosis and treatment. The institution and all who live and work there can be viewed as an interlocking behaving unit, a neighborhood, a large household where life unwinds in ordinary ways, patterned

like most other institutions and yet quite unique. It can be described as a place where there are people whose habits, words, movements, ideas, physical appearance, prejudices, and abilities make a difference in moment-to-moment sense.

Much has been written about this aspect of group life (Henry, 1966), some of it describing the conditions under which people lived, under the cloud of the public's fears, prejudices, and misplaced moralisms. With the opening up of institutions, attendant publicity has brought to public attention the worst aspects of institutional existence. Yet detailed and specific evidence as to what happens to people in institutions is still in short supply.

> Mr. Naron was not screened off from the rest of the patients although there was a screen against the wall, not in use. The patients who were sitting in chairs would occasionally look in Mr. Naron's direction, and as I passed by them I heard comments: 'Ain't he dead yet? The priest already has been here. I wonder how much longer he's going to be.' Most of the patients who were in chairs were just staring down at the floor. There was no conversation among them except for an occasional whispered, 'Is he dead?' (Henry, 1965).

The next excerpt comes from a State Hospital and illustrates a common problem. It is the tendency of organizations to arrange their work according to criteria not always in harmony or in response to patient need. It also speaks to the frustration of delay when dealing with a large organization.

> It seems that Dr. B. will only see relatives in the evening, and for a woman like Mrs. Jones who lives alone, with limited income, and no car, getting to the hospital at night represents a real hardship. In her attempt to communicate with this doctor it seems that there are months that go by with no reply, and when she finally

> gets a letter written by the social worker it refers to her "recent" letter (which was written approximately three months ago) and finally has boiled down to the fact that the doctor will not see her.... (Vail, 1966).

The nature of the social interactions suggests roles both expected and played by all members of the system. (Linton, 1936; Feld and Radin, 1982). Expectations usually determine roles that are in fact assumed. (Feld and Radin, 1982). Through custom or prescription or possibly both, it is expected of the residents that they assist each other and that they concern themselves with the nature of the participation of their peers. It is also important to accentuate the element of choice in residential life. The choices should be relevant, building in the resident a sense of accomplishment and self-worth.

Arriving at choices about how to lead one's life should characterize the role of residents in institutions. It is precisely in this area that institutions have been most criticized. Staff, too, especially in institutions placing strong emphasis on hierarchical arrangements, complain that they have little meaningful input into the system. This may be caused not only by the structure of the organization, but it is also a matter of attitudes which express themselves in the ordinary communications between members of the hierarchy. In fact, the informal system carries much of the morale and effectiveness burden for both resident and staff. (Goffman, 1961). To be precise: citizenship in an institution that emphasizes the developmental aspects of human existence entails the taking of responsibility for one's behavior. It stresses decision making, large and small, with concomitant social accoountability. Essentially, this is what is meant by social functioning.

Social functioning, rooted in the ability to decide one's actions, implies a wide variety of possibilities. The decision whether to help a fellow resident or wait for staff to do so, is an example. There may be little awareness of choice by the staff and resident, yet the element is clearly central to good mental health. Members of any planning group can decide to develop activities only for those residents who voluntarily and on their own would wish to participate. Good mental health practice suggests that the members of such a planning group should go well beyond that and concern themselves with those who participate without words, as well as with those who wish some time by themselves. These choices are made by the residents themselves and constitute meaningful alternatives. The engagement of the resident's strengths is exemplified in confronting him/her and encouraging him/her to confront himself/herself with the demand that he/she choose among alternatives open to him/her. (Cumming and Cumming, 1962) But social self-determination and social accountability must be applied with differential judgment for not all people can use them in the same way. Physical and emotional disability may stand in the way of making choices. One may assume, however, that as long as the choices are meaningful to the resident, sound mental health principle may be satisfied.

Meaningfulness varies widely among people and is tied to social, cultural, psychological, and economic factors. The central concern must be with the perception of the resident as to what is meaningful. It is his/her perception that makes decisions look small and empty, while for another person they might suggest real choices. Deciding what foods to choose in the cafeteria means much to one resident--it may be a meaningless routine for another. Choices

about what colors to use in painting a scene can be a major step forward for one resident and unimportant for another. Some patients in long-term care institutions carry on business affairs with associates who visit them. For others, a discussion with a spouse on how to budget limited income constitutes decision making.

Granting the validity of some exceptions, the preferred style of decision making in institutions is that it be social, i.e., with others. Decision making should involve not only one person, but should be viewed as a choosing of alternatives with accountability to others.

5.

> Personal change can be self-directed and in large degree conscious. (Feld and Radin, 1982; pp. 264-266).

Another consideration arising from interaction and social judgment is the occurrence of awareness that behavior is changeable according to desire and plan. This awareness is the conscious aspect of interaction and social judgment and always implies not only the change which is spontaneous, as we pointed out earlier, but also directed change. (Falck, 1964). Directed change is in reality self-directed change subject to choices which are predicted upon conscious awareness. Much behavior in groups is subject to conscious choice, reflecting the awareness of the members as to what others think of them, how they evaluate each other's behaviors, and at least some idea as to modification. Thus, social judgment has purposes. One of these is to induce members to take charge of and responsibility for 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. The efficacy of the latter is seen in the consequences of behaviors based upon these choices. White's contribution in this regard can hardly be exaggerated. (White, 1960). 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 othrs 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, i.e. the ability to control one's behavior through self-observation, usually reserved in the literature for the professional worker, turns out to be a concept of wide application, including all the members of the group.

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.

The notion that group experience if a matter of life process 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 episodic means to "problem solving." 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 experiences 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, if possible long after termination. Single face-to-face group experience can be of profound

importance in the "here and now," but that is not all. Were post-meeting consequences of limited or ancillary importance, we would doubt the whole point of conducting group sessions. What occurs is that members carry each other along wherever they go--symbolically. There is an internalization, absorbing process which occurs in groups and of which more will be said latter. It is of such profound importance, however, that it voids the notion "individual versus group" and permits us, even forces us, to think quite differently. This internalization process carries throughout the group's existence. 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 be delimited by events circumscribed by notions of time or "problems." Events and experiences meld into other events and demarcations such as implicit in the words beginning, middle and end are not descriptive of the behavioral processes, careers and life styles of persons who interact. From thie point of view also, crisis as event centered and "solved" in limited time find no emphasis. (see Falck, 1978)

Within such an intellectual and emotional milieu the person comes to grips who he/she is and what he/she can choose to do through the learning of awareness and its consequence, i.e., the ever-increasing ability to use himself/herself consciously. Yet it is not an isolated "he" that incorporates but an intermeshed constituent of others. He/she constitutes others and others constitute him/her. He/she is intersticed with others in his/her and they in theirs with him/her. What he/she does and chooses in his/her way in no way separates him/her from other persons. In fact it makes him/her more

We share the conviction with Polanyi, Popper and others that subjectivism is not a liability but a reality to positively valued and taken into account in the attempt to udnerstand the human experience. The small group is one such example. It is hardly one experience, time-bound; rather, it is experience with patters, history, function, future and above all, change.

7.

Human conflict is defined as differentness among persons.

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 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 of 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 the usual treatment of 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 is not the resolution of conflict but its management towards its uses seen as desirable by social work clients.

A word like conflict is so loaded with traditional values that a re-definition has scant hope of being accepted in its own terms. Mostly we think of conflict as anything from disagreement to warfare. Its definition characteristically implies social distance, discontinuity between persons (not only physical but also psychosocially) and individualism. We thus speak or racial conflict, meaning that persons of difference in color, attitudes, opinions, way of behaving--all negative. What we see as negative we like to keep 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 when touched. White, significantly enough, with its suggestions of purity (but also sterility) we seem to as value good. We seek it.

In this chapter we propose that conflict be thought of as <u>differentness</u>. Thus, other options arise, for differentness first of all does not hold the same emotional connotation as conflict usually does, and secondly, lends itself to positive as well as negative valuation.

Once one understands conflict is terms of differentness, several consequences become apparent. The first and most obvious is that "fighting" is not its only connotation. Secondly, the "differentness" approach broadens the view since differentness can take many forms. For example, conflict may thus

be seen as present among close friends, lovers, people who get along well with each other. Conflict is an aspect--a central one--of any meaningful relationship. The better people know each other, the more aware of their differentnesses they are. It is the differentness that describes their most meaningful relations. The feelings and judgments generated, whether loving or bellicose describe the kind of relationship all people experience. Conflict is central here because regardless of the kind of differences, their generation and recognition by the participants are the stuff of which group relations are made. The important issue then is not whether conflict exists but how it is managed. The management of conflict is the management of differentness.

8.

Man is psychosocial by definition rather than by achievement.

Genetic endowment is one aspect that determines behavior. Yes we have very limited knowledge about its influence on behavior, let along specific behavior. Physiological differences obviously exert some influence on a person's behavior when compared to that of others. Upbringing, past experience, the values of any given culture, geography and nutrition play their part. Underlying some of these, however, lies not only the question as to what men/women learn from each other but also how it is that they learn. The words "from each other" again imply the discontinuity that from a certain standpoint does not really exist. It implies that we think of human being as basically a machine and then examine his non-physical attributes. From this point of view men exist separately. However, relationships cannot be experienced concretely. We must think of them abstractly or symbolically. This

way we overcome the difficulty of describing people in discontinuous, i.e., physiological terms. Such words as contextual, holistic, phenomenological occur in this connection. 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 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 of te subject under investigation. A 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. Therefore, we compromise and say "A group is more than its parts." But this concession is equally inaccurate in the framework of our approach. A group is something other than "its parts" if in fact a group consists of parts to begin with.

For most purposes individualism be perhaps better left to physiological, organic considerations. To those who were educated and trained into the professions on the centrality of individualism that may come as a suprise. The fact remains, however, that most workers were trained in addition to believe that no matter how much man is a part of the groups to which he/she belongs; and no matter how deeply enmeshed within them, men/women still emerge as individuals just as they are believed to contribute as individuals. This is a misconception. Whether the essential social work intervention framework be psychoanalytic, interactional or both an approach keyed essentially to individualism violates an important insight. Talcott Parsons and Heinz

Hartman - mentioning Erik H. Erikson only in passing - speak explicitly about this. Parsons recognized that what he was suggesting would be difficult to "sell".

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 of 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 has not yet been very widely appreciated. (Parsons, 1964).

Parsons undertakes to cite Freud directly, in support of 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 go, 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 phrase, the ego makes it easier for an object to be given up or renders that process possble. 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. (Parsons, (a) 1964)

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 <u>constitutive</u> of the structure of the ego itself." (Parsons, (b) 1964)

From our standpoint what interests 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.

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. This means that psycho-social phenomena are to be described in psycho-social language. (Guntrip, 1961)

Recent attempts to integrate psychological and sociological knowledges have made it urgent to re-define what is meant when we talk about the relational aspects of man as 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.

Individuality (instead of individualism) and groupness (instead of group) imply 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. Individuality-groupness is what describes them. This is called the I-G effect. (Falck, 1976, 1978a, 1978b).

The I-G effect rests on the Parsonian elaboration of Freud and his own views, as well as the thoughts of certain existential writers. "It should contribute to the integration of the psychoanalytic theory of personality and the sociological theory of the social system and thus to the further development of a conceptual scheme which is essentially common to both," (Parsons, 1964) 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 risen, 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 converse with himself as he had communicated with others." (Mead, 1936)

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 suggests 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 suggests as not yet "widely appreciated" is radical precisely because it undermines the traditional notions about in-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 possition 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 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.
>
> 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. (May, 1958)

Rollo May perhaps overstates the absence of theory in subjective experience. Obviously all men bring to all new experience organizing habits, some of which ahve 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.

One of the conclusions of this discussion is that basic to all professional social work is the notion of the human group, when understood and 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 call individuality-groupness, i.e. certain psycho-socially relevant characteristics basic to his/her existence as feeling, living, existing person. A common misconception arising out fo the individual-group dichotomy lies in the idea that the social worker who sees a single patient along is doing casework. That may be physically true but psychologically the issue is not nearly so clear. Instead, what is given, is only in part 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 social worker's office (the unseen group) and, (2) The present relationship with other members (including the therapists) 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 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. We live in a culture 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 confirm 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 repairs 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 membership, i.e. 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 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 difference from "Is he/she a member of groups and which ones?" An elaboration of what we are discussing here lies in the often emerging fear from people to whom one talks about groups 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 even some people 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 in the United States. 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 as already discussed, misunderstandings of who the person(s) are with whom one intends to work, to an altogether unacceptable emotional removal of the worker from supposedly interactive situations in treatment, usually in the name of counter-transference management.

Jourard, in his The Transparent Self 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 offer service. On his/her side is the assurance that whether he/she practices with two (the client and herself/himself) or with more than two, whether his/her momentary focus is on what he/she considers to be a group or what he/she considers to be an individual, rigorous analysis will show him/her that he/she focuses on interaction and personality simultaneously.

## Postscript

In closing we wish to re-state that the points of view and the examples given are thought of as generic to all of so-called clinical social work, whether it be social group work, social casework, or some form of generically labeled effort such as work with families.

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# IMPLICATIONS OF MEMBERSHIP IN THE COMMUNITY FOR SOCIAL WORK IN HEALTH SETTINGS

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Because health care is widely recognized as a community concern of the first order, one should be able to say what the term community means. Aristotle dealt with it in Book VIII of the Nichomachean Ethics ( see Ross, 1954), Burckhardt (1860) wrote of it in connection with his discussion of individualization after the re-discovery of the ancients at the end of the Middle Ages and the Early Renaissance in Florence and Venice (Burckhardt, 1860 and 1945). Elizabeth 43 -- the English Poor Law of 1499--implies much about the nature of community. Practically all American writing on community assumes that the latter consists of large numbers of individuals. By individuals the vast numbers of writings presuppose that each man and woman is a separate entity and in control of his or her decisions based on individual will. Our own definition of the term is as follows. Community is that universal and lawlike state, within which members singly and together engage in behaviors and make choices that affect all. From the standpoint of membership theory community is a membership configuration, larger and more complex than, for example, the small group such as family and others, but in principle nothing more or less than any other type of membership state. Dependence lies at the heart of mutual membership and understood in the manner intended in this discussion, implies that people need others as components of the life of each member; and that this is simply a factual statement in and of itself neither desirable nor undesirable. What community as membership configuration rules out is any notion of individualism which claims and holds that individuals either exist as documented through empirical observation, or that one can act without consequences for other members. Dependence, therefore, is neither an individual moral flaw nor a desiridatum in and of itself. It is an accompaniment and inevitable result of membership and as such it is irrelevant to investigate whether it in fact exists. The conceptual differentiation between the individual and the member is to be found in the nature of boundaries between and among people. To the degree that boundaries are thought of a separative, individuals can be said to exist. To the extent that boundaries, whether biological, social, psychological and symbolic are semi-permeable and therefore provide access from one unit to another individuals do not exist and members do. We have unequivocally espoused the latter position because the empirical evidence on the subject has convinced us of its soundness and justification. What the scientific view of membership and individualism does not account for are the attitudinal and social values aspects that make people defend individualism regardless of what the facts suggest.

British people often know much more about all of this than Americans do. The latter are

Virginia Organization of Health Care Social Workers

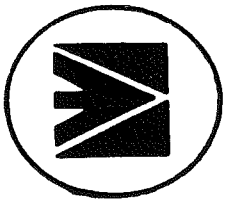
# THE *SEEN* AND THE *UNSEEN* GROUP IN CLINICAL SOCIAL WORK PRACTICE

(revised edition)

UN.SEEN

By

Hans S. Falck, Ph.D.



*Monograph Number 3 in the Health Social Work Practice Series*

## About the Author

Hans S. Falck is Professor of Social Work and Professor of Psychiatry at Virginia Commonwealth University. Before joining the faculty at Virginia Commonwealth University, he was the Regenstein Distinguished Professor of Social Sciences at the Menninger Clinic in Topeka, Kansas. Dr. Falck is the author of *Social Work: The Membership Perspective* (Springer, 1988) and numerous other publications.

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# THE *SEEN* AND THE *UNSEEN* GROUP IN CLINICAL SOCIAL WORK PRACTICE

All persons as they appear to themselves and to others bring with them a physical reality. This reality is the person's body, composed of specific and interrelated components which, infused with life, interacts in such a way that the person appears as a closed entity, a self-propelled, adequate machine. This machine is discreet from others; and in this biological sense, there is a distinct discontinuity between each person and other persons. The fact that each person depends upon a multitude of other people to keep the machine going is not to be taken as an 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, one can be anything but definite regarding the person's psychological and social situation. Still one can say with assurance that in the psychological and social sense an individual does not exist discreetly but is interrelated with others to such an extent that the terms *"individual"* and *"group"* are too polar and too dichotomous to be definable actualities. This leads to the observation that persons are always related to each other, provided that they have interacted with each other and/or still do. Individuals are always members of groups, which is what is meant by the term *the social situation.* It is this group situation and the psychological situation within persons, with which social workers are most particularly concerned in much of clinical work.

Whether the client sees the worker in an actual face-to-face group, or whether the client comes to the worker as one person alone, it is the thesis of this essay that clients bring their groups with them. So does the social worker. When several people interact with each other under the guidance of the social worker, we can speak of a *seen* group. When, as in some situations, the only people in the room are the client and the worker, we still speak of *seen* but also of *unseen* groups, i.e. those meaningful others all of us know about even when absent. Regardless of the size of any *seen* group, each client and worker carries a myriad of previous experiences in groups other than the one in the clinical situation. All members bring with them their unseen group: family, work, friends, church. There is a considerable difference, practically speaking, between two people talking to each other, 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 principle, however, whether the group is made up of two or of ten members makes little difference.

One way or the other, the social worker focuses on how people get on with each other, (i.e. manage their memberships), whether working with one client or several of them in a face-to-face group. The focus, the interest, and the emphasis is on how people get on with each other, i.e. the management of social membership (Falck, 1988). In this sense the fact that only one client may be present or that ten may be in the room is quite irrelevant. The fact that the process has a social work focus is determined by client(s) and also by the goals of the agency, the skill of the worker and the value and technical commitments of the profession.



It is instructive to consider an example of seen and unseen groups in order to understand them and know how to use these concepts in practice.

Example:

> The client, Mrs. A., said that she wanted to talk to someone who would listen to her, rather than to her husband and her three daughters. Mrs. A., who has been living in Sunny Hills Nursing Home for three years, is a widow. One of her daughters, age 57 (Mrs. A. is 85) is a widow herself and has a grown daughter who lives nearby. One of Mrs. A's other daughters died at age 60. A third daughter, age 55, is married and lives across the continent.
>
> Mrs. A. said that no one pays any attention to what she wants. Although her husband died four years ago, she feels his presence a great deal of the time, especially when she must make decisions which he used to make. Mrs. A. cried when she said this and added that she feels bad. She says that her time has come; she prays she may die soon herself. Mrs. A. and I explored for a time the choices she could make in the Sunny Hills Nursing Home; we agreed that there were few, really only one, i.e. she could come to see me and say anything she wanted to . . . I said I would gladly see her. As she was about to go she said something about her husband criticizing her for talking to strangers about family matters . . .

## The Client as Reporter

First, all clients are *reporters*. Through verbal explication or other forms of behavioral report, they bring to the social worker and others the experiences of their past. This is what is expected as the worker 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 usually

is a distinct orientation in the worker's approach to the client but much more importantly, there is a distinct orientation in the client's approach to him or herself. For, one way or the other, clients report, sometimes in very graphic ways, what their problems are and how they became that way. Even if the client is very self-conscious about his or her appearance, he or she reports past experience and evaluatively searches it to understand and make sense of what has happened. The result may be a positive or a negative picture; it may be full of joy or pain, and usually both. Whatever it is, the largest majority of clients put some investment into the manner in which they interpret the experience of their past lives, in words and actions, as they attempt to gain at least some of the past control in the present, and which they evaluate as being in some way as true. Those who come in great difficulty and pain often use defenses and other mechanisms of control as they attempt to present a picture of themselves that they can live with, a picture which they suggest is believable, or should be believable, to the worker and to any other people present. That is, all persons give accounts of themselves in relation to earlier experience through their actions, in words, in manners of expression, in the way they sound, say they feel, and how they look.

This accounting, or self-description, takes place whether the client relates to a worker alone or whether he or she is relating to group members plus a social worker. To some degree, of course, group members can control this accounting but in some ways they have no control over it at all. The most perceptive among the members including social workers who are also members, will pick up a great deal about the client who is reporting; the most imperceptive will miss a great deal, depending on their sensitivity and what they wish



to acknowledge or overlook, this being linked, in turn, with their own needs. Nevertheless, it is a rare occurrence when a person does not make some kind of an impression upon others, be it ever so thin or be it ever so profound. This is, in effect, what is meant by the client as reporter about him or herself. It is, of course, true that this reporting is not a finite kind of a behavior. Obviously it goes on all the time. In any case, the person "cuts a picture" and that picture makes its imprint and impression upon those who are with and around the client and who, in a social and psychological sense, become a part of the client.

### The Client as Re-Enactor

The second role the client plays is that of the re-enactor. In this situation the client projects upon those present some of the qualities which the client has perceived in his or her relationships with others prior to the social work situation. People find people in the present situation who in some way remind them of the meanings of earlier experiences. Most of this is unconscious. Occasionally, as in certain clinical situations, the client may become aware of his or her projections or may be made aware of them by the social worker. On the whole, however, re-enactment remains an unconscious process, although the sensitive social worker usually has little trouble "picking it up." The point is not so much whether one considers this phenomenon psychodynamically or in some other way but that the client deals with people in the present in the ways he or she has learned to deal with people from past experiences. However, there is a difference visible between the group situation consisting of very few people and that consisting of a larger number of people. In a two member group, the worker becomes the only focus of the client's

re-enactment, since there is no one else present whom the client member can use for this purpose. In a group situation of more than two people, a whole variety of other persons may be present. The client can pick, so to speak, whom he or she will use for what kind of re-enactment of earlier experience. The fact of the matter is that clients and workers treat each other in differential ways depending on what they mean to each other. If clients have a larger pool of people to select from for their re-enactment purposes, they will quite often, indeed may be encouraged to use as many people in the group as possible to interact with and thus meet their needs. Members meet their needs by trying out in the present, their past experiences with other human beings. The behavior of member with other member is relevant and there is a tendency to try to make this behavior acceptable to the human beings with whom a given member interacts in the present. The client thus perceives how the other members react to him or her in turn. In a very practical and empirical sense the others tell the client by their own behavior whether and when the client is acceptable to them and therefore tell the client whether or not to "use" them in the ways the client has reacted to other people prior to coming into the group. The group situation provides the actuality of letting client, worker, and other group members see "who is who". One need not rely all that much on verbal reports. The social reality shows in an immediate and very rich manner the results of re-enaction by the client of earlier relations with other people.

## The Client as Planner

The third role the client plays, both in the group as well as in the casework situation, is that of planner. Social workers are much acquainted and concerned



with the role of the client as planner. Perlman (1957, 1986) emphasized that social work can be viewed as activity involving relationships between workers and clients. The logic of problem solving includes planning. It includes an assessment of the present, of the desirable future, and how one might realize that future.

However, there are some differences when this takes place in a multi-member group or in a one-to-one situation, a dyad. In the one-to-one situation clients, as planners, discuss their purposes and intentions somewhat in the abstract. The only reality is that of the client-worker interaction. However, the client is not obtaining help in order to get along better with the social worker. Rather, the client plans in order to anticipate how to better meet life's demands with people other than the worker. Thus, the client often hopes that he or she will indeed do as planned *within* the clinical situation when he or she finds himself or herself out of the social work situation. This is a very different process in a multi-member group. Behavior in the clinical group may not find its counterpart outside of the group. In any event, within the group, clients can test out their plans on how to live more satisfactorily with other people immediately. The very planning itself is done with the participation of other group members. Each client reacts to other clients who go through the same process.

To a considerable extent, clients may also look to the social worker for reassurance or for critique or some other kind of evaluation. The social reality that the client has to deal with outside the agency exists to a considerable extent within the agency itself, namely in the agency group. However, in the one-to-one situation, the client's outside reality exists only to a

limited extent, and then to the extent that casework 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 to the worker for any kind of evaluation other than a surmised one, a hoped-for one, and at a later date a reported one that in reality is, in a word, unseen. In a group situation, planning cannot be done unless the client is ready or forced to come to terms with the other group members, who being 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 him or herself with a discrimination defined by his or her role, agency, and profession. However, it must also be acknowledged that the social worker's *unseen* groups also influence his or her work, i.e. invade sessions with clients. Yet, the members of a client group do not have the social worker's obligations 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 *in natura*.

In some ways it is easy to gain a realistic view when there is a *seen* group. But this in no way diminishes the importance of the concept of the *unseen* group. In casework, the very fact that a client's group is not seen makes it all the more important for the social worker to be aware that he or she is not dealing with one person at a time, but with a person who belongs to a social context that he or she can only symbolically and figuratively bring into the casework situation.



## Implications and Consequences

The first implication is that all clients live in groups. That is what is meant by the word *social*. Social means that the worker (whether engaged in group work or in casework) focuses on the client's major reality, i.e. his or her behavior vis-a-vis other people. This is the essence of group life. This does not mean, of course, that worker and client must always talk about the client's group life, but it seems that the worker starts with the client's social reality as both reported and acted. The major life impacts from elsewhere are brought along and distilled into client behaviors in the immediate present. These social and psychological considerations spell the essence of group life.

The second implication is that all clients demonstrate their group life by (a) reporting, (b) re-enacting, and (c) planning. The future to be planned may be an hour or a day or a year away, but it may also be only a minute or second away. It is always in some situation to come. In a group situation that future may be immediate, but it is nevertheless the future. In the two member casework situation the worker helps the client project into the future. When a larger group is involved it appears sufficiently like the client's other experiences outside this group. The social worker and the client can both see the client's behavior *in natura*. It is the *in natura* situation which makes so much more readily apparent what it is that the client is going through. As suggested above, the present foreshadows the future and it always presupposes some kind of plan, some kind of projection towards some kind of behavior which is more satisfactory than the behavior of the past or present. Beyond a certain point one can argue the differential line between the present and the

future, but that argument is avoided here except to indicate that what is *now* always gives rise to what is *coming*. Where the now and the coming differentiate or overlap need not be considered here.

The third implication is that in groups there appears to take place an immediate accountability for one's behavior because of the presence of other clients, while in the two-member casework situation the immediate accountability exists only insofar as the social worker evaluates (with the client) the effectiveness of what the client is doing in the present. It is in the genius and the nature of the group that there is no real postponement of the effects of the client's behavior. In groups people tend to react immediately, visibly, and sometimes loudly, either in silence or words. Experienced clients, unless they are very insensitive, understand this phenomenon if they have been in earlier 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 social 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. It, too, lies at the core of group life.

The fourth implication is that in the two-member casework situation it is the social worker who confronts the person with his/her behavior while in a larger group the reactions come from other group members and the social work member. 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 social worker member if he or she so chooses and thinks that this is appropriate to the



situation, i.e. helpful to the person 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 essay.

## Summary

The *seen* and the *unseen* group are important considerations in working with people on a one-to-one basis or in a group. When social workers say that they work with people in a group, what they are really saying 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 clinical social work practice. It would be a gross over-simplification to say, as has sometimes been implied, that merely because a group of people is not physically present the social worker does not need to take the client's *unseen* group memberships into account in casework situations consisting of one client and one social worker. While it may be true that in a social work situation the other members of various social groups to which the person belongs are not literally in the room, they must nevertheless be taken into account if the social worker is to be of real help to the client. It is also suggested that some re-evaluation is needed of the amount of time social workers spend with two-member groups where only one of them is a client. In addition, and sometimes more importantly, one of the major evaluations of the client's own adaptation to his or her own social reality should be made in terms of his relationships to other people who are not available to the caseworker "in the flesh." This is not to suggest that there is something disadvantageous about the two member work because the client's other group members are not present. Indeed, it may often be helpful to remove the client

from the group situation to free him or her from the constant pressure, evaluation, and judgement of peers. On the other hand, perhaps it is apparent that some of the real advantages of the social work group approach in clinical social work practice have to do with *seen* and *unseen* client groups, provided that the client's needs are best met thereby.

## A Final Word

Binding together the observations in this essay is this: all human beings, no matter their station in life, report, re-enact and plan their past, present and future. This is called managing one's memberships; and as a consequence social workers claim that they possess the capacity to render professional help in that life-long membership management. This capacity is what is distinct at the core of social work.

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WHY

Ca 1990

Why Membership?

One might ask why membership? The answer is that individualism and collectivism, pitted against each other, have been the ideological bedrock of social work (Weick, 1987; Imre, 1987) which in turn have enabled middle-class trained workers to impose their assumptions upon their clients and their students.

Be enhancing the individualism of individuals in the name of personal autonomy and personal development, the profession as representative of American social thought dominated by church and business, enables itself to (1) render praise upon the go it alone style of living, (2) validate client's ignoring of other people and the effect of behavior upon others, (3) blame the individual when things go wrong (just as praising him/her alone when things go right, (4) retreat from accountability for institutional behavior in which individuals are participants and bear co-responsibility, and (5) excuse cruelty, war, and destruction by placing it on the shoulders of collectives. It is to the advantage of the profession, therefore, to keep the gap between individuals and collectivity wide in order to detach both cause for troubles and their non-solution anchored in atomistically defined individuals and to keep the haves (their individualism worker for them) apart from the non-haves whose individualism failed.

Hinweis: Besprechung von Falchs Buch in Social Work 1989, 34:3

SCIENCE

1

THE SCIENTIFIC STATUS OF HOLISM

The scientific status, that is to say, the factual base of holism has been a matter of controversy for as long as the confusion between fact and ideology has persisted. For many years it was assumed by a variety of theorists that because to see the world as one, as a whole, was socially desirable, it mattered not whether or not it could also be proven to be a seamless one. President Wilson's attempts to rally American support for the League of Nations foundered on an opposition that insisted that it would be undesirable, while after the 1940 presidential elections President Roosevelt sent his erstwhile opponent Wendell Wilkie of Indiana on a world-wide mission at the end of which the latter published a report entitled One World (Wilkie, 1940). Similarly, the United Nations was founded in 1945, proclaiming that the world being an interdependent web of independent states needed to recognize interdependence.

The picture that emerged from Wilson's League to Roosevelt's and Truman's United Nations, when mixed with American individualism, von Bertalanffy's General Systems Theory and other similar ideas resulted in a confusing amalgam. What remained as a steady theme, however, was the dialectic, referred to elsewhere, between the individual and the collective. Whether for scientific, ideological or political reasons, there was and is a desire to think of the world in holistic terms, without, however, the willingness to examine, much less relinquish, the conceptual bases upon which all of this is to rest. Children are taught in school that individual achievement is a highly desirable state of affairs (and the opposite, dependency, is condemned), together with competition as one of the highest ranking deseridata; and simultaneously that the world is one, interdependent whole in which all bear responsibility for the welfare of all, especially the poor, the homeless, and the disease-ridden.

For the scientist the issue is simpler and yet with difficulties of its own. Here the aim is to demonstrate, if possible, the factual interdependence of people; and if it cannot be demonstrated that the idea be dropped, no matter how desirable it might otherwise appear to be. In other words, there is a great need to distinguish fact from belief. Our earlier work on the membership perspective of social work was an attempt to come to terms with this problem (Falck, 1984; 1988).

August 31 1990

Eugene P. Trani, Ph.D.
President
Virginia Commonwealth University
910 West Franklin Street
Richmond, Virginia 23284

Dear Dr. Trani:

I decided to write you in preparation for a meeting with you to discuss what I perceive to be the needs of the University in regard to our Board of Visitors. There is a long history underlying my

Entwurf zur 2. Auflage Anfang 90er 1993 (Einordnung)

THE SOCIAL STATUS EXAMINATION IN HEALTH CARE
by
Hans S. Falck, MSW, PhD, FRSH

Preface by
Thomas Owen Carlton, DSW

PREFACE.....
INTRODUCTION.....
SECTION A: THE EXAMINATION ITEMS.....
SECTION B: SUMMARY AND FORMAL ASSESSMENT.....
SECTION C: THE INTERVENTION PLAN.....
SELECTED BIBLIOGRAPHY.....

Thomas Owen Carlton was Associate Dean and Professor of Social Work at the School of Social Work of Virginia Commonwealth University in Richmond, Virginia. He died in December 1992. He taught in the health specialization of the Master of Social Work Program and Social Policy in the doctoral program of the school. He was editor-in-chief of Health and Social Work from 1986 until 1990. He was a widely published author, and his book on the application of Membership Theory to health social work (1984) is a landmark achievement in linking theory to practice. His MSW degree was taken at the University of Souther California and his doctorate from the University of Pennsylvania.

Hans S. Falck is currently Emeritus Professor of Social Work in the School of Social Work and formerly Professor of Psychiatry in the Medical College of Virginia, both at Virginia Commonwealth University. He is former Regenstein Distinguished Professor of Social Sciences at the Menninger Foundation in Topeka, Kansas. From 1978 until 1984 he was editor of the Journal of Education for Social Work. He is a widely published author and researcher. His book Social Work: The Membership Perspective (1988) introduces Membership Theory into the profession. In 1993 he received the Richard Lodge Prize of Adelphi University for "the development of social work theory".

Preface for the First Edition
by
Thomas Owen Carlton, DSW

(the same as 1. Ed.)

Thomas Owen Carlton
School of Social Work
Virginia Commonwealth University

INTRODUCTION

I have written The Social Status Examination in Health Care for those social workers who practice in health settings and who need a clear and concise method of gathering and organizing data about health care clients. While the majority of health social work is performed in the nation's hospitals, there is evidence that the balance will shift in the immediate years to come, to ambulatory care. This is due to reasons beyond the purview of this book, other than the fact that regardless of setting, the chances are that social work in health care will survive these and intellectually in ways quite recognizable to workers current and past.

The Social Status Examination in Health Care is based on Membership Theory as developed by this author and expanded upon by the late Thomas Owen Carlton for purposes of its use in social work health care. The central theorem of Membership Theory is the simple (sounding) idea that in nature all living things are linked to other living things. That being the case, the givers and recipients of social services are members of, rather than individuals in society. The theorem indicates that this membership is not elective, but so fundamental in nature that it by far outdoes traditional, individualistic views of human life in its power and in its ability to account for life-giving and life-maintaining aspects of human existence. Social membership, psychological membership, biological membership, and symbolic membership (the ability to assign meanins to experience) are the four dimensions of essentially the same idea of the member. The irreducibility of that membership is accounted for and expressed by the Principle of Constant Connectedness; while the qualities of these memberships are expressed in the Principle of Conditional Accessibility.

Membership theory is a relational theory, a reflection of the basic relationality of all human life, and it is therefore in its basic form valid across gender, class, culture, geography, socioeconomic status, health and religion.

I wish to comment on several social work implications of the Theory as reflected in the Examination. First, in this document the recipient of social work services is the client rather than the patient. This not only brings the language into a social work frame of reference, but even more important, it suggests that social workers do not treat patients, that social work does not diagnose and heal sickness, but rather that, as should be the case of all clinical social work, it addresses the accompaniments to sickness, injury, and disability by focusing on client strength, on the ability to adapt under adverse conditions.

Secondly, a word about the use and misuse of the Examination. Its misuse would be represented if it were to be nothing more than a checklist which a worker would use to address clients as inventories of symptoms. Instead, the intent is to understand and describe the mutual efforts of social worker and client(s) in understanding what is needed by way of professional social services.

Thirdly, the success of the Examination does not depend on the asking of questions. It has for twelve years been used as a guide to social worker--client conversations which I have named simply "the interview without questions". The technique enables the social worker and the client to experience a sense of discovering together what is going on, it increases the sense of the whole of the client's life as affected by sickness, injury, and/or disability. It cuts down on the sense of intrusiveness so often reported by clients who, in the context of short term intervention, feel overwhelmed by the many questions and answers everyone in the hospital insists on being necessary for diagnosis and treatment to proceed. Not surprisingly, those who have participated

in such conversations structured around the items of the Examination, report a much greater sense of involvement with the social worker from the outset than would otherwise be the case. In a time of shrinking resources, very short hospital stays, and large client loads, it is an advantage not easily dismissed.

The Organization of the Social Status Examination in Health Care.

The Examination consists of three phases. Section A presents fifteen items that guide mutual social worker-client(s) efforts to obtain a picture of client circumstances and needs. A separate discussion of each item follows the initial listing of all items and its purpose is to guide practitioners toward more concise and accurate understanding of the intention and meaning of each item.

Section B calls for a Summary and Formal Assessment for each client based on items 1-15 in the previous section. Experience has taught that there is a tendency among students in particular, to become overly detailed at this point rather than to present a Summary and a Formal Assessment guided by whether or not it is sufficient to indicate some sense of priority of needs, and of realism in meeting them. Properly utilized, the Examination forces the user, as it should, to indicate what must be done, what can be done, and how it is to be achieved.

Section C calls for a written intervention plan, based on the material from section B. It should be possible to write it in the form necessary to be included in the patient's chart, along with notes and plans of other professionals who treat the patient.

It should be noted by the reader that all items are either versed in interactional language or strongly suggestive of it. The various items use what I have sometimes referred to as verb language, i.e. words which indicate that someone is engaged in doing something, such as talking with the social worker, or planning what to do when discharged, the fact that one often needs to ask for help or be prepared to accept and use it when offered by others. The emphasis on verbs can only be given in writing in this document, and it heavily depends on the self-awareness of the social work practitioner to make it real when working with client(s).

Acknowledgement

This Second Edition of the Social Status Examination in Health Care is dedicated to the memory of Thomas Owen Carlton, 1937-1992. Until shortly before his death he and I had planned to produce this revision of the original work (1981). His influence, as in so much of my published work, is ever present.

THE SOCIAL STATUS EXAMINATION IN HEALTH CARE

Section A: The Examination Items

Item 1. Indicate (a) the developmental state in life to which this client belongs; and (b) the developmental level
the client has achieved.

Item 2. Indicate the client's sickness/disability/injury (hereafter referred to collectively as "sickness") Explore together with the client, the latter's current behavior Attend to changes in reported changes in behavior in connection with the client's current health condition.

Item 3. Sickness and disability nearly always influence the
quality of membership in family, and with other important persons. What are some of the family and other
membership issues linked to the client's sickness?

Item 4. If the client is a member of a minority group, there may be at work some specific relationships between a sickness and how it is managed according the those values most characteristic of such groups. Cultural values typically are at work in the assignment of meaning (symbolization) to sickness experience, and these, in turn, determine the kind of sickness work clients and their near ones do. Also, consider in this context differences, if any, in the perceptions of clients and of social workers.

Item 5. What kinds of metaphysical beliefs do clients hold? How do clients explain to themselves and to others the metaphysical meanings of death, disease, injury, misfortune, and responsibility? How are these meanings manifested in the behavior of clients?

Item 6. Estimate the social class membership of clients and its connection, if any, with the social management of sickness. The class-determined values of social workers and clients can be taken into consideration at this point.

Item 7. How does sickness influence the client's occupational status? Include a brief discussion the client's abilities/disabilities, temporary or permanent, limitations in functioning at work and related issues.

Item 8. How does the client's sickness influence his/her financial condition? What efforts are made to secure income. Does the client have savings? Is he/she supported by others, and if so, by whom?

Item 9. Does the client have health, accident, disability, life insurance? Is any insurance being used to pay for the current episode of sickness? Is the client entitled to Veterans' benefits? Medicare or Medicaid? Does the client have supplementary insurance?

Item 10. What access is available to health care? What access do the client, relatives or friends have in case the client is hospitalized?

Item 11. What kind of housing is available to this client and his/her close associates, whether family or friend(s)? What is the reciprocal impact of housing and sickness? Who lives with client(s)?

Item 12. Describe briefly, the client's mental state. Is he/she aware of time, place, and person? Is the client able to participate knowledgeably in decision making in regard to his/her future? How does he/she deal with Advanced Directives?

Item 13. How does the client understand the nature of his/her sickness? How does the client express concern over these?

Item 14. Is the client able to follow medication and other self- care advice and instructions? Is the client able to stay with a treatment regimen which depends on his/her ability to act as asked?

Item 15. How ready or reluctant is the client in asking for help? Or using help when offered? How well does the client work with the social worker, the nurse, the physician, other health care personnel?

Explication of Assessment Citeria

The listed items for the Social Status Examination in Health Care may now be elaborated in more detail, although the listings alone can serve the stated purpose, namely to improve and facilitate sound assessment of social work clients in health settings.

Item 1. Indicate (a) the developmental state in life to which this client belongs; and (b) the developmental level the client has achieved.

The intention here is to describe both expectations and reality. Age appropriate and life stage appropriate expectations tend to go together. The implied "ought to be" refers to such judgements as might be consistent with Erikson's epigenetic theory or any other developmental theorist. An example is someone in the 60- 65 age range who behaves in ways much more expectable among younger persons, illustrating the idea that rigid adherence to categories is no longer defensible. Thus people reveal something about themselves, how they experience their bodies, their ability to make a living, their relationships and what others expect of them. In fact, while in some persons behaving "younger than one's age" may reveal optimism and easy adaptability, the wish to remain creative and individualistic, it may for others spell out reluctance to meet the vagaries of life such as changing body functions, or mature ways of meeting vicissitudes of life, the dreams of youth, or fear of aging to the point of denial.
For the social worker a good observational estimate of the client's developmental level promotes a good understanding of strengths and weakness, the ability to cope with adversity, i.e. sickness/injury/disability.

Item 2. Indicate the client's sickness/disability/injury. Explore together with the client, the impact

of these on
his/her current behavior. Attend to changes or reported changes in behavior in connection with the client's current health condition.

Sickness, injury and disability are to be treated as all other behavior, even when not intentional or planned. The reason is that in sickness the client acts through his/her body as well as socially, psychologically and through the assignment of meaning to being sick (symbolization). Directly tied to sickness as behavior is the need for a professional judgement about the resources clients bring to the management of the sickness and its related aspects. Important to understand is how clients have dealt with sickness before in order to help clients use their best efforts in their current situation.

Item 3. Sickness and disability nearly always influence the quality of membership in family, and with other persons important to the client and vice versa. What are some of the family and other membership issues linked to the client's sickness?

Common sense tells us that people's sickness impacts themselves and others. This is what is meant by human membership in the health field. It is most visible when sickness is dramatic, sudden, major, perhaps life-threatening, as well as when it is chronic, extensive, and demanding on the patient and those part of his/her

life and vice versa.

Item 4. If the client is a member of a minority group, there may be at work some specific relationships between a sickness and how it is managed consistent with values most characteristic of such groups. Culturally determined values typically are at work in the assignment of meaning (symbolization) to sickness experience, and these, in turn, determine the kind of sickness work clients and their near ones do. Also, consider in this context differences, if any, in the perceptions of clients and of social workers.

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The Ideas Individual and Group in Social Group Work Theory and Practice: A Fifty-Year Review

by

Hans S. Falck

## Introduction

Discussions about social group work, as much else, face citizens in Western countries with an age-old challenge, to make sense out of the tension between the concepts individual and group. The relationship of each to the other is and has been for centuries both obstacle and opportunity. The obstacle lies in the seeming ease with which we first define individual and group and then combine them, however illogically. The opportunity such discussion provides is to find new ways of saying old things, or of discovering new things altogether. The only rule which applies is that the new, as the old once claimed, be true to nature. In using the phrase "to be true to nature" we mean those things observable in time and space. Bodies fit this definition, groups do not since they cannot be viewed directly. Their existence is inferred rather than observed. Individuals do not fit because independence in human affairs cannot be, while members do; relationships cannot be observed in time and space and social interaction can. There are available large amounts of data which undergird these observations, from human genetics, to cell biology, from research of psychological phenomena to human culture.

We aim to consider in this paper where the field of social work is to be found in answering questions about what to call clients and, inferentially, all people; to address the profoundly important question about how to think of them and what name to give them in the scope of social group work practice. Is she or he to be viewed as an individual or a collection of individuals making for a group? We shall inquire into history with a view that might enable us to see continuities in our changing perceptions of what to call those who receive our services through social group work. In practical terms this means that we shall demonstrate in historical terms the use and meaning of the two concepts already named, individual and group. This will lead us to claim that individuals, as the term is commonly employed, do not exist in nature, and, therefore, that groups as commonly described cannot exist either.

A direct consquence of our claims is the need to conduct the examination which follows, addressing the following considerations: first, the influence of American, essentially Christian, Caucasian culture on social group work concepts; second, assumptions about human behavior in social group work as documented by the available social work literature; third, definitions of group; fourth, individual and individualism in social group work; and fifth, efforts at reconciliation and alternatives. We confine the discussion of these to some of the most influential social group work

writings between 1930 and 1980, with exception of a few items appearing later.

The Influence of Culture on Social Group Work Concepts.

Some time during the year 1954 Harleigh B. Trecker wrote these words:

> The idea for this volume arose when as President of the American Association of Group Workers, I began to review the history and accomplishments of this Association (p.5).

With these words Trecker introduces a remarkable book edited by himself with the title Group Work--Foundations and Frontiers. In it we find 30 articles under a variety of chapter headings. We list them to call attention to the scope of early group work and to the variety of considerations social workers write about. Each category subsumes a number of other papers, each with its own emphasis and scope. We give them here:

1. Group Work and Democratic Values
2. Objectives of Group Work
3. Group Work and Case Work
4. Group Work and Recreation
5. Understanding Individual and Group Behavior
6. Group Work with Different Age Groups
7. Group Work in Specialized Settings (including group work in psychiatric and medical settings)
8. Group Work and Social Action
9. Group Work Services and the Community
10. Group Work Supervision
11. Refining the Group Work Process
12. Professional Developments in Group Work (Trecker, pp. v-iii).

It is important to note that the heading "Group Work in Specialized Settings", that is, group work in medical and psychiatric organizations, was written at a time when clinical social work was for the future, when casework was the dominant method in social work, and when there existed two organizations, the American Association of Medical Social Work and the American Association of Psychiatric Social Work, both of which were looked upon by many who were not members of either with a sense of awe, admiration, and at times contempt. For group workers, work in such settings was as Trecker indicated "work in specialized settings", something unusual and certainly not in the then dominant mode of doing group work. As is widely known, the American Association of Group Workers was discontinued along with the others in the year 1955, the occasion being the founding of the National Association of Social Workers, and while the

interests represented by the latter grew and expanded, those of group work and group workers shrank to near oblivion, only to be represented, or perhaps resurrected once more by the Association for the Advancement of Social Work with Groups, beginning in 1979. While the AASWG has a record of substantial performance, the influence of social group work or social work with groups on the body of the profession remains limited and for reasons discussed by Middleman and Goldberg (Middleman and Goldberg, 1987).

Yet, the larger question to be addressed in this paper is what were group workers' perceptions of the clients of group work? What does the historical record tell us about this, spread out as it is, in a period of a half century?

These questions are important because in defining the recipient of social work services one begins to hear a message about the significance of that recipient of service in the overall value system of the country and culture in which it takes place.

Even a very small sub-specialty in a very large profession such as social work, can and in fact does portray some of the most critical issues of all times. This is because social work is an American institution first of all, it reflects the conflicts and confusions, the progressivism and the recalcitrances of the entire society within its own ranks. It is a child of American culture and it contains all the contradictions one might expect to find among a quarter billion people spread out upon this mammoth sized continent. The not so subtle suggestion in the 1960s and 1970s that social work could, if it so wished, offer Americans a radical alternative to existing culturally developed values, in fact an alternative social agenda, fell of its own weight not because it was in and of itself objectionable, but rather because it had not sprung from the broad masses that described life in the United States. It had been imposed, without consultation or groundswell, by well-meaning people upon a totally unprepared populace; and social group workers were often in leadership positions in the new and hopeful endeavor.

If the thesis is correct that social group work as all social work is the product of United States culture (as distinct from American cultures), what shapes it, what language describes it, what conflicts, if any, does it address? Or, in a more operational sense, how do social group workers think or have thought in the past and are there changes visible to the reflective reader of documents having come down to us? For if one grasps how the client is defined, one can also clarify how methods to help him or her are formulated and being made operational. Most importantly, since clients are not selected arbitrarily but must meet certain culturally imposed standards in order to be helped in the first place, one asks about the qualifications they must possess to be eligible for help. We think that this is a question answered at least as much by social workers as by the clients themselves.

In social group work practice clients are expected to meet two kinds of qualifications in order to

be helped. Both are unstated and usually beyond the conscious awareness of workers. The first and clearly predominant one, and the one also most consistent with United States values, is that one must be an identifiable individual. An individual is a person in charge of himself or herself, one who exercises responsible controls over his or her impulses and wishes, and a person who takes both ultimate responsibility for the self as well as one who claims the right to private possessions, be they material or otherwise. One is expected to be self-organized and, if at all possible, be ready to discuss plans for the better future, exhibit self-control, know how to vote and participate in making decisions. One is expected to be able to tell the difference between justice and injustice when one encounters these in daily living. Most probably ranking above all other expectations, one must either possess the attributes associated with personal independence--regularly reenforced through group life--or one is expected to be capable of it in the future and most often with the help of professionals ranging from school teachers to social workers and social group workers in particular.

When one turns this list of qualifications around, the following negative expectations may be listed. One is not to be unorganized in one's sense of self, not irresponsible when it comes to personal behavior, not be without hope, not to deride self-control, not refuse to participate in group decision making. One is not to ignore matters of social justice, but to seek it actively. One is not expected to avoid conflict in groups but to face it, not to dominate the proceedings and do accept criticism when offered, permit oneself to be confronted, interpreted to, and promise to do better in the future.

The second major qualification for receiving help is to display or promise to support the value of independence. Dependence is bad, independence good. Walking on one's own is better than being carried, earning a living instead of being on the welfare rolls is highly prized, achievement through hard work justifies wealth, having it without working is acceptable within severe limits. Keeping pain private speaks for courage and moral superiority over making it public especially when linked to overt expressions of suffering. Excessively overt ways of expressing emotion are disapproved by majority culture.

A quick review of this list of qualifications tells much of the story of United States culture in general. It may be summed up in these words. An American in the form of a United States resident is first of all an individual, is individually responsible and even sovereign in his or her ability to define individualism, and significantly, utilize the social unit at hand, whether family or at work, in friendship group or in therapeutic group, as the means through which self-fulfillment is to be acquired. In return, it is expected that one participate in the self-fulfillment of others. Mutual self-fulfillment is both aim and focus. Sexual expression is simultaneously welcomed in theory and defamed in practice, most often so when it appears among the elderly. The protest of women is to

be displayed in terms of individual courage more than as members of a strident-sounding organization. To be right when faced with oppressive men is to claim one's equal right to individual independence and personal dignity and only secondarily that of women in general. Americans do poorly when it comes to movements, no matter how liberal the agenda; and do very well, indeed, in individual displays of civil, that is to say, individual courage.

The central difficulty and task in and out of American social work has to do with the confusion and aimlessness of the debate between individuals and groups.

Assumptions About Human Behavior in Group Work

It follows from the discussion so far that the knowledge and the perceptions of the human condition in general and clients in particular rests upon some very basic ideas about who and what people really are. In a day when social constructionism is the ascendant paradigm for social science studies, one emphasizes the perceptions social workers have about their clients with lesser emphasis on what they are really like. One pays a price for this choice which emphasizes pooled, yet individualized perceptions of the world, but sacrifices more positivistic views of human nature.

Groups

Papell and Rothman's (1966) paper on group work models addresses how a given model defines social group work, who the clients are, what is the unit of service, what is the nature of the professional role, and how does the agency appear as the auspice of service? Further, the authors invite consideration of the sources of knowledge that undergirds models for practice, and what of the theoretical foundation of each model? What practice principles does each model generate with special attention to those pertaining to assessment and implementation (p. 67). The authors' questions were answered in ways such that there emerged three models of group work, the social goals model identified with the work and writings of "Coyle, Kaiser, Phillips, Konopka, Cohen, Miller, Ginsberg, Wilson and Klein" (p. 68); the remedial model created through the work of "Konopka, Sloan, Fisher, and Gantner"; and the reciprocal model of Kaiser, Tropp, and Schwartz. In 1980 Papell and Rothman provided further discussion of models, this time resulting in the introduction of the "mainstream model", the purpose of which was to "distill some common elements constituting a central identity of social group work" (Papell and Rothman, 1980, p. 6). They elaborated as follows:

> Such a distillation of essentials can be drawn from past group work traditions [sic], early and current model building, and the bourgeoning practice literature. Rather than emphasizing differentiations among these, we shall, in this paper, focus on similarities, towards establishing

a baseline of social work with groups for moving ahead in the 80s (p. 6).

The similarities Papell and Rothman identify in terms of what all models in social group work and in social work with groups have in common, as well as group psychotherapy models referred to in the latter of the two Papell and Rothman papers--particularly influenced by the work of Middleman-- omits questioning whether groups are observable entities, that is to say, exist in nature. It is as notable as it nevertheless remarkable that even when writers defined the term group, no social group work theorist we could locate, with the very notable exception of Gertrude Wilson, asked whether groups could be found in nature. Lang comments on this fact in a discussion about group therapy groups and speaks to the effect that "far from being overextended, tested, and taxed to its limits in an infinite variety of ways, the group as such continues to be unacknowledged, underdeveloped, and unemployed in most of the so-called group therapies. There is a group in name only" (Lang 1979b, p. 202). She opts instead for a well-known formulation by the sociologists Theodorson and Theodorson in which group is defined as

> a plurality of persons who have a common identity, at least some feeling of unity, and certain common goals and shared norms. A group is further characterized by direct or indirect communication among its members, standardized patterns of interactions based on a system of interrelated roles, and some degree of interdependence among members. According to this definition, a group is a more developed type of (entity) with a distinct sense of identity, and definite social structure based on direct interaction among its members (Theodorson and Theodorson, 1969, p. 60 as cited in Lang 1979b, p. 202).

The definition contains several observations as well as implied assumptions. It begins by citing characteristics of members in that they are able to assume common identity with others, that they develop certain feelings, can work together toward certain goals and find congruence around shared norms. They are able to assume roles, and enjoy "some degree of interdependence". Implied but not stated is that interdependence is a matter of choice but not necessity. Furthermore, the definition suggests that not only individuals exist in the form of members of the group but it also implies that groups as groups exist with identity and structure.

The field also possesses a definition of group by Coyle (1930):

> Although it is in practice never possible entirely to disentangle form from content, there remain common to these associations certain types of relationship which exist wherever in our society the

associative process leads to

organized groups (p. xi).

The notable item in this definition is that Coyle thought of groups as sets of relationships, not of individuals.

Wilson and Ryland give considerable and varied attention to a definition of the organized group. It should be noted that the word "organized" leaves open the possibility that there are unorganized, that is, spontaneous groups. We cite a rather long but, we think, worthwhile excerpt from their writings:

A group, strictly speaking, is composed of two or more persons, and the "more" may be anything from a half dozen

millions...In fact the word group is often used simply to indicate more than one individual...We may accept the

definition given by an outstanding sociologist: `Two or more persons in a relationship of psychic interaction, whose relationship with one another may be abstracted and distinguished from their relationships with all others so that they must be thought of as an entity' [Earl Eubank, The Concepts of Sociology, 1932]. For our purpose, however, we shall consider a group to comprise a minimum of five or six individuals and a maximum of infinite numbers limited in practice by the fact that when a group exceeds twenty-five or thirty persons the worker actually deals with divisions of the larger group than with the group-as-a-whole.

By definition, then, a group has a number of characteristics peculiar to a constellation of people. First of all, by psychic interaction the members are conscious of one another and of their relationship to one another. They are, for example, more closely related than the same

number of people waiting for a street car of sitting in a park. That consciousness of each other is caused be a sense

of something held in common, a feeling spoken of by sociologists as a `bond' and frequently described as the `we feeling'. The definition also indicates that belonging to the group does something to the individuals; they become

known because each individual has contributed something to the relational total which is recognized as the group. In other words, a group is something more than a collection of individuals because each individual has affected every other individual in such a way that their behavior is spoken of as a characteristic of the group. Now this group, in fact, does not exist--only the interpersonal relationships of the members of the group have reality; in fact, the group has no substance, it has no mind, it has no interests, it does not think or make decisions (Wilson and Ryland, pp. 44-45; italics supplied).

William Schwartz, widely quoted in group work literature, thought of client groups this way:

In considering the nature of the client group, what we have before us is a collection of people who need each other in order to work on certain common tasks, in an agency hospitable to those tasks ( Schwartz, 1971, p. 7).

Feldman and Wodarski, taking their lesson from behaviorism define group as follows:

The expectation is that in the future social exchange theory, social role theory, and social work learning theory will heavily influence social group work. It should be noted that all of these focus on individual behavior and that the

implication is that a group is a collection of individuals (italic supplied) (Feldman and Wodarski, 1975, p. 195).

Emanuel Tropp comes as close to a modern definition of group and individual as Wilson did. He views the group as an entire entity much as does Schwartz, and very much unlike some others, to whom the group is nothing more than a vehicle of individuals who can be move about and without a life of their own. Tropp thinks that the human group is an experience, even a very fundamental one which needs to be respected much as, in his view, individuals ought to be. Group is a gift to its members, a gift of support, recognition, identity formation, alliance with others, hope, and ultimately of mutual aid, an idea Tropp borrowed from Schwartz. Yet, Tropp holds with nearly everyone else to the idea that persons are individuals and sacred in that identity (Tropp, 1968, 1977).

The work of Saul Bernstein must carry particular weight in this discussion of who the client is, bifurcated as history has presented him and her by the notion group and individual. Bernstein not only thinks that groups exist but that groups develop and that they may be described in stages. His basic ideas of the group are stated in systems terms.

What, then, qualifies an aggregation as a group work kind

of group? It should be a social system with certain characteristics... This social system has:

- o cohesion and loyalty, and is valued by its members as an entity;
- o mores, expectations, of certain kinds of behavior;
- o goals as a group...
- o roles are somewhat clear...
- o decision making procedures...
- o conflicts and ways of handling them...
- o a program...
- o dynamics of individuals...

Bernstein, too, views the group as a means, not an end. "Important as groups are", he says, "they are instrumental and transitional. The individual members are the ultimate units. How they develop, the satisfactions they feel, the increasing ability to cope with their life tasks, are what really counts (Bernstein, 1982, p. 204).

A modern definition of group was offered by E E Moore (1983). The author holds that "of central significance is the commonly held assumption that the group is a means to an end rather than an end in itself" (Moore, 1983). She advocates for a group-in-situation analysis and understanding and places the group into an ecological and ethnomethodological context.

Tosland and Rivas think of group work as "goal directed activity with small groups of people aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery" (Tosland and Rivas, 1984).

While we have not found a single definition of the concept individual, either in social work literature in general or in social group work literature, there is some discussion of the term member which in the case to be discussed, is used interchangeably with individual.

Papell and Rothman (1980) point out that "the intense concern with the group in the mainstream model results in particular perspectives on individuals in the group. Members are viewed as active" and citing Roberts and Northen (1976, p. 389), "not passive recipients of help...(They are) expected to engage in the group process and not do what they are able to do on their own". Papell and Rothman go on to cite Konopka's preference for the term member rather than client in social group work because it would democratize the process (p. 9).

In essence, group work authors, practitioners as well as theorists assume that groups exist and act, that individuals can be found in nature and are thereby the irreducible elements of group life. At times the term is modified as suggested by the use of the term member. The names that come

to mind are Galinsky and Schopler (1984, 1989), Ephross and Vassil (1988), Henry (1981), and most recently Brown (1991), all of whom are sophisticated and experienced scholars as well a practitioners. There is an implied, yet inevitable tension between individual and group, as there is throughout United States society, a tension to be negotiated in and through democratically conducted group process, with as well as without professional assistance.

The next step, therefore, beyond Papell and Rothman, and beyond the very fundamental work done by them as well as by Lang in a own most detailed and scholarly way, is to invoke what we know from a variety of sources and which might enable us to step beyond where we have come as a result of the work of those ahead of us. The assumption has prevailed throughout the intellectual history of social group work (and throughout United States society) that belonging to groups is an elective act, one that depends on a potential member's wishes, needs, or on the constraints others dictate and which would or would not make him or her eligible for group membership. Implicit is that the individual can, through choice, not be a member. Group membership, to put it in the sociological language of another age, is achieved and achievable. All it takes is that in face-to-face groups, actual or potential, there occur with a few exceptions an agreement that persons can become members.

Prior to leaving the topic of the nature of group in social group work writing, the work of Glisson needs to be mentioned, as one of the limited number of researchers who have explicitly addressed what ought to be attended to in group work research. In "The Group versus the Individual as the Unit of Analysis in Small Group Research" (Glisson, 1986), Glisson presents data on what is being studied by social work researchers, individuals or groups. We cite the abstract of his study:

> It is common for social work researchers to use the individual as the unit of analysis in small group research. This paper examines the discrepancies that may exist between analyses that incorporate the individual and those that incorporate the group as the unit of analysis. An example is presented with data collected from 331 members of 53 workgroups in 22 human service organizations. Researchers are cautioned against drawing conclusions about groups from data based on the individual as the unit of analysis (p. 15).

Before we offer consideration of an integrative concept which bypasses questions about the existence of either group or individual, it is necessary to attend, however, briefly to the meaning of the term individual.

## Individuals and Individualism

"I respect the dignity of the individual human personality as a basis for all human relationship...I

shall base my relations with others on their qualities as individual human beings...I believe that an individual's greatest pride, as well as his greatest contribution to society may lie in the ways in which he is different from me and from others, rather than in the ways he conforms to the crowd. I shall therefore accept these differences and endeavor to build a useful relationship upon them" (Swift, 1946, p.1).

These words were written by Linton Swift in 1946 under the title "The Social Worker's Creed".

Thirty-two years later, in the first issue of Social Work with Groups, the co-editors Papell and Rothman offer the following excerpt from the editorial policy statement for the new journal.

> There is no profession that places greater value on the individual in his social context than does the profession of social work. For most people the social context becomes manageable and definable through the small group. Now more than ever, in an alienating and anomic world, there is the necessity for the human group to carry its functions: the linking of individuals with each other as they struggle to achieve fullness and the production of morale, leadership, and cooperation, the bonding ingredients for a viable society... (Papell and Rothman, 1978, pp. 3-4).

Noticeably, the statement is consistent with nearly all previous writing and theorizing about social group work from its beginning forward. It is useful in this connection to recall that the 1970 insofar as social work theorizing goes, was the decade in which social work's interest in social systems theory came strongly to the fore. The philosopher Alfed Kuhn (not to be confused with Thomas S. Kuhn, author of The Nature of Scientific Revolutions) in his book, The Logic of Social Systems (A. Kuhn, 1974) refers to individualism as "as aspect of an ideology which emphasizes maximum autonomy in the lowest subsystem of the social system--namely, the individual" (p. 496). This is clearly representative of the majority thinking among social work writers in general and in this case, among group work writers also. Goldstein (1988) mixes individuals with members and thinks of the latter "in collective ways" and is in this quite consistent with tradition, although in his general orientation he views himself as having produced "a congnitive-humanistic/social learning perspecticve (p. 9). For Shulman individuals and groups exist, as indicated in the title of his best known book, The Skills of Helping Individuals and Groups (Shulman, 1979). A review of individualism in all of social work from 1940 until 1980, conducted by the present author (Falck, 1988) failed to find a single contradictory statement to that cited above. There is no question and no conflict over the term individual in either its scientific form--whether individuals exist in nature--or its ideological form--is individualism as an -ism good, helpful, bad, harmful? The social work

literature accepts it, has no conflicts about it insofar as its theoretical writings are concerned, in fact, views it, if it thinks about it at all, as a given. In a more elevated sense, one detects nobility of purpose, human caring and decency in the editorial policy statement by Papell and Rothman to which we have alluded and which the editors of Social Work with Groups offered their readers.

Nor is this fact happenstance by nature, for the very term, for the coining of which the 19th century observer of the United States Alexis deToqueville is commonly credited can and has, in fact, been utilized in contradictory terms. Political liberals, no later than from the 18th century forward, viewed it as a liberating idea and concept. John Locke as well as Thomas Hobbes, though radically opposed in their thought and method, both embraced it as the foundation of the social contract. Indeed, only free individuals could be in a position where they could ready themselves to sign up, so to speak, to become members of society. Individual rights and freedom were synonymous and matters to be left untouched by anyone, especially the State.

Yet, there have been dissenting voices in social work as elsewhere. Siporin (1972) is one of them when he points out that social work cannot absolve itself of the consequences it incurs when it tells clients that their right to individual self-determination requires little or no consideration of its moral consequences for others (1982).

> In response to major social changes, the social work's profession's moral philosophy and mission have become fragmented and weakened. Some social workers are being charged as `immoral'. Official positions taken by professional organizations on certain moral issues are controversial and express a liberterian morality that is open to question and criticism (p. 516).

While Siporin thinks that individualism has taken a far too prominent place in the thinking and practice of at least sufficient numbers of social workers, Aptekar, a prominent social work educator and dean of several major schools of social work as well as a well-known educational consultant, only fifteen years earlier had this to say:

> First among the values which I should recognize is one about which the profession may have become a bit ambivalent in recent years--namely, the worth of the individual... One reason why American society and American social work sometimes seem ambivalent about the worth of the individual is that we have been developing a new emphasis in American life--namely an emphasis on societal need and programmatic means of meeting it. The group and the community have come into prominence and have tended to overshadow the individual...As I see it, this

is essentially a wholesome development--a necessary one for the welfare state we are rapidly becoming. We cannot be a

welfare state and be exclusively oriented to the individual.

But neither can we be exclusively oriented to collective programs (Aptekar, 1967, pp. 20-22).

It will be noticed that the individual and the group (but also including the society, the state, the so-called collectivity) occupy space at both ends of a spectrum. The range is from exclusive individualism to total supremacy of whatever social unit captures one's attention. This tendency became very clear to reviewers of the literature on self-determination. Client self-determination typically appears in social work practice level as the confirming or legitimizing factor of the individualism we have been talking about. It also illustrates that there is an easy, too easy, stepping from a statement about the human condition, such as "groups consist of individuals" to ideological ideas such as "individualism is good and, therefore, desirable". Unless one understands this, one may easily confuse liberty with libertarianism. However, the most curious contradiction of all is that though the term individual and individualism lie at the center of all concern in social group work practice as in social work in general, it is nowhere defined or even discussed. The existence of the individual is taken totally for granted. The final and most telling contradiction is that the individual, no matter how defined, does not exist.

## Efforts at Reconciliation

One of the themes running through social group work literature has to do with the effort to put into their proper places the idea of group and individual. Without going into detail, the entire and dominant theoretical stance of the profession since about 1950, and in some cases prior to that, has suggested that through general systems theory deriving from biology and later through social systems theory the desired reconciliation might succeed. A powerful push in this direction has come from the writings of Germain and Gitterman (1979). The relevant terms are "the person-in-situation", the individual in the group, the individual in the social environment. Weick (1984) comments that

> Social work has adhered to a belief in the capacity
> of both individuals and collections of individuals to
> transform themselves. Even though the radical nature of this
> belief has not been expressed with the complexity and
> depth it deserves, there has been an admirable
> professional allegiance to this view of human potential
> (p. 24).

As of this writing, the attempted reconciliation has not yet succeeded, most probably for two

reasons. The first seems to be that United States society has been unable to organize itself into a position in which there is adequate room for both concepts individual and society, pitting them instead against each other in just about every area of life. The second is that individual and group or organization or society have become fixed terms, thereby resisting the danger that they require modification into something else. Nor has the fact that in nature neither individuals, however defined, nor groups can be said to exist (a point make by Gertrude Wilson in 1949) made sufficient mark upon people's consciousness to fuel the radical changes needed in accurately conceptualizing human life. Least of all is the awareness that our increased knowledge about ourselves is subtly moving the argument from ideology to fact. The issue before us is what to do with science-based information when it conflicts with ideological preference.

We have elsewhere published a paper on this topic, first given at the 1984, 6th annual meeting of the Association for the Advancement of Social with Groups in Chicago and published in 1989 Falck, 1989). The central point made then as now is that what drives human beings is their membership, not their individualism nor their being subsumed in faceless masses. Membership is biological, social, psychological and symbolic in its expression, denies individualism and suggests that the highest form of civilized action is to become positively and creatively dependent on each other. Research tells us that this dependency is the fundamental condition creating and perpetuating human life; common morality tells us that it also is desirable.

## De Fine

We began this paper with a presentation of Trecker's Table of Contents for the social group work book he edited in 1954. All the topics are still live and urgent. What has changed is the slow and very painful recognition that there are no groups in nature and that there are no individuals and least of all, groups consisting of individuals who can be said to behave. There are only members of a common life--somewhat artificially called group life--who because they are members act with the realization that whatever a member does or fails to do, affects other members. This human condition is so fundamental that the papers under the topics Trecker listed might well be read again, leading to very different conclusions than those he and we drew ever so long ago.

We view our own 1979 formulation on membership theory and social group work and the present statement as one in a series of examinations beginning with Papell and Rothman's 1966 publication (Papell and Rothman, 1966) on social group work models, continued by Lang's work and reports in the 1970s (Lang, 1979, 1979b), and the Papell and Rothman work of 1980 on the mainstream model of social group work (Papell and Rothman, 1980). Examination will show that all of them fit into a train of continuing thought and effort.

In looking to the future, the questions to be answered are, how are we to understand our clients

when nature forbids individuals and individualism, when groups do not really exist or turn out to be something much other than we thought, and when perfectly reasonable dependence replace idle wishes about independent man? Finally, how are we to react intelligently when new findings turn over old and familiar concepts and ideas?

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In reviewing the literature two conditions had to be satisfied, one that the author described the use of social group work method, not group therapy; and two, that the clientele had to be the severely mentally ill (APA, 1987).

Fisher (1950) was among the earliest writers on the use of group work in psychiatric settings in general and with severely sick patients specifically. He thought that traditional social group work concepts needed to be modified to accomodate the fact that the clients were hindered by the sickenss. Sloan (1953) took the latter point further in conceptualizing ego strength of clients as representing their ability to act, to do things with others and that the social worker's focus stress this rather than the link between the sickness and the unconscious. Implicit was a definition of social group work method.

Gisela Konopka's 1956 article "The Generic and Specific in Group Work Practice in the Psychiatric Settings" evoked considerable attention when it was published and in subsequent years (Konopka, 1956). It was especially helpful in pointing out that while group work with severely sick patients could indeed be done with considerable success, certain modifications or specific kinds of attention was required.

Minnie Harlow, formerly of the Menninger Foundation, was among the first social group workers employed in major psychiatric settings. Her interests were dual in nature, namely the use of social group work with patients and with staff. As was traditional at Menninger's the performance of staff and the behavior of in-patient clients were viewed in paralel terms; and it was Harlow and others who reported on this (Harlow et al, 1955) as well as on group work at the C. F. Menninger Memorial Hospital with older people (1963). Some of this was anticipated by Linsay (1961) who worked with long-term, hospitalized patients who had no place to go.

Eisen reported the use of social group work method with newly arrived patients in a psychiatric hospital in 1958 (Eisen, 1958). While social group work was widely practiced in such settings, the literature on its use with severely sick people is very limited, a fact understandable by the reluctance of social workers and others to expose such patients to the stresses of group interaction

unless supervised by "therapeutic" personnel, a designation few group workers were granted, nor was it widely sought.

In a book on group work in hospital settings, published in 1982 we find a piece by Halpern and Dlugacz, describing social group work practice with in-patients. The authors make the point that their thought processes and orientations consisted of theory and knowledge from ego psychology to theories about learning in such groups as the All-Hospital Group, Special Groups, Similarity Groups, Natural/Informal Groups, and Family Groups. The only article on social group work with the homelss mentally ill we located appeared in 1989 (Cohen, 1989). The author makes the important point that "engagement strategies" are of central importance in persuading clients to join and stay with the group. One of the problems that has dogged the definition of social group work and its distinction from other group modalities by no means used by social workers alone, is displayed in a recent special issue of Social Work with Groups. (1990). Although the issue is entitled "Group Work with the Emotionally Disabled", the use of terminology remains unclear.

Nevertheless, certain themes, one in particular, run through the literature cited here; and although one might have hoped that more had been written on the subject, one could argue that once the basics had been defined there might not be much point in repeating them endlessly. All make the point that social group work does not cure psychoses, short-term or long-term and there is, therefore, no registered claim we could find that would hold otherwise. Noone using social group work method claims therapy either as intent or as result. But all do claim that in one way or another sick people also need to deal with their membership in family, in groups, in neighborhood, or in the hospital. All suggest that seriously sick people can indeed learn; and that this learning is possible. There are three sub-themes at work. The first is learning to deal with one's immediate membership in face-to-face situations. The second is learning to get along with family, provided one lives at home, and if not with other caretakers. The third is to learn to live reasonably normative lives in the institution, be it a hospital or some other arrangement. Obviously, noone who has worked with severely

mentally sick people overlooks the fact that the sickness can and in fact does get in the way of just the kinds of learning and teaching of which we speak here. If these words sound extreme, the other end of the continuum suggests that mental sickness is the ticket to non-membership or a kind of membership that destroys not only the afflicted patient but also all those who come in contact with him or her. As we have demonstrated at length and in detail elsewhere, there is no known way of escaping membership by being thrown out, by leaving a group, by "becoming crazy" because one simply cannot live without others.

What has received no attention we know of is that those who live with severely, psychiatrically sick people have rights, needs, and limits to their endurance. It is for this reason that family group work--not family therapy--has been tried in a variety of places and in short-term hospital settings in particular. The aim is to teach and to learn how to deal with each other's situation. The focus is on the reality of everyday experience and it is explicated in the idea that all members of the family or other social unit have obligations and are entitled to consideration. We repeat here our awareness that severe sickness gets in the way of such lofty aims; yet the evidence does exist that gains in this direction are possible. We underline their importance by pointing out that staff in institutions and family members or others are not easily substituted for. Having used up the strengths, the motivations, the hopes and energies of caretakers, the same are not easily replaced by others who pick up where former ones have left off.

The fact that psychotropic medication can regulate behavior is now about thirty years into history; and it is this that makes it possible to practice social group work with patients such as those under consideration. It is this also that enables the group work practitioner to help various group members, himself and herself included, to expect from each other behavior that makes life with each other something other than constant pain and rage at persons who cannot meet the norms, even liberally set norms, of social expectation.

If we are silent on the efficay of other treatment modalities, family and group therapy included, it is because of

the extreme definitional difficulties one encounters. It is still too confusing to understand anything constant about these interventions to be certain enough to suggest what it is they do. But we do know, and have known for a long time, that informal social learning--informal meaning in non-didactic groups--can take place. Having said this, the argument takes us back to where social group work began. It began as socialization effort, as mutual learning and teaching attempts by members of informal groups, together with another member who knew how to help members realize their own and each other's potential. It was neither directed altogether to what used to be called the group-as-a-whole, nor to each individual (assuming that individuals exist at all). The focus was on the behaviors of all with all, their potential of learning from each other and teaching each other with the help of a social group worker what works, what satisfies, what gets one into trouble, how to use one's talents to satisfy others and oneself at the same time, how to deal with conflict, with difference, how to creatively use one's dependence on others and others on oneself, and how to make decisions taking care that the needs and self and others are taking into account simultaneously. Sickness in this approach is taken into account but is not to be taken as the dominant issue. If it is becomes that, solely because the patient simply cannot be a client, it is then and only then that social group work is not a methodology of choice prior to other measures having been addressed.

INTRO - Ex

The Membership Theory of Social Work

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## Introducing Membership Theory of Social Work

I shall in this paper delineate a new theory of social work practice, one that stands in some contrast to the way Americans define the client scientifically, philosophically, and methodologically. This tradition is characterized by viewing clients as more or less autonomous individuals, philosophically as private persons, and methodologically as unique. In other words, American social work is reductionistic in that the person of consequence is always named either the individual or the person. Person stands for individual, and groups are constituted by individuals and therefore also reducible to individuals. The philosophical base of such individualized work is named individualism. It is also the name for what is of ultimate value, namely each and every person as an end in itself, and never as a means to an end and ever referred to as unique. The same individualism is portrayed in the often heard comment that "ultimately each person is alone", separate while others will continue to live until their day has arrived. In such philosophy and view of the basics in the human situation the greatest fear is that one be deprived of one's independence and individual rights. Any depreciation of these is interpreted as diminishing the worth of the individual as a human being.

In presenting membership theory we define the client as an organic member of the community, philosophically as entitled to consideration by others and obligated to render consideration to others, in the present and in the future, and methodologically as constantly intertwined with others. Hence, the client is socially rather than individually autonomous, biologically linked, dependent on others, and his or her growth and development not the result of the "self made man's efforts" but those of a small group. The smallest group is two people and there is no reduction possible to the individual. In membership theory there is no individual.

Just past mid-century, especially with the development of General Systems Theory and it consequent adaptation by the social sciences into social systems theory, it became possible to link the individual to something beyond one person, namely the system. While the basic impulse came from the biologist Ludwig von Bertalanffy, and while it is also true that from the early days forward--a hundred years ago--social work theorists and social activists spoke of social work as a community institution, the basic underlying concept remained the individual. This continued into systems theory conceptualization, and it was Bertalanffy himself who offered a moving and passionate defense of individualism as the antidote to possible efforts to convert systems theory into another dictatorship whether from the right or left. (Bertalanffy, 1955).

Membership theory represents the next step in knowledge development at a middle level of abstraction in social work thought and practice. It embraces the intent of systems theory which is to view the human condition in holistic terms, while it rejects the atomism implicit in individualism. It makes room for each member but not in partialistic terms; rather it views each member as a component of the whole and it does so deductively. Individualistic social work thought and practice utilizes an inductive logic which also suggests that the individual can exist separately and apart from society. It holds that groups are aggregates of individuals, a view membership theory does not share. Membership theory postulates biological membership, psychological membership, symbolic or cultural membership, and social membership, all these being interlinked and totally inseparable. All examples and illustration of each of these are of very limited validity since they are separated from the whole member from wich they are taken.

Membership theory is a relational theory, consistent with the work and thought of the well-known Italian sociologist Pierpaolo Donati.

In conceptual and historical terms it is quite apparent that within a single century social work has moved from strict individualism fed by the Industrial Revolution and the prior of work of the French DeTocqueville to biology-based General Systems Theory and social systems theory, a theory which appears as an intellectual synthesis of the individual and the human group, however large or small, and finally to the integration and synthesis of all of these into membership theory. While membership theory does not yet predominate in American social work thought, it is beginning to influence a widening circle of social work thinkers.

## Two Categories of Knowledge for Social Work

All professional practice of social work rests on two pillars of knowledge. These, in the first place, are data and ideas about the human condition world-wide, and especially so in a country such as the United States which is gradually losing its Anglo-Saxon predominance under the influx of refugees as well as ever more effective and convenient means of communicating with the rest of the world. Normal human development, normative sociology, major findings in social psychology, changing political theory, early childhood experience, teaching and learning, major social change involving entire populations, hunger, poverty, racial conflict, and how societies through social legislation and administration allocate ever insufficient resources inform the picture of humanity the average social workers needs in order to answer his and her question "how am I to know what is required of me by my clients, what are their needs, and how may I best assist them in their tasks of living a decent life"?

The second area of knowledge all social workers need is methodological. Assuming that each social worker understands something about the client--client is here used in the general, generic, and multiple sense--each social worker must find answers to "how can I make myself useful to him or her"? And since in face-to-face interactions of social worker and client the quality of human relationship is at the center of the work, one needs to learn how to conduct these from a technical, intellectual, and ethical standpoint.

This brief listing of two essential topics suggests before we discuss these further that social work education is university education, that it must meet the same standards of intellectual performance all other university subjects do, that while decent, humane motivation in social work

practice--often religiously motivated--has its place now as before, scientific standards expressed by faculty research are at the core of the justification and claim that social work is a true profession--one among many.

What is meant by all this in the immediate sense is that any theoretical model of social work must be based on empirical science, on facts, on observable phenomena. In no way does this compromise the values, ideological positions and the ethics that undergird professional social work practice. There is an important place for them; but it does mean that we must learn to differentiate between fact and belief, between the world we wish and the world as it is. Membership theory is based on fact, as I shall keep pointing out, and it makes ample room--even a rather specific place--for social values and social ideology. It insists, nevertheless, that values and science be viewed as linked, yet different from each other. It follows that I do not look for adherents because membership considerations sound good to the liberal Western mind and sentiment. Rather I look for whether membership theory is intellectually and scientifically acceptable, with due regard to where the facts about the human condition lead.

If it is in fact true that the areas of study mentioned, namely human life and methodology form the basis for social work practice and for social work education, certain consequences occur which I would like to make explicit.

First, we must break down the splits of subject matter among the social sciences. This involves political theory, economics, sociology, social psychology, cultural anthropology and psychology in general. It is equally necessary as between political, social, and analytic philosophy. The implication is, of course, that all knowledge that can usefully be converted into methodologies of helping clients is legitimate for social workers to study and know about.

Second, social work education is practically forced to start paying attention to biology with particular attention to cell biology, certain aspects of microbiology, and most of all developments in establishing the link between major mental illness and neuroscience with particular emphasis on peptide neurotransmission.

Third, since none of the subjects mentioned can be profitably studied in isolation--to say nothing of their applications in work with clients--students have to learn how to integrate knowledge from such a palette of intellectual color and hues. Time for study is limited, the abilities of most students to learn, know about and integrate all of this into a useful sense of the whole demands from their teachers careful selection of educational experience.

It also demands something more than selection bound by limits of time and ability. It is workable theory, an intellectual frame of reference each and every social worker can learn to use according to the needs of clients, the structure and function of the social agency, and his or her own talent in bridging the inevitable gap between the social worker and the clients. I shall present, then, one theory of social work known as membership theory.

Membership theory arose from several clearly identified requirements. The first has already been mentioned, namely to equip social work practitioners with the knowledge and the tools for effective social work practice with a variety of clients, many needs, and multiple purposes. Social work cannot focus on one or two bodies of knowledge alone because the needs of clients do not fall into neat and limited categories. Another motivation for the development of membership theory arose from the recognition that heretofore existing theoretical frames of reference were insufficient and in some cases wrong. Among the latter is the long-held assumption that individuals exist in

nature and that the social and psychological world can be split between individuals and group or societies. Individuals do not exist, there is no scientific evidence that they do, and we are therefore caught in a difficult and complex process of wishing to emphasize the humane goodness of individualism with its long tradition in Western civilization and its misuse in ignoring the effects of individualism on others in society. A good example may be found in reference to rasing `teen-age children.

## What is Known about Human Membership?

A third motivation for the development of membership theory is to be found in the perceived need to find common denominators between and among the diverse fields of study already mentioned and ranging from social theory to neuroscience. The idea of the member as the irreducible, non-individualistic, unit of life whether on the social, psychological, biological, or anthropological level expresses the basis for the idea that:

a. Human beings on all levels of their existence and by the necessity of survival carry a componential relationship with other human life. This fact may be referred to as the Principle of Constant Connectedness. Implicit in it is the logic of relationality.

It should be noted that the principle of constant connectedness has nothing to do, in and of itself, with social work practice or any other practice profession. It is a statement about some universal and basic themes of human life, nothing more. It is transcultural, cuts across social class and any other specific situation, transverses geographical distance, and applies in uncountable ways to all human beings. It holds in the most profound sense that human life without constant connectedness cannot be conceived of. It denies human individualism, human autonomy, individual self-determination, individual independence, as well as the possibility of individual self-development. In short, it holds that individuals cannot exist by the most fundamental laws of human nature.

There can be no doubt whatever that human persons as members need rules or conditions for the regulation of their membership relations. Whatever these may be in any given place, culture, or society as well as specific family, that communication is regulated in social and biological life is beyond discussion. This observation leads to the Principle of Conditional Accessibility.

b. The nature of constant connectedness is regulated by nature itself (i.e. the structure and function of cell membranes), and by choice (i.e. the nature of an interview). It is not arbitrary but is governed instead according to the principle of conditional accessibility. In other words the maintenance of each component of the whole aims at assuring the very existence and integrity of each member and, thereby and automatically, the entirety.

Any discussion of access within membership theory addresses, not quantitative, but qualitative issues. While the principle of constant connectedness answers the question whether in order live something other than a given individual has to exist, the principle of conditional accessibility answers qualitative questions. The central one is, under what kinds of chosen conditions can people survive, function, live worthwhile lives? This is particularly the case where the kinds conditional accessibility is a matter of options, of choice and which to some extent all behavior is.

(diagram about here) S. 25

Before proceeding further, we are now in the position to define social work intervention as rendering professional aid in the management of membership. This management is a chosen quality, less in the biological sense of human existence, than in the psychological and social sense; yet, we recognize that there is an increasing amount of research which demonstrates how psychological, social, and biological processes influence each other. The research shows clearly that not one of these can be mentioned without the others. They are to be taken as inseparable aspects of the same idea--the human member, nor are they to be reduced, according to the principle of constant connectedness, to the individual. To put the matter succinctly, I make and defend the position that every influence on one's self and others is biological, psychological, social, and in the world of meanings, anthropological.

The idea of the member portrays him and her as multiply involved with self and other simultaneously in a never fixed or resting position. He and she is to be viewed as ever changing, governed by expected as well as unexpected patterns or no patterns at all.

The concept member is processual as well as relational. It rests on multiple reciprocity, rather than on the single, linear causal non-reciprocity characteristic of most experimental research. I suggest, furthermore, that the very central term, the member, already implies others and in interaction. But this is also the case in most cell behavior, in psychological internalization, and in symbolization, i.e. the discovery and assignment of meaning in human affairs as specifically portrayed in cultural anthropology.

## Seven Practice Principles of Social Work

Space prevents detailed elaboration of membership theory more than to delineate it in very general and somewhat global ways. However, I do wish to suggest several social work practice principles which flow from the theory I have presented. These are:

1. The behavior of clients is to be understood as membership behavior. Reports by clients of experiences with others, past, present, and anticipated in the future, are to be viewed as expressions of their social characteristics.

2. The social worker's interventions in the presence of clients or on their behalf are to be understood as memberships behaviors. In the sense that social workers as well as

clients are members of both their immediate face-to-face reality and in more global terms, equalizes their basic nature as human beings.

3. Statements by members of the helping group (clients and social worker) are to be treated as statements about the speaker and those to whom they are directed or those affected but not present. If everyone is a member, all are affected.

4. Personality dynamics in membership theory are to be understood as derivative of interaction whether biological or social. Personality attributes have no independent existence, are private mental events that cannot be observed except through inference from behavior and from genetic endowment.

5. The client's rights and obligations concerning decision making over his or her own life are viewed in membership theory as manifestations of social, rather than individual self-determination. The `social' in `social self-determination' denotes the fact that in origin and in consequence, behavior is social.

6. Helping situations are to be viewed in terms of group membership. Groups do not behave but members do; consequently groups do not consist of members. Group equals members and insofar this applies to the helping group, it equals clients and social worker.

7. Social work intervention is to be linked to only those purposes that account for the fact that the social worker and client members work together. Membership in the helping group is purposeful and is directly relatable to clear and stated goals.

Finally, and therefore, I suggest that given these observations the following generalization can safely be offered. It is that those needs and problems that are understandable and definable in membership terms are the province of social worker intervention. Those not definable in these terms are beyond the purview of the social worker and should, therefore, be the responsibility of others to address.

HUTCHINS

March 23 1992

TO: Elizabeth D. Hutchinson

FROM: Hans S. Falck

I was glad to read your recent chapter on "Competing Values and Use of Social Work Authority with Involuntary Clients". The discussion of membership theory on pp. 133-135 was welcomed. Let me react point by point.

It is unfortunate that membership theory should be drawn into a discussion of moral values to the extent that it does not--purposely--address the topic. Membership theory is an empirical theory, not a values statement or an ideology. People are not members of the community because they elect to do so or resign from it when so elected. The reason for membership is, basically but not exclusively, biology and it is a matter of nature and thereby irreducible. Individualism is rejected by membership theory because it rests altogether on ideology, Christian religious belief (with a touch of Judaism in its early development), certain political theoretical considerations too many to cite here, and sheer capitalistic preference. But that has nothing to do with scientific fact and therefore should also not be compared with ideological statements such as those mentioned.

The question now is how to apply a factual statement such as that all people are members ascriptively, that membership is constant and absolutely irreducible for the creation and perpetuation of life and that it takes place under certain rules (conditional accessibility), to social work practice.

Here I come to your questions (bottom of p. 134). Under conditions of social injustice membership implies that the oppressor and the victim experience common membership under conditions destructive to both; that the aim of social work is to help clients battle their negative memberships with their oppressors and with the help of social workers who, themselves, are members of the community. The answer does not lie in more individualism which has and must fail because of its insistence on separation.

Membership theory does not assume that there is "a social order based primarily on integration, consensus, and solidarity" (p. 134). It does assume that perpetrator and victim, lover and loved, are permanently members of a common membership situation. That is the real tragedy of injustice, namely that it inflicts pain, suffering, and destruction precisely because all involved are

members with interlocking roles. Otherwise one could simply walk away from oppression but one cannot which is where the terrible hurt lies. What can be done is to change the nature and quality of common membership by persuasion, counseling, social protest movements and other things. Individualism can never do that and has been blatantly unsuccessful in that regard. Just take one look at the civil right movement, based as it is, on just about the most conservative individualism available. The latter is also the reason social work education--particularly the human behavior component--is so irrelevant and old-fashioned and designed, one has to think, to maintain the status quo ante especially through this abberation known as social work psychotherapy that explains and supports individualism and sounds like the United States Association of Manufacturers more than a movement for change. The fact that it adds highly individualistic systems theory (see von Bertalaffy's writings on individualism) only confounds the problems but does not solve them. The history of individual rights reached its first peak in 18th century English writing, regarding the United States was triggered by Alexis de Tocqueville in 1835 and 1840 concurrently with the ascendency of Andrew Jackson to the presidency in 1829. It was negatively evaluated by Tocqueville who called it egoisme and was modified, under the influence of Jackson, the West, and the rise of industrialism, into a virtue late in the 19th century and to this day. The distortion of Freud in America helped a lot in this regard and social work, that bastion of reactionary social work practice under the guise of liberalism, enthusiastically participated up to and including this day.

Thus, the fundamental rights are those of members, not of individuals as they cannot be if individuals do not exist in nature. And there are four considerations in this regard, all of which I am currently researching and writing about. The first is autonomy. Autonomy means control over self and boundaries and cannot work if people are members of the community and thereby share control per definitionem. We must therefore reach for social autonomy, a control that takes into consideration other people as well as oneself. Secondly, self-determination never has worked in the way intended for the self is a social self, not an individual one, one which must not always do what others want it to but, as Siporin has pointed out, must take others into consideration whether in the end they agree or disagree with a particular member's decisions. Third, to work toward client independence is still another example of pretending that people can be left to their own strengths and weakness by ignoring that dependence is needed for survival, including social, biological, psychological and symbolic survival. Membership theory argues that needed is a better quality of dependency than what we usually get

under individualistic assumptions; to tell the poor and oppressed that they are entitled to independence fails the needs, and besides is impossible of attainment. All people must depend on others as well as themselves, reciprocally, and it is thus not a dialectic between independence and dependence that must be at work but rather the argument over what makes for creative and for destructive dependence. Finally, self development, ever since Rousseau argues for doing something about oneself through oneself and has been the optimistic expectation embodied in the American Dream for two centuries. No one develops herself or himself alone; it always takes others as well, and no one destructs the self without the involvement of others. It is really a matter of social self-development.

I suggest for your consideration a thought that has bothered me increasingly over the years and it is that perhaps the most destructive part of individual rights and obligations (and private practice) is the fact that individualism implies that one can join or walk away from human suffering without regard to the sufferer and at one's individualistic self-determination. Isn't that shocking?

I think that in the end we have major disagreements. One would appear to be a matter of values; and the other over what I said and implied in my writings. The reason I reply in as detailed way as I do is that you challenged me to put down in ordinary language what I am writing about in my next book, tentatively entitled From Individualism to Membership. I thank you for that.

Kopie ADELPHI

The Richard Lodge Memorial Lecture

# COMFORTING REALITY VERSUS FADING DREAM: ON INDIVIDUAL ISOLATION AND THE ASCENT OF THE MEMBER

by

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Presented at Adelphi University, Garden City, L. I., New York
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Social work theorizing has evoked substantial interest in the past thirty years. This is understandable in light of the varieties of social work practice and the need to explain them. In this paper I focus less on the by now traditional arguments about logical positivism and its alternatives than on the assumptions theorists and practitioners make about the human condition, i.e. the subject and object of social work practice. Traditions buried deep in Western and American culture will be commented upon with emphasis on the problems accompanying change in light of new insights and data.

## Introduction

These are the words with which the 18th Edition of the Encyclopedia of Social Work (NASW, 1987) introduces the reader to Richard Lodge: "A social work educator and administrator, Richard Lodge was a strong advocate for the essential role of theory in social work". The entry goes on to say that "[A]t Adelphi, he taught courses in theory building in social work and co-founded a faculty study group researching new means of generating social work theory" (p. 933). That he was influential is to be taken as a matter of course, for if Dick Lodge had one outstanding talent it was his persuasiveness, having first literally rescued a school of social work in deep difficulties from near oblivion and then becoming executive director of the Council on Social Work Education in 1972. Dick's work at the Council spelled the near end of the tenures of a string of brilliant executives and staff members upon whom the education arm of social work had relied for over twenty years. Finally, it seemed so utterly appropriate that he left CSWE for the doctoral program at Adelphi where influencing others, he could teach and do studies in theory development in his chosen field. May Dick Lodge rest in peace; his thought lives on.

## Historical Considerations

Thirty years is a short moment in history in defining and re-defining what we know about the human condition, as well as in our attempts to bring about social change. This is especially true when we are invited by new knowledge to modify important assumptions, those built upon older insights, traditions, and convenient thought. In fact, it is more than likely that if the words spoken here this day be read twenty-five years hence, a doctoral student in this or any number of universities would nod her head benignly and without doubt charge us with having been obvious, to be charitable about it, or hopelessly out of date. She would be right on both counts. I shall, therefore, beg the patience of present listeners and future scholars just long enough to spell out

how I managed to get to be at the very verge of being out of date. No doubt about it, tomorrow will be too late to render credibility to the analysis of today. It can only be done today; and an important aspect of that, in turn, is the slow and not always comforting realization that not a single one of us is and can remain untouched by the temporal experiences of others; and that being so, I shall report on temporaries, leaving future considerations to those who will come after us.

To begin with, I want to say a few words about my principal attitude toward the development of social work practice theory. Practice theory and methods based on any given theory are the product of the human behavior underpinning, of the knowledge we have at hand about some of the major ways in which people behave. Social work technique has to do with changing behavior, and it follows that it is this, which in turn should influence theory. The history of social work theorizing bears out that this is a widely shared idea, to be found in Gordon (1962), in Germain and Gitterman ( 1980), in Goldstein (1982, 1984), and in Siporin (1982). As we shall see, membership theory is based on some very major and explicitly stated knowledge about human behavior. Without explicated theory, practice floats and becomes an intuitive, subjectivized, and unpredictable series of vague interventions. Grounded in theory, practice at the least has a chance of being based on something more than itself or the whims of practitioners, no matter how talented or intuitive they might be.

## The Infrastructure of Social Work Theory

Usable theory in social work rests on its validity for practice. Thus the combination of human behavior knowledge and the practice principles needed to do the work as Lodge suggested, must be a continuous and seamless effort. One further requirement must be met. This is that practice principles must be able to produce technique, that is to say, what it is the social worker must do to demonstrate that her or his theory actually does what it claims to do. This is to help clients with their needs and their problems. It is obvious, therefore, that the knowledge base upon which practice theory rests should meet some minimum standards of scientific validity. But validity is not a straightforward criterion upon which all may easily agree. Some would confine valid knowledge to that which can be observed directly. Some would deny the relevance of theory in this connection, holding that theory which comes from the observer of human behavior distorts the pure nature of what is observed. In the faddish days of social constructionism it is easy to overstate the observer's role; and thereby also ruin the hard-won gains that the protest against rank positivism has produced.

Still others include in their knowing not only what they observe but also what they feel and sense within themselves, while others--notably Freudian derived and trained practitioners--suggest that knowledge includes interpretation in addition to direct observation. They are, however, not alone in that belief.

American social work is caught in an ideologically driven situation which prevents its members

from critiquing its preferred ways of perceiving the human world in ways that do not easily distinguish from each other what is ideology and what is fact (Chatterjee, 1984). Thinking in particular ways long enough one is likely to see one's personal and social class-bound preferences as actually describing what takes place in all of human nature. It is at this point that the two strands--preferred ways of perceiving and actual ways of being are intertwined to an extent that even the sophisticated observer has trouble differentiating his or her beliefs from what is "in here" and what is "out there". In all probability this is what happened in social work theorizing thirty years ago when well known investigators in the name of creating social work science assumed without examination that social work could be studied by the interface of individuals with each other, one being a social worker and the other a client (Bartlett, 1958, Gordon, 1962, Boehm, 1958). I suggest that in fact this is what did occur when NASW (and others) let it be known that the "person in the situation" was to be the central focus of social work practice, especially clinical practice. It occurred, too, when social work took von Bertalanffy's General Systems Theory, helped to convert it to Social Systems Theory together with psychiatry, clinical psychology and others and applied it in form of ecological theory to social work practice. All of these attempts defended, mostly without conscious awareness, the idea that individuals exist in nature and that thus any practice built on individualism or being reducible to individualism would be valid. Examination, however, revealed that individuals do not exist in nature's order; and it was this recognition that accounts more than any other reason for wanting a theory that simultaneously accounts for the inner life, the interactional life, the material life in the sense in which biology is concrete, and the life of interpretation, the life of symbolization of events. It is also needed to respect our shared values about humanism. All of these conditions are to be met by the identification of universal laws which by their very nature articulate these dimensions. This is what membership theory is about in contradistinction to all theories featuring individualism and the individual as the central and irreducible elements.

## Forms of Individualism

It would hardly be responsible to suggest that we eliminate from our future a pillar of Western civilization the size and scope of human individualism. It is therefore necessary, at a minimum, to delineate, however briefly, what it is we are proposing to modify, and to suggest thereby some of the characteristics of individualism by which generations upon generations have lived and organized their lives. One always runs the danger of understating the advantages of what it is one wishes to abolish, without asking important questions about the shortcomings of what is suggested as new. Individualism has, after all, meant freedom for millions who perceived it as the road to the realization of human identity and liberty. The fact that in the meantime other formulations could serve that same objective only documents that the aims and goals that individualism hoped to realize have not faded. And it is important to understand, therefore, that no

democratically based set of ideas, however they may be validated by scientific findings, can long survive in the kind of society we wish, that fail to pay respect to each and every human being. Our proposal is that respect be paid to nature's genius that makes us relational rather than individualistically isolated and separated; and that this respect be rendered the member, each and every member; and finally, that respect for membership is respect also for all of us who are as members, by definition responsible for ourselves and all those we touch, each and every one of us in our own ways. So much, then, for the basic assumptions upon which I shall enlarge on membership theory from a scientific standpoint and which, we predict, will emerge in times to come.

Much has been written about individualism. Little has been written of it by way of critique in the social work literature and then only in the 1970s and 1980s by this author and a few others. Nor is this surprising when one keeps in mind that in the main most social work theory is produced in the United States despite the fact that foreign countries have much longer and far richer experience with social welfare than we do. In the United States the influence of the universities in which all social work programs reside has helped to bring about even the limited true theorizing we seek. But what is its nature? On what ideas does social work theorizing rest, especially that which is drawn from the general intellectual culture of the country? It is ultimately the human individual.

Individualism refers to a set of beliefs which perceive the human person as singular, as self-determining, self-fulfilling and autonomous unit in society. Individualism is most often described as the ultimate as well as the irreducible in the hierarchy of definitions of human life, as economically and politically right, even basic to the understanding of human life; and in psychological terms, central to identity. Individualism views groups as collectives of individuals as it does society. It produces and to some degree takes advantage of the basic conflict it describes between the "me", the "I" and the "us" and "we". Individualists like to view each person as first unique, and secondly as sovereign.

There are five forms of individualism I define as having influenced American social work thought as well as proposed, supported, and expanded upon by the same. I shall (very) briefly discuss each before moving on to the alternative known by now rather widely as membership theory. The first most fundamental expression of individualism is salvational individualism. It is derived from what over 2000 years has become Western Christianity, although its forerunners, Jewish theology was influential in its development. Salvational individualism holds that at the end of life the human being, standing before his or her Maker is judged as to the record of that life and under God's mercy receives reward or punishment for its qualitative record while on earth. There are variations of this theme, including predestination, but the essentials remain. Jewish tradition, too, is heavily indebted to a concurrent theme of communalism in its long history, and so is the early Church as representing the body of Christ, with each human being understood

to be a branch of it.

A second form of individualism in Western thought is competitive individualism. Here the focus is on earth-bound processes in which superiority and inferiority are defined by the individual's ability to make his or her way to personal advantage and implicitly to the disadvantage of the other. Life is thought to be preserved through the assumption that over the long stretch each individual will savor sufficient victories over others to justify and absorb those occasions when one's efforts are defeated. Competitive individualism suggests that because of moral superiority some make it while others do not or less so. One sub-theme is unmistakable in its implications, namely that superior moral equipment by some outweighs that of others less fortunate and able. And consistent with salvational individualism, competitional individualism fits American capitalism which lies at the very root of social welfare and social work in the United States. What the one is in heaven the other is on earth.

A third type of individualism is political individualism. It is defined as the individualism of rights and to some extent of political obligation. In this connection, individualism in nineteenth century American thought is of French origin, and rather than in the service of liberalism it appears, as the British philosopher of individualism Steven Lukes points out (Lukes, 1973a), as a counterrevolutionary critique of the Enlightenment, the latter often cited as the birthbed of modern individualism. To quote Lukes: "...in the earliest known use of the word, Joseph de Maistre spoke in 1820 of this `deep and frightening division of minds, this infinite fragmentation of all doctrines, political protestantism carried to the most absolute individualism..." (p. 594). The best known exposition of American individualism emanated from the Frenchman Alexis de Toqueville's Democracy in America (deTocqueville, 1835 and 1840). According to Lukes "[I]t was in America that `individualism' came to specify a whole set of social ideals and acquired immense ideological significance: it expressed the operative ideals of late nineteenth and early twentieth-century America". For both de Maistre and for deToqueville individualism was no road to political salvation and they saw it as divisive.

Methodological individualism, the fourth in our series, states an approach to human behavior defined by Lukes, citing Watkins (Lukes, 1973b; Watkins, 1955) in these words: "[m]ethodological individualism...is a prescription for explanation, asserting that no purported explanations of social (or individual) phenomena are to count as explanations, or (in Watkin's version) as rock-bottom explanations, unless they are couched wholly in terms of facts about individuals" (Lukes in Ryan, 1973b, p 122). Only a moment's thought makes clear two intensely meaningful implications for social work in these lines. First, the view justifies social work research focused on individual subjects (Ss), on series of individuals, and on samples of individuals. Second, the rationale for ecological social work, social systems social work, as well as behavioristic and psychoanalytically based social work, especially the ego version of it, can be derived in their totality from the cited

statement about methodological individualism, namely that we do not really know how to do social science research without methodologically individualistic biases built in. A research paper on fifty years of social group work writing bears out this statement (Falck, 1991).

Social work's most prominent spokesman for methodological individualism was William Gordon, followed by a number of younger investigators.

Lastly, individualism is built into nearly all modern psychological theorizing. This is as true of the psychoanalytic version as it is the case of behaviorism. One may therefore speak of psychological individualism. Behaviorism fits methodological individualism very well as numerous studies in social work with groups have shown; and the nomenclature in psychoanalytic theory is such that it is inevitably individualistic since it presupposes that individual minds either exist or can have their existence inferred from behavior. One possible exception is psychoanalytic object-relations theory where the presumption is that the internalization of relationships requires social interaction since what is internalized by the individual is a relationship, the self as one part-object and the other as part-object as well (Kernberg, 1975).

A variety of observations suggest themselves about the types of individualism cited; and some careful examination leads to the conclusion that individuals, the object and subject of individualism, do not and cannot exist. The impression is overwhelming that individualism is an ideological doctrine confused with a factual one; and further, that the link between fact and values--has no true observational base. More significantly, the concept would not be available for the development of a scientific social work, so urgently needed and so deeply desired. Finally, the time is ripe to totally re-examine the human behavior material taught to students in all schools of social work, dominated as curricula are by an individualism that the facts tell us is outdated and no longer valid if it ever was.

Membership theory has become one, major alternative to individualistic social work practice. Its claim to validity rests on the observability of its components, although imperfectly so. In any event, one does not believe in membership theory; one accepts or rejects it on factual grounds.

## Membership Theory in Social Work

Every theorist from the genius named Gallileo Gallilei to modern social work professors seeks theory which can be stated in simple language. Membership theory rests on this sentence: all living things are linked to other living things; and we can, therefore define all of social work in these words. Because all living things are linked to other living things one can confidently say that social work equals rendering professional aid in the management of membership. To document this theorem we specify two overarching conditions, expressed as propositions, and then illustrate these in treating them as four interconnected aspects of membership.

The First Principle of human membership is the Principle of Constant Connectedness which states that all components are permanently linked by virtue of common need, function, and

prerequisites for survival. Thus, the fact of membership is both permanent and beyond choice. It is the most basic condition of being alive, and without it no life is possible. In its nature and in its application it transcends culture, time, place, nationality, ethnicity and gender. It is applicable and easily observable but not without exceptions, in all places and at all times, as well as in all peoples regardless of climate, geography, and location. It makes social work with individuals and with groups of individuals impossible, individual-bound practice representing a non-factual view of nature's nature.

The Second Principle of human membership is the Principle of Conditional Accessibility. Simply stated, the principle of conditional accessibility rests on the first principle which is unchangeable in that one cannot not be a member, but modifies and elaborates it. It modifies it in the sense that even if constant connectedness lies beyond human control, the qualities of connectedness are subject to choice, to free will determinism, to personal responsibility for one's actions, to a degree of social self-determination. The elaboration of the principle of conditional accessibility is found in the varieties of relationships, in the variety of quality of relationships among the many kinds and types of people and their interactions that make the American social scene as fascinating as it is. All this is included and meant by the principle of conditional accessibility. Thus cells are linked to other cells and nature provides for this with semi-permeable cell membranes; but the manner in which cells are linked to other cells varies and can be influenced by external intervention. Nature provides the transmission of genetic material from parents to children, but it does so conditionally, that is to say, there are identifiable rules at work which determine the particularistic expression of genetic activity in the next generation. Similarly, personality dynamics in the area of defense mechanisms of the ego play the role of conditionally affecting personality functioning in relation to others and in ways that protect the ego. All this is much clearer yet when one considers the research on psychoanalytic object-relations theory when viewed as a social psychology. Internalization of relationships proceeds according to the protective needs of the organism as well as enabling ones. Thus, the genius of defense mechanisms lies in the fact that they enable and protect and are thereby good examples of the role of conditional accessibility. Social behavior in small groups, in families, and in larger groups are regulated by their participants by purpose, intent, and inclination. They are rarely, if ever, arbitrary and even when non-normative or delinquent or pathological in nature fulfill purposes. Once again, it is conditional accessibility at work. Finally, cultures and cultural norms aim at preservation, at prohibitions and enabling functions. Cultures and sub-cultures are thus to be understood as symbolizing processes subject to careful modulation, not arbitrariness, as a host of 20th century cultural anthropologists never stop pointing out.

For social work one of the most powerful of consequences of membership theory is that the unit of service is social by definition, does not have to become social but is a social being to begin

with, at all times implying our concern with more than one while also focusing on each one; and that, I suggest, speaks convincingly to the very essence of what makes social work, social work. From a social work point of view, social interaction is fed by the expression of the biological, by manifest forms of evidence that lets us infer the role of personality, and the evidence of the anthropological in observable form. It is the central kernel and core of the social work undertaking and the expression of human problems and their solution or perhaps often no more than amelioration, if that, of what it is social workers are there to be concerned about. The very basis for these possibilities lies in the essential nature of the human condition: the biological, social, psychological and cultural, all in interactional form and all guided and determined by the same lawful principle, namely that all living things a linked to other living things.

More specifically, the combination of the principles of constant connectedness and the principle of conditional accessibility provide the framework for everything deducible from it. Most important of all, membership theory postulates that membership, not the individual, is the rock bottom reality of human existence. One may enjoy provident, creative, and growth-producing membership; or it may be destructive, Holocaust-like, or discouraging--whatever it is, it is membership which governs.

## Implications of Membership Theory for Social Work Practice

Considering the emotional and ideological investment by Western culture in individualism, it becomes clear that any knowledge system which seriously questions individualism is bound to be perceived as radical and not without danger. If the concept individualism is held to be invalid on scientific grounds, its application in social work practice suggests nothing less than a revolution some will stoutly resist, defending individualism in the process, while others will embrace it for equally wrong reasons, if not more so. Membership theory simply does not call for the substitution of one ideology for another; and to make that point it would be necessary to elaborate on its logic and structure beyond what could and should be attempted in a single lecture. Besides, a fairly substantial literature is available by now, some of it quite detailed and in print some ten to twenty years before Carlton published his 1984 volume in which he demonstrated, using my up to then published and unpublished papers, the application of membership theory to health social work; and my own, as of 1988 definitive book on membership theory as a general theory for all social work.

I will bring this paper to an end by re-emphasizing the major implications of membership theory for social work practice.

First, membership theory does not reject, because nature will not let us reject, the idea of dependency. Membership theory implies that dependency is a fact of life and that the questions to be answered have to do with the kind of dependencies we encourage and those we tend to reject--keeping in mind the social self-determination of the client. Membership theory validates the idea

of moral, decent, planful and conscious dependency. And it makes it possible to reject immoral, exploitative, if you will, indecent dependency. Thus it is designed to resolve a fundamental conflict, namely whether dependency in human life is good or bad. Membership theory, especially as expressed in the principle of conditional accessibility, holds that clients and social workers can exercise choices about the qualities of dependency, but not whether dependency is desired or undesirable. Second, it follows that self-determination as concept and behavior is modified into social self-determination, that self-development becomes social self-development because one cannot be social when one desires and non-social when it gets in the way.

Third, membership theory implies an extraordinarily painful truth: it is that enemy, oppressor, the unjust and the victim, are part and parcel of the same membership. But because that is so, one can also understand why it is so important for social workers to advocate for justice, for rights and human entitlement--and in the name of better membership, of more successfully managed memberships; and in the name of the "we" and the "us" with which nature has equipped us. A further implication touches the "working through" concept in mental health social work, where it becomes well-nigh impossible to rid oneself of traumatic experiences earlier in life, with membership theory supporting the more modest goal of working through the symbolic meanings of child abuse, sexual misuse, and violence. The central issue is to find meanings within oneself and between self and others which restore the sense of personal worth often lost in abusive situations.

Fourth, social work education, through the kinds of knowledge we might impart as against much we teach that is both comforting and outdated can only be imagined and surely be worth a good deal of discussion. It is abundantly clear to me that most of what is currently taught about the human condition in schools of social work needs drastic revamping, that it ought to be informed by modern research, by up-to-date theory and rid itself of the split between individual, group and society as I have attempted to do in my work and which I shall pursue in greater detail. Above it all, I think that social work education can contribute powerfully to the idea that to be of worth one need not fancy oneself an independent, disconnected individual; that to be a member of the human race, perhaps in one's own ways, but still a member honors all members provided that membership is conducted peacefully, ethically with simultaneous concern for oneself and for others. And I fully believe that having known Richard Lodge, he would not have objected too vigorously to what has been said here; he would have questioned it critically and, even better, he would have been interested in it and would have wanted to investigate it and challenge it rigorously. Let our continued efforts to provide for mankind benefit from his spirit.

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TORCH ETERNAL PUZ

# The Eternal Puzzle: What are People Really Like

**by**
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Presented at Torch Club, Richmond, Virginia, February 2, 1993

In the year 2250 the New York Times Book Review will publish the critique of a rather unsual book on the history of the Twentieth century. In one sense it will hardly be a very notable event because many such books will have been published on that most violent of times. This one will differ from the others in that it will claim to have detected what many others missed, namely the emergence of a radical change in social thought, one without precedence in the long history of Judaic and Christian philosophy.

I want to present and discuss ever so briefly the implications of some very new knowledge. It leads to the conclusion that in disciplines ranging from cell biology to theology the traditional characterization of each human being as unique, separate, and mainly self-sufficient is no longer accurate. So is the view that groups, families, and communities consist of individuals. By contrast, the newer view leads to the conclusion that what is most basic about each of us is that we are always linked to others, are characterized by our interdependence, and are never individuals in any sense in which that term has been used and understood in ages past. In sum, each person is first of all, beyond and aside from anything else, a member in the community of members.

This theme runs through the entire paper, both when made explicit and when left implicit to the particular argument I pursue at any given moment. To point to this fact too often results in a sense of repetitiousness to be avoided.

In all ages scholars, theologians and scientists knew "the" answers to the question what are people really like. They were spiritual ("Thou hast made him a little lower than the angels"), political ("one person, one vote"), individualistic ("over his own body, over his own mind, the individual is sovereign"), dutifully citing John Stuart Mill. By the time of the 23rd century the split between the individual and the group, the community, and the State will be viewed as having been ideologically necessary as well as scientifically flawed.

The changes of which we speak are significant because far more is at stake than would appear by merely changing a few familiar words for less familiar ones, like person for individual, while at last, scientist and ordinary citizen will have recognized that the demise of individualism and the ascendency of democratic membership as the core condition of human existence came about as the result of

scientific investigation rather than as still another revolution in political arrangements. It should not be difficult to see that the issue before us is the extent to which science influences belief, or belief science--in many ways a topic five hundred years old and full of extreme variations of opinion. Great changes produce both optimism and resistance. This is particularly true where the changes are radical, such as those proposed by Galileo, by Freud, by Darwin and by the dawning realization of the impact of facts heretofore either barely suspected or actually known in their primitive state. The attack and the resulting defense of individualism is one of these; and certainly in the United States there are few topics more controversial than the very individualism upon which our society is claimed to have become organized in little more than three and one half centuries. Every one of our basic documents from the Declaration of Independence to the Constitution and especially the Bill or Rights, as well as others rest on some perception of the dominance of the individual and was instituted for the benefit of individuals. Current discussion centers on conflicts between American capitalism and on what I shall very generally refer to as American social welfare. Examination, however, demonstrates that these are really two sides of one coin. Capitalism lauds individualism as the motivating force for doing well in a competitive society where hard work, cleverness, the delay of gratification and self-discipline, as well as willingness to take risks are the foundation stones for success. With rare exceptions, failure to work, even when disabled, and especially when becoming dependent on welfare, is viewed by the same criterion by which we judge success. In the latter case, however, we charge individuals with moral failure, tied to dependency on the public dole.

Social welfare legislation is never a mere set of government programs. It is also a statement about the nature of what human life is about. The acute observer can thus grasp the fact that the argument is not really over how much the government ought to pay the poor to stay alive, or encourage enterpreneurs to make it on their own or train future ones in the skills of being independent businessmen and women. It addresses what people are really like, their rights and their obligations. Simply stated and overstated as well, the argument rests on the conflict between the rightness or wrongness of certain human values. Some of these, such as the right of every person to life, almost (but not quite) regardless of other considerations is but one of these. Others have to do with rights and obligations to serve in the military, to defend one's country.

On the face of it, our current situation is such that few people deny the need for a more sympathetic understanding of our commonness than has often been the case. Our mutual obligations to each other and our right to feel supported by our families, friends,

and even colleagues when in difficulty are widely taken for granted. Yet, we also defend both the rights and obligations inherent in rank individualism, expressed in the doctrine of Free Will. The central idea at work is that individualism assumes that each person is a separate and utterly responsible unit, and that behavior is to be taken as a matter of choice. Our own view is that science teaches the opposite. All living things, including people, are linked to other living things, are fundamentally dependent upon each other, and life without that cannot be. To the extent that behavior is individual and the result of selecting options, this, too, is done within a social context, i.e. under the influence of and influencing others. All human action is the result of being a member.

The historian 250 years from now will invoke a far more integrated view than is currently available about what is known about human genetics, about the organization of the brain, of the internalization of object-relations as portrayed by psychoanalytic thought and about cell membranes. In the meantime all these aspects which still carry the quality of being separate phenomena will have been abstracted into much more general laws than even our currently advanced knowledge is capable of doing. The imaginary historian will, of course, take due note of the fact that in both early Judaism and in early Christianity we find examples of communalism, that individualism was not the only basis of both traditions but that peoplehood in Judaism--surely a communal ideal per excellence--and the Church as the body of Christ with each individual a branch of it, to cite another, had and still exercise powerful influence on how people think of themselves, as well as what they expect of their lives. But what the historian will repeatedly refer to will be books such as Stephen Jay Gould's Ever Since Darwin and Darwin's materialism which provide the biological partner for psychological and social reality.

In recent centuries and particularly in Anglo-Saxon countries each person is thought of as both individual and, therefore, sovereign, entitled to exercise control of himself and of herself, individually motivated, accountable, to "inalienable" rights among which are life, liberty and property. Most of all, according to individualistic doctrine, each person is unique. Each individual is separate from all other individuals and accordingly a member of a group only as a matter of choice.

For the 20th century scientist, these thoughts raise some rather interesting and not altogether inconsequential questions. They also do so for the philosopher of science, that is the person who studies what we mean by the nature of knowledge. The scientific question is whether the descriptor, the individual, really exists in nature. The scientist in us can readily set aside for the moment--not ignore them but set aside for the moment--matters of religious metaphysics and basic assumptions while asking in a very different

sphere, what happens on earth, what goes on in the practical, everyday life of each and all of us. Along with religious metaphysics, the scientist wants to know how to portray human life as observed here and now. The investigatory lens is thereby trained on what can be seen and heard. Science seeks evidence.

What helps us investigate the human condition more than anything in the history of mankind is technology. The electron microscope enables us to view and demonstrate the nature of cell membranes--especially the fact that they are semi-permeable--and therefore linked to each other billions of times. Through their connectedness to each other, they assist us to deny that anything alive can also be separate, independent, i.e. individual. The blood-brain barrier selectively regulates the blood flow from and to the rest of the body to the brain. Ever more sophisticated research technique enables all of us to become more critical, more selective, and more knowledgeable without being compelled to give up our most cherished religious beliefs and convictions. While declaring the brotherhood and the sisterhood of all people--clearly an ideal--we are not prevented from using elegant research techniques in the study of small group behavior, a field with exciting research yet almost overlooked. The research clearly indicates that human interaction is a prerequisite for life to take place in the first place, and once established does not occur arbitrarily but according to rules, norms and standards that spell out its qualities.

Even a whole body of knowledge such as psychoanalysis which has often been minimized by those who charge that it is unscientific is stirred by some of the most interesting research we know of and is slowly becoming more accessible to the critical eye of science. And we have learned through a combination of careful anthropological analysis and social biology how to link the physical nature of mankind to culture determined behavior.

All these trends are interdisciplinary in nature. They cross the boundaries of fields of knowledge and methodologies. We also find that investigators are able to learn and combine studies in ways never known before. I know an American social work professor who undertook neuroscience research in a European university medical school by joining medical freshmen in laboratory, in the dissection room, and in class. A psychiatrist/anthropologist became famous for intercultural studies, commuting between Cambridge and Nationalist China; and I have spoken with a German internist who learned traditional Chinese folk medicine and in return taught Western medicine to those wishing to combine the two. The list goes on.

At the very heart of man's situation is that which irreducibly makes her and him

human--not the individual, namable and self-sufficient--but a membership example of all humankind. I did not say in society because that is casting the net too narrowly. The issue is membership, and the theory which explains it is membership theory.

Membership Theory of Human Behavior

The best theory is that which can be stated briefly, and subsequently be subjected to empirical testing, elaboration and interpretation. Membership theory, stated very plainly, holds that all living things --like people--are fundamentally linked to other living things. I have named this condition by the principle of constant connectedness, purposely implying that there is no separateness in life on earth. Membership theory further holds that the particular manner in which living things conduct their relationships is partly determined by each member in her or his way. Thus, the membership theory of human behavior points to the minimum condition of living and explains the fundamentals of human action, things people do when there is a specific, required set of reasons involved. Staying alive ranks first and so does the availability of food, a safe roof, and money. It observes the fact that my behavior has consequences for you and vice versa, and that the behaviors of all of us are never without consequences for others. It claims all this on scientific grounds, rather than on ethical ones alone. Membership theory says that without other people, these basics are meaningless and that without others there is no life. This observation was put to an empirical test in the 1940 by Renee Spitz, who discovered that babies deprived of human companionship and holding would quickly manifest signs of severe deterioration, with quick death the undoubted consequence.

The Spitz findings have failed to get the attention they deserve. They point out more clearly than ever that human beings cannot exist without meaningful relationships to others. What we choose to call relationality is so basic to survival that it is not and cannot be a matter of choice or even belief. For Spitz it is necessity which rules. That necessity is so fundamental, that it places into serious question whether individuals, as characteristically defined, can exist at all; and along with it, the entire edifice that has lifted individualism above most human desideridata. By way of contrast, Spitz' work reminds us that it is the individual who is viewed as describing the core of human life, the unique, the central, the singular individual. It is the individual who is celebrated as the self-man man and more lately as the self-made woman who made it against terrible odds.

It is by the logic of radical individualism by which in American society the condemnation of the poverty stricken individual takes place, who is held as morally insufficient, the supposed reason for being on welfare. This can be accounted for in large part by the confusion between life on earth and in heaven. It is <u>each</u> individual man and

woman who stands before his or her Maker in the ultimate sense, as well as being accountable to his and her fellow individuals, it is also the accountability for one's individual behavior which earns or is denied reward, both temporal and eternal. God, according to the liturgy of the Jewish New Year and the Day of Atonement, acts at the end of the ten day period known as the Days of Awe, by deciding for each individual on earth who shall live and who shall die, who by fire and who by water, who in his or her youth and who after reaching old age. Being a member among members is a social, earth-centered situation, one that one uses in order to save oneself, in order to earn reward for good behavior, for being charitable to others. It should be noted that one's interest in personal salvation, good behavior, and charity are always placed into the framework of choice, just as membership is. These attributes belong under the heading of personal, free will determinism and the implication is that one could have acted otherwise than one, in fact, did. That, indeed, is the case for some of these, but it is not true of membership in and of itself. Science, both natural and social, tells us that the fact of membership is not a matter of options at all; it is dictated a priori by being a human being in the first place. One cannot not be a member, but it also tells us that the quality of membership is full of choices each member can make and indeed subject to a degree of willing or not willing one's behavior towards self and others. What has helped the doctrine of the irreducible individual is its distinction from the social, i.e. collectivism. That nearly fatal split has led to the rationalization of overstated uniqueness, to materialistic greed and self-aggrandizement in the name of a fine-sounding ideal, to an extreme degree of preoccupation with the individual good, a radical entitlement psychology among the young in our society, and the unwillingness to share with others that has led us into what at times sounds and feels like conflict beyond resolution. Welcome or not, it is nature rather than human ideology which increasingly tells us that without an us, there can be no I.

A fundamental good arising from some of these newer, data-based insights is that in order to protect ourselves from each other we need no longer insist on individualism. No longer would we have to hide in order to protect our interests. Freedom arises from insight about our nature-based membership. That freedom comes from enjoying, that is of suffering adequate existence in rather than outside the group. Our pride would arise, not from what basically separates me from you, but from what we have in common; and that in an ethically adequate world rights and obligations would be descriptive of us, rather than of you and of me.

This sketchy review of some of the roots and manifestations of individualism and

human membership re-raises the age-old question about the relationship between individuals and society, of groups, of collectivities, of the social environment. Yet, what differs this time around is that thought behind the language has been challenged, that the terms of reflection are being changed, that pitting individual versus group or family is no longer reflective of the real issues. What has changed and is constantly changing is due to the fact that we can observe more and that science at last need no longer be either the alternative or the enemy of cherished beliefs. In fact, what membership theory demonstrates is the interdependence of science and faith, that there is room for both, and that at a minimum we are forced to change our language through the sheer existence of data. Science tells me that I am a component member of us, and religion mirrors daily that the divine created us as well.

## Conclusions

The emergence of new paradigms of thought and action occurs incrementally, rather than by sudden and violent revolution. The fading of individualism and the philosophical basis upon which it rests has been in decline, even if the symptoms are not always clear and unequivocal. Gradually taking its place is a deepened sense human membership, resulting in a doctrine of dependence and interdependence that flies in the face of the idea that each man and women is and must act alone. Our daily life relies increasingly on dependency models which in time will change the perceptions of the human condition, and resulting in new behavioral patterns dictated far less by exclusively individual choices people make than by data we are amassing about the essential attributes of human life influencing human conduct. Such models make allowance for the need to exercise some degree of control over the qualitative ways in which all of us are dependent, articulating a healthy rather than pathological dependency, and will never again allow for the historical split between the autonomous individual and the social collectivity.

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## What Membership Theory Makes Explicit and What it Implies

The claim that individuals and groups exist is nowhere more clearly documented than in the history of social work conceptualization. Its most overt manifestation could be found in the distinction between work with individuals (social casework) and groups (social group work). Vast amounts of literature exist that make this fact ever clearer.

To date the changes that took place to combine social work method into so-called generic social work is not altogether easy but to say that it took place in the late 1960s and in the 1970s is not to be too far off (Baskind, 1979). The fact is, of course, that work with groups, especially social group work, became less and more obscure if it took place at all. The exceptions were and are group psychotherapy which to a limited extent is rooted in early social work and the development of social group work in the 1930s.

Whether methods were taught separately or generically one theme remained as it had always been. This is that individuals and groups exist and that in either case the individual was, as it still is claimed to be, the focus of intervention by goal and by method. This has not changed and in fact the problem became more rather than less complicated by the introduction of systems theory as best expressed by Germain and her co-workers. But even here, mostly because of the failure to go beyond the individual surrounded by environments and the lack of integration in this formulation, the individualism that characterized social work for the last fifty years at least, continues unabated (also see Laura and Heaney, 1990, as this applies to the philosophy of science of medicine).

All this points to the need for more profound analyses of the group concept.

We have established elsewhere the idea that in human life is rooted in membership in community and that it is this that is the basic condition for survival (Woodger, 1905); and also that this fact is best expressed in the dictum that there always exists something alive beyond that on which one focuses attention. When viewing a person we are aware that we are looking; when viewing several persons together, we know that their behavior is heavily influenced not only but what they do together but also by that of persons and even masses not present and of the person(s) who investigates. When thinking of a political entity, one knows that it belongs to a state or to the country as a whole. Being a aware of a cell, one knows something about the fact that it bears relationship to other cells and to entire organs. Therefore, the Principle of Constant Connectedness reads that

all components of wholes are permanently linked

by virtue of common need, function, and survival. The principle expresses the fact that from conception to death the human being links all his or her components to others.

The Principle of Constant Connectedness therefore holds that all living organisms are, by definition and necessarily, members of the human community. All human life is governed by this principle nor is it falsifiable. Especially in the social realm, groups are therefore also the irreducibles of human life, are not basically created or achieved, and exist as much in biological as in social fact. They are truly biosocial entities.

The Principle of Constant Connectedness forces the question how to understand those groups which are specific to some purpose such as families, social support groups, voluntary groups, clubs, therapy groups, work teams--all those usually described in terms of creating, joining, resigning from, and breaking up. These are groups that for all appearances come and go, and are, when viewed from the standpoint of its members, elective rather than basically necessary, and most significantly, the kind without which one can still survive, often very well.

It would appear best to delineate the considerations to be taken in this regard by dividing the problem into processes of coming and of leaving.

There is a fundamental difference between the community in which all human beings are members by definition of being alive, and those special groups of which one becomes a member by virtue of joining and from which one may resign. Membership by definition is ascriptive and, as the term implies, non-elective. The term special group is used is the sense of special case, that is a situation which illustrates the more general category, in our case, of membership. Since membership is ascriptive, we can say of the special group that membership is achieved, however always against the backdrop of the ascriptive community.

A family is both an achieved and an ascriptive group. It is obviously achieved from the nature of the marriage partners' behavior, while from the standpoint of the children it is ascribed rather than elective. The latter continues even while the former may discontinue, or at least be radically modified when spouses become ex-spouses, roles with great power and permanence.

In principle, and as already suggested, the community is an ascribed group and so is the macro-group society. All others are achieved and are, therefore, subject to continuance or discontinuance at the will of its members.

However, when viewed from the standpoint of personality, the matter is more complicated than small group theory, taken by itself, suggests.

Object-relations theory holds that members of the human community internalize their relationships with other members and assign them affective meanings. It should be noted that it is relationships that are internalized, that the process is psychological and that it is said to leave a biologically recorded marker in the brain, i.e. a record, and that the process allows for conscious as well as preconscious awareness, preparing the ground for recall. Thus, parents live on in the membership record of their children, even society as a whole with its laws, its traditions and its moral standards makes a record of membership in its participants. In fact, it is a record of "our" values, not "theirs" and indeed one of the consequences of membership is that there is really no exclusive I and an exclusive you. It is, consistent with the very logic of membership, always and forever "we".

Some of the powerful implications of the factually based view of membership expressed in the Principle of Constant Connectedness do not really appear in full force until one considers the corrolary to the principle.

A logical next question begging consideration may be posed in this way. Given the universal constancy of membership, what is there to keep man from feeling hopelessly trapped in company with others, indeed in major engagement with others, omitting the possibility of ever acting on one's own, in self-interest, or, conversely and selflessly in the interest of others? Or, alternatively is there no opportunity to leave behind one the experiences of the past, especially problematic ones, for a better and more satisfying life hereafter? Where, for that matter, is there evidence that man is not in this system of thought hopelessly deprived of his individualism, that is, his control of his own life without asking for approvol or limitation? Where does personal freedom reside in this scheme? And independence, the right to make only those decisions which affect that perceived welfare of each and every uniquely formed and destined individual?

We cite the Principle of Conditional Accessibility:

> The Principle of Conditional Accessibility holds that the
>
> nature of access from one member to another is subject to selectivity. Access is always governed by rules that both facilitate and restrict it. These may be physical, structural, or they may be functional in a non-physical sense. In the first case, one may think of cells and their membranes; in the second of social interaction.

The phrase nature of access is intended to portray the qualitative aspects membership, as distinguished from those quantitative characteristics subsumed under the heading of the Principle of Constant Connectedness. Conditional access refers,

→ Teil eines größeren Textes?

based on the fact of constant connectedness as defined previously, to the kind of access units have to each other. Qualities of membership as guided by moral, legal, personal, and interpretive judgement rest on selectivity in order that constant connectedness express and achieve goals, purposes, protections, and accomplishments. Thus connectedness subject to law, to tradition, to morality, but also to structure as exemplified by semi-permeable cell membranes place a monitoring function into constant accessibility and it this we mean when we refer to it by the term and principle of Conditional Accessibility. It applies from the already mentioned cell membranes to conversation between and among people where words are selected, placed into understandable context, made subjective through the expression of feelings and similar events. In addition, the Principle of Conditional Accessibility permits us to point to the fact that selective symbolization takes place in order to place membership within the cultural values systems that are provided by the various peoples making up a population. To symbolize means to understand and to interpret human experience, i.e. to communicate meanings of events with language and within paradigms understandable to all. In clinical work, in particular, much attention is given to understanding what clients mean and want, avoid and hope for and often conscious consideration is taken to make sure that the language of the clinician the client are sufficiently understandable to each other to let the work take place and succeed. Constant connectedness points to interdependence, conditional accessibility may be thought of as quality control.

The following are the major implications of membership theory as described in this paper and previously (Falck, 1984, 1988; Carlton, 1991).

1. Nature forbids the existence of the individual; it creates members.
2. Membership, being the irreducible unit in society, implies dependency.
3. Dependency implies and demands that social self-determinantion replaces individual self-determination.
4. Privacy is relative, never absolute, and subject to the Principle of Conditional Accessibility.
5. The `inner' and the `outer' life, the personal and the public, are concepts along a continuum, subject to the Principle of Constant Connectedness.

Each of these implications will be discussed in turn.

## 1. Individuals and Members

An informative discussion of the nature of persons is found in Social Work and Social Philosophy (1985) by two professors of

social work and social administration respectively (Clark and Asquith, 1985). The value of their work is found not only in the specificity in which they address social work ethical concerns but in the fact that the discussion is broadly based and proceeds deductively from carefully delineated general principles, and having been stated, are reasoned "down" to social work.

INVEST. MT
3/1993

# Investigations of Membership Theory in Social Work: Their Current State

Hans S. Falck*

→ Epilog?

I accept with pleasure Stan Witkin's invitation to report on the state of my recent scholarship. I shall report in the informal style the format of a newsletter permits.

I have occupied myself for most of my professional career with the investigation of human membership. This came about in part because I was trained as a social group worker, in part because of my personal background as a refugee from Nazi Germany and because my doctoral work in a program sponsored by the Ford Foundation at the Maxwell Graduate School of Syracuse University aimed to develop scholars in interdisciplinary studies.

My professional practice took place in Jewish Centers, settlement houses, general hospitals, psychiatric hospitals, and schools of social work. While I truly enjoy social work practice, my first love is teaching and scholarship. My favorite activity is study, i.e. research.

I am the fortunate discoverer and developer of membership theory. Membership theory, a formal theory of social work (and perhaps much else) had its genesis in Talcott Parsons' 1964 book Personality and Social Systems which I read the year it appeared. His observation that the integration of social structure and object-relations theory is possible keeps my work going. From then on and to this day I set out to explore Parsons's idea. A number of published (and many more unpublished) papers and my 1988 volume Social Work: The Membership Perspective were the intermediate results of a project still in process. But there were also 17 years (11 as consultant and 6 as professor) at the Menninger Foundation, and 4 summers in the neuroscience laboratory in the Medical School of the University of Heidelberg. I studied neuroanatomy, neurophysiology, the dissection of human and animal brain, together with micro investigations of brain specimen in the wet lab. I ended up as a paid research associate in neuroanatomy. My neuroscience training provided insights totally unanticipated when it began in 1980.

I shall utilize the remaining space to report on membership theory and what I have learned since 1988, and then about my current research activities and my hopes for the years ahead.

## What Is To Be Studied?

### Membership Theory

Membership theory is a relational theory of social work which is anchored in the idea of the member. While not identical with Professor Pierpaolo Donati's relational sociology as developed at the University of Bologna, it is totally consistent with it. Its central proposition is that all living things are linked to other living things. The major inference is that without such linkage there can be no life and certainly no survival of life. The linkage is not only necessary but it is also permanent. It "begins" long before birth. It is lawful, it crosses all boundaries of race, ethnicity, time, place, social class, gender, and age. No human being can ever resign from such linkage. The fact of that linkage is called membership. Thus, the fact of membership is permanent, irreversible, and beyond the reach of choice. It finds definitive expression in the Principle of Constant Connectedness.

Constant Connectedness follows throughout the same principle and the same logic as the semi-

permeable cell membrane: both access and emission opportunities are necessary under controlled conditions.

There are at work in membership theory radical implications. Most noticeable and trenchant is the rejection of all forms of individualism, if by individualism we mean - as we usually use the term - the doctrine passionately defended by J.S. Mills and many others, that man is basically sovereign and dependent on his [sic] self. Lockian and Hobbesian notions of individual rights preceding the social contract and in the case of Locke, rights permanently owned, underline the individualism we are forced to reject even if it is to serve the case of liberalism. The point is that the fact of membership is a highly determinant aspect of the very nature of man, never a matter of choice and always one of necessity. Nor is it a matter of ideology, to be accepted or rejected at will.

Thus,human membership can and has been demonstrated factually, biologically, socially, psychologically, and symbolically. Membership also has a componential quality, which means that it is neither a parts--whole configuration nor one in which parts may be detached at will. Membership theory clarifies the differences between parts and components. One may call a wheel of a car a part and replace it. One cannot do that with a component of the human body, and one cannot do it either with internalized object-relations in psychological reasoning. One cannot not live unmeshed with the culture to which one belongs (symbolization), nor can one not be a social being. It follows that all theories which divide units such as the individual and the society, group, environment, or system into separate, even if related parts, must be rejected on scientific, that is to say, factual grounds. Included is systems theory (which according to Bertalanffy reduces to individualism), Gordon's concept of social work science, as well as all others who use parts-whole logic in the description of human nature.

One question which arose quite early in my work, is the one which asked what all this has to do with social work practice. On the human behavior level (quite aside from practice principles needed to make membership theory operational) a second principle of membership suggests the stance social workers need to adapt. I have named it the Principle of Conditional Accessibility. Whereas, therefore, the fact of membership is established beyond a doubt at a level of scientific lawfulness, the principle of conditional accessibility makes room for powerful intervention in the qualities of membership . This is where social work enters, just as any other attempt, professional or otherwise, to influence behavior. Free, at last, of the constraints of an unscientific person-environment hypothesis, the member with help and without can choose the kinds of membership he or she wants, yet always within the confines of limits inherent in the word "conditional". In biology this is, to just cite one example the already mentioned semi-permeability of cell membranes (along with other examples such as the blood-brain barrier), in psychology the ego defenses influencing the kinds of internalization of relationships (recently being studied empirically); in social intercourse one speaks of rules, manners, values, traditions; and in symbolization of the ethnic, to a degree racially, and historically influential possibilities within which all people move one way or another. All of these illustrate the conditionality of access, that is to say the qualitative characteristics of membership.

The four aspects of membership are merely four ways of saying the same thing. All are governed by the two principles of membership already cited.

What is the scientific state of membership theory? I have learned from my own work and that of others that the weaker the scientific state of the human behavior part of practice theory, the more critical it is to test out the validity of practice; and that the stronger the empirical foundation, the less

emphasis on the need to test the practice part. In the case of ego psychology the urgency to test the efficacy and validity of social work practice arising from it results from the weak, even nearly absent, confirmation that ego psychology is a valid way of understanding what happens to and among people. Hence the uncertainty about social work practice built upon it. Similarly, the vagueness of systems theory and its derivatives (and its strongly reductive individualism) results in the insistent reminder that social work practice based upon it ought to be forced into testability.

Membership theory based on a strong empirical foundation--with one exception--of a verifiable social, biological, and symbolic base---to a large extent operationalizes and confirms practice. Simply stated, the more observable human behavior is conceived to be, the more convincing the validity of interventions. It is far easier to evaluate the observed than the inferred. Still, membership based practiced is obligated to render support to scientific evaluation as every other.

The scientific weakness in membership theorizing is psychological membership. I conceive of it in terms of psychological object relations terms, fully aware of both strengths and empirical limitations. The powerful advantage of O-R is that it is really a social psychology. The social component is simply interpersonal interaction, easily studied. Problems arise in making internalization of relationships empirical. Yet, the reasons for adopting O-R are that (1) a partly empirical construct is better than none; and, (2) that serious research is underway toward the operationalization of O-R theory by Benjamin of the University of Utah and by Forssmann-Falck of Richmond, Virginia. The going is slow and difficult as well as highly promising.

The credit side membership theory is expressed in the ability of the theory to offer an a priori synthesis of various aspects of human membership as expressed by two, intimately related and lawful principles without committing the sin of reductionism. These are, as we have already said, the principles of constant connectedness and of conditional accessibility, the former quantitative ("is there or is there not connectedness?") and the latter qualitative ("what is the nature of the connectedness?").

The symbolization aspect of membership behavior has to do with the fact that cultural anthropology can describe behavior as well as the meaning of behavior. Thus viewed, culture is not a surround, that is a social environmental category as some would think of it, but is integral to behavior itself. Degler's recent book In Search of Human Nature (1990) with its discussion of the link of Darwinian evolution and cultural anthropology serves well to clarify this, as has Kleinman's work in linking psychiatry and cultural anthropology.

## Values and Ethics

One of the unexpected benefits I have derived from my studies on membership theory is that it confronts me with the need to attend to the relationship between social work knowledge and social work values. Gordon tried to separate these from each other thirty years ago--alas without being able to count on the work done on the topic since then. The Social Service Review has published a number of distinguished papers on that and related topics since 1981 and continues to do so. It is an epistemelogical issue of great importance, cutting across the entire debate between empiricists and those promoting the desirability of performing naturalistic research. Nor is membership theory untouched by those issues, even when it does not address them directly. It is a very fruitful area for philosophical research. The scientific stance of membership theory is to favor empiricism whenever possible, yet without rejecting areas of investigation not yet able to live up to that standard.

Membership theory is known in Europe, ranging from Sweden to Italy, to Switzerland, to Germany, to Great Britain and it is known in the United States. Others have spoken about it in Poland, in Lithuania, and in Israel. It is still gaining interest. Within the recent three years I have lectured on it at the University of Stockholm, the University of the Sacred Heart in Milano, the University of Bologna, the London School of Economics, the School of Social Work in Stuttgart, Germany, in Switzerland and in Munich. I presented a paper four years ago at a German national conference on social work theory and published in a German language book. There has been a steady stream of invitations from within the United States, and interestingly more from the practice community than from academia. A persistent issue for Americans in particular is that membership theory rejects the notion of the individual and individualism. That rejection rests, as I have said, on scientific grounds yet individualism is an ethical and moral construct, deeply embedded in the religious, the economic, and the political soil in which American culture rests. I consider that latter critique both positive and helpful and have responded to it by intense study, still in progress, of the history of individualism in Europe and America. There is a vast literature available on the topic, although the term individualism is relatively new, having come to us from the early 19th century. Yet the idea that the individual is the be-all and end-all of human ethics in the West, as well as in the recent history of political philosophy, is well documented. I say more about this matter below.

On the debit side, a number of social work practitioners and teachers have let me know that they "believe" in membership theory. The intended compliment makes me unhappy because membership theory is not an ideological alternative to individualism to be believed in. It has little to do with ideology: its claims rests on knowledge. Nor is it, as one American reviewer of my 1988 book suggested, the attempt to create another humanistic social work stance. Nothing could interest me less, especially when one considers the quality of most published efforts up to this date.

At times membership theory gets mixed in with systems theory, and with other ideas about holistic theory, the latter having taken on the status of a preferred way of believing in the nature of the human universe. To begin with, wholeness is a most unhelpful notion since there is no way of defining it. To do so, one would have to address seriously what is meant when speaking of boundaries, a discussion which tends to fall of its own weight, for if that were indeed possible, one would have to claim far more than we can scientifically do, and since that is not currently a real probability, all human phenomena until such a day would fall under the category of parts, a conclusion directly opposite of the intended effects of holistic thought as well as of membership theory. There is really no such thing as wholeness; and social work thinkers have committed an error in embracing such an impossibility. Where, after all, does a whole thing begin and end? And if it does so at all, that is end, it must be that it cannot be a whole thing. To the best of our knowledge, the concepts beginning and end have no operational correspondence in nature. And, as membership theory demonstrates, since there are no parts in nature, but only components, where are we when we say that we think holistically? Nature is nature. It needs no assist from us in defining itself.

Membership theory and the rejection of individualism together with its ethics, denies the validity of self-determination, the probabilities of self-fulfillment, and self-realization. It does speak of social self-determination, of social self-fulfillment, and of social self-realization. It promotes positive and responsible dependency, rather than independence, it validates that client and social worker decisions must constantly take into account the rights, the needs, and the consequences of client behavior of and

for other members, and it would demand that self-realization is a social rather than an individual series of acts. In other words, membership theory while claiming science to be found on its side, also raises serious questions about the ethical and values stance of social work as a profession and for social work practice.

All this, however, begs the question of what is it that social workers should value when individualism is rejected as the basis from which all else flows? The question gains in importance far beyond the scientific and empirical ones about the existence of individuals. Here we must address fundamentals.

The ethics of the profession address the fair society to be one which values the uniqueness of each individual. It makes individual distinctions among people and as separate and unique. In membership theory, to the contrary, ethical qualities emanate from man's basic relationality with others and point out that membership provides both the basis for the being's commonness (membership) and individuatedness (being a member in one's own ways). The ethics of membership, by definition, address simultaneously the rights and obligations of both self and others. This leads to the further insight that there is not--cannot be--a split between self and society. There can be destructive membership in which oppressor and victim, being components of common membership deal with the quality of their mutuality, and not as individualist doctrine would, pretending that one can act without effect on others. Mutuality can indeed be creative, life-affirming, but also destructive, this being convincingly illustrated by the tragedy of the oppressed victim. That victim is permanently linked without reversibility to what has happened yet also with the implicit and, hopefully, recognition that the membership qualities of the future can be better.

Membership theory celebrates the value of our similarities and of our differences, and that the latter is quite impossible without the former. It would also rid us of the destructive view that each individual is ultimately alone, can , if it be so chosen, ignore his or her effect upon others as well as the reverse. And by viewing membership either as secondary or optional, individualist philosophy always holds the possibility that one may ethically walk away from people and situations to which one has been party in the past. Not membership.

## Future Directions

My current research is motivated largely by my fascination with the history of individualism; and this is true because of my discomfort with my rejection of it, an individualism that stretches across a minimum of 2000 years. It is deeply embedded in Christian belief and shows up from the Church Fathers onward, together with the theme that the church is the Body of Christ (note the communal) and each human being a branch of it (note the outline of the membership idea). It fades from view as much of the Greek, Roman and other influences did for hundreds of years, although it never quite disappeared because of the nature of Christian theology. Toward the end of the Middle Ages it reappears, and from then on marches like a powerful army through the history of the Enlightenment, into political philosophy of the 16th, 17th, 18th centuries. In the 19th century it appears like a flash of lightening in the United States (de Toqueville was not its only proponent, not even the earliest one) and combines with industrialization, as well as with social welfare (and early social work). Its role in positivist science is yet to be recorded and described--it is substantial. It garners a whole list of scholars who mostly defend it, especially in the United States. And in the age of holistic thought, whether in the guise

of systems theory or ecological theory (as in social work) it hides, only to be rediscovered by the scholar who pays attention to language.

It may seem strange to the reader of these lines that one wants to investigate and write about an idea one has labored hard to reject; but there is something about the life of the scientific mind that compels one to know more about what one rejects than what one accepts. The latter is always easier; the former necessary to stay honest.

While I still teach social practice (to students specializing in health social work) and while I keep conducting my seminar for doctoral students (Causal Relations and Theory Building) as well as on occasional social group work course, I stay closely related to what happens in social work practice. It is a good thing to do.

In closing I want to lament the limited opportunity in the social work profession to publish advanced ideas. They tend to be discouraged by editors who find them too abstract, and often enough by peer reviewers who have too little background in theorizing themselves to judge properly the work of those who do it. And finally, finally I have at long last learned that first-rate practice and theory are aspects (not parts) of the same thing, rather than two, as is so often demanded by those who want certainty rather than ideas.

I hope that readers will understand that cutting into the intellectual cake from which a slice of new thought and theory came, has sweetened as well as abetted my life as practitioner, theorist and teacher in ways never anticipated when Talcott Parsons (whom I never met in person) entered my life.

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Virginia Commonwealth University
School of Social Work
Health Concentration

Professor Falck March 1993

Questions for the Workshop Attendees.

1. Consider that in the Z. case two hospitals plus a private practitioner were involved in the patient's and his family's care. How do you overocme the gap between these where there is a clear need for social work involvement? Who coordinates the work?

2. Whose responsibility was it to involve even one of these departments? Nurses? Relatives and friends? Is anything to be done when social services are offered but declined?

3. How does one bring care to this family between hospitalizations and while in out-patient treatment?

4. Who would assume the responsibility to advise the family as the desirability of second opinions at a medical center out of town?

5. How is one to address the disparity of Marvin's evident physical decline and his and his family's inability to speak to each other about the psychosocial decline?

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I worked for many years on the idea that social workers would change their minds if it were possible to prove that individuals cannot exist and that the strengthening of individualism which is based on it is a poor choice of goals for people needing help. This, predictably, did not happen and is not likely to. In the recognition that individuals when taken by themselves cannot be helped, the profession introduced concepts such as environment, systems, situation to broaden the view of the human condition and goals of social work intervention.

Even if the response of reviewers to Social Work; The Membership Perspective was quite positive (

), no one changed his or her language, to say nothing of the thought patterns that needed radical modification if membership theory were to replace the individualism inherent in practical all social work theorizing and practice. In considering what it would require to effect such change, one cannot help but feel defeated even at the outset of the undertaking by its complexity. Part of that confusing complexity is to be discovered in the fact that individualism is something far more than an intellectually rational and, therefore, respectable idea. What membership theory does not and cannot expect to replace is the personally advantageous investment people hold in the perpetuation of their own perceived material and spiritual advantage.

The main material advantage in holding on to individualism is that it suggests absolute autonomous ownership of material resources such as houses, money, all sorts of physical possessions--with particular emphasis on the word absolute. The view does not allow for shared ownership. Rather it insists that what one owns individually one own absolutely so; and only law can deprive one of it and even then with great difficulty. We speak here of tax laws which most of the population acceeds to only because the alternative is the loss of freedom, individual freedom expressed in punishment for the crime of tax evasion. Even when citizens voluntarily share their privately owned property they rate doing so by their own election as a particularly noble way of donation. That elective act suggests that even when shared, it is not the real property of the recipient but remains that of the giver to the all important extent that he or she is to be assured that the recipient of voluntarily shared largesse is morally worthy, or at least does not misuse it.

In the spiritual realm private indidvidualism expresses itself in the ways of self-determination. Each individual, under this doctrine, is unique, entitled to privacy, to the total ownership of his or her body, mind, spirit, salvation, and intention--in other words, personality. Uniqueness in particular appears to motivate the conviction that from government to spouse each person has the right to protect that very essence that makes him or her
valuable beyond all limits--individual.

Only the presence of unlimited violence of people against people both domestically and internationally raises doubts about the motivations and the expression of and behind individualism in American society. Yet, even these doubts are not nearly sufficient to make even social workers

question whether there is not something fundamentally amiss in individualism such that one would hear protest. One does not; in fact, the profession as all other institutions in American life rationalizes its beliefs and its practices by the same reasoning as all other Americans. The same is cited as both the diagnosis for what is wrong and as the answer to it. It is, as it were, both the diagnosis and the treatment and, thereby attempts to provide the cure with the the source of the infection--a hopeless undertaking.

Social work theorizing is in many ways exactly where it was in 1969. Nowhere is this more pronounced than in Germain's recent book on human behavior and the social environment (1991). Titled Human Behavior in the Social Environment, An Ecological View, the author explicitly bases her ideas on Gordon's influence on formulations by National Association of Social Workers and the Council on Social Work Education. The reference to Gordon and Harriett Bartlett says that "The [social worker] facilitates interaction between the individual and his {sic} social environment with a continuing awareness of the reciprocal effects of one upon the other..." (Germain, 1991, p. 4) and "Gordon advanced the notion that the social work task is to match people's coping patterns with the qualities of impinging environments" (p. 4). Germain concludes approvingly that " ...the work of Bartlett and Gordon in defining the distinctive elements of social work contained the seeds of an ecological metaphor for social work. Their definitions require content pertinent to the life tasks, transactions between people and environments, coping, and environmental qualities in today's society" (p. 5).

The most Germain grants the faultieness of Gordon's conceptualization is to change the hypen between individual and environment to person:environment, commenting in a footnote (p. 17) that "The colon is used in the person:environment formulation to signify a holistic or unitary system. Its use seeks to repair the fractured connection caused by the earlier use of a hyphen" (p. 17). Overlooked totally is that "repair" is hardly suffices for a conceptualization that is based on misinformation and/or misunderstanding to begin with. The point is, simply, that there are no individuals in this world, that the very term by any known definition cannot and therefore, does not, correspond to anything known in nature because it suggest self-sufficiency, self-determination, and self-preoccupation suggestive of a certain type of narcissistic philosophy of life. What is says about science is nothing.

Birnbaum and Leca make some trenchant comments about individualism:

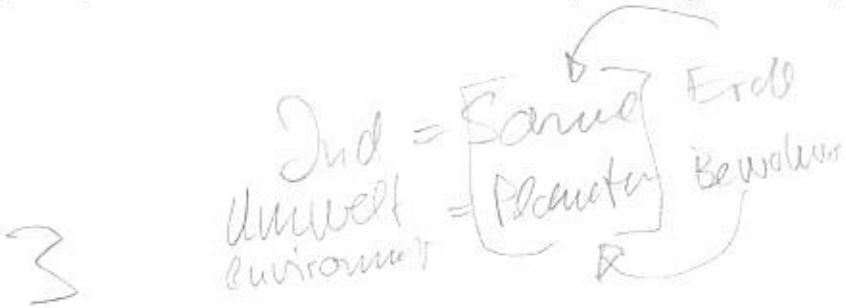
"...it is the spectral quality ascribed to individualism
which tempts many to refute it without due consideration
or to reduce it to a `pre-notion' or else, to abondon it
altogether to ideolouges and (false) prophets. The problem
here is that spectres are not easily conjured away, especially
if elements in their surrounding environment lend them a
certain consistency, elements such as the wariness now expressed towards `total' ideologies, the crisis of Marxism

as a system of knowledge, the end of positivism, or the decline of group solidarity and collective identities. Perhaps, then, in the case of this particular spectre, we should go and take a closer look" (Birnbaum and Leca, 1990, p. 1).

The point Birbaum and Leca make is rather impressive as it is obvious; one does not easily take individual for granted as if it existed in some pristine, nature-determined form, backed up and surrounded by vague notions such as "the environment". Their entire discussion in the introduction to their book of essays Individualism, Theories and Methods (pp. 1-14) suggests the importance of another look, implicitly rejecting the taken-for-granted tone of Gordon's earlier and Germain's later efforts. Replacing individual with person and group with environment or ecology is insufficient to grapple with the most fundamental question social work has to face up to. It is how to understand the client, the helper, the society, the services rendered, the motivations, the profession, the political processes underlying all of these and the language(s) employed to bring them together into an internally rational and consistent frame of reference which, based on scientific knowledge, as well as a decent respect of metaphysics, explains something about which something else can be done. The aim must be to explain the client, the source of help and the methodology to influence change. Yet, it is insufficient to split these as if they existed in different worlds, as it were one made of atoms with independent existence at their core. To undermine and, if possible, destroy social work's preoccupation with the individual and individualism into which the entire profession is, we suggest, falsely anchored requires some very basic analysis. But since Birnbaum and Leca's "spectres are not easily conjured away" one needs to be careful. We will not have much more to say about the notion of "the environment" because in social work literature it is a consequence of the individualism which lies at its center. To the degree that we shall treat it at all, it will be as a consequence of what we have to say about the individual.

A word more needs to be said about the use of language. As the reader shall see, we think of the term individualism and of the word individual in similar terms. Since we do not think that individuals exist in the first place, we need not defend its use on factual grounds. To the degree, therefore, that it is used here at all, it will be in terms of the critique we offer and as a metaphysical element having no empirical reality. Individualism which speaks to ideology by its very nature, and individual reduce, therefore, to the same level of being--metaphors for something else, having no factual bases, except as in metaphysical employment to express certain preferences about how one might like to relate with other people. However, these are very far, indeed, from the agenda of what a profession claiming scienctific respectability ought to be about at its very fundament. Therefore, except for analytic purposes the terms individual and individualism are easily interchangable.

There exists a strongly seductive tendency among theorists to write at great length and that habit can easily be explained when one considers that those, including this writer, who challenge



the status quo are on the defensive at the very start. Yet, good theorizing is characterized by economic composition of ideas, ideas which of necessity subsume many lower order ideas. We shall respect that rule but elaborate with examples, particularly because we are writing for an audience of practicing professionals. The warning contained in these lines is that simple-sounding words are not necessarily simple. The key example in our own work has been the word membership where "everybody knows what it means", failing in some instances to think deeply enough about its many basic implications. Nor is it particularly helpful to take the position of being convinced by our argument because it seems to make sense intuitively or ideologically. The test to be passed is whether it is factually confirmable and the two are not the same. One can surely believe in something that does not exist, as easily as one might know something one does not wish to believe in.

Much of what is said here about membership can be said about individualism, of which it can be said that "everbody" knows what it is even when not specifically spelled out. But here is an example which might bring most Americans to the opposite conclusion.

> "The corruption of citizenship by individualism."
> The theme of the destruction of community life by individualism coincided with the appearance of the word itself in the French language. In `traditionalist' thought...individualism atomizes, fragments, and corrodes all social groups and transforms the individual into `the sovereign judge of all things'. Individualism is linked here to `anarchy' because it is opposed to `society'. In the `social' family subscribed to by Lamennais, Pierre Leroux, Constantine Pecqueur, or by activists such as Blanqui, individualism is related to the Hobbsian state of nature which is recreated by the capitalist economy, and makes men ravening wolves, destructive of the physical individual. Here, individualism is linked to exploitation and to the market and is the opposite of `association', `socialism', and `fraternity' (Leca, 1990, p. 170).

The interest in individualism is one expressed in a mass of books, articles and studies. Yet, it would be a mistake to suggest, as these comments by Leca make clear, that it is an intellectual one alone; and that those whose views are widely known and, at least in the United States, rooted more in English tradition than French or any other are those of dispassionate scholar-bystanders. We suggest instead that individualism represents the attempted flight by masses of people from the cannibalistic competitiveness that characterized much of what in the United States is considered advancement from personal effort. Individualism viewed in these terms is a defensive

maneuver against being swallowed up by the suspicion that middle-class social status is not longer enough, that it cannot be trusted without constant vigilance. Yet, these same people in flight continue the very methods of destructiveness that from earliest childhood forward characterized their treatment well into adulthood. Being socialized toward individual survival through individual competition, they have no other methodology available, especially psychologically viewed, to act otherwise and still maintain their identity in a way the brings them and keeps them in harmony with general societal norms.

But there is another problem with individualism versus the group, society, or even "in" the environment. This that at times the individual rules, so to speak, over the membership in the group while at other times the reverse takes place. Or, it is that the group prevails as in, for example, patriotic responses to military intervention somewhere else on the globe. Be it the individual or be it the group, the preference of either never touches the idea of membership which, as Leca suggests, is necessary for the integration of society with individual. The either/or mode of thought will never integrate these unless one focuses on what is inherent in any social situation which is membership.

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# CENTRAL CHARACTERISTICS OF SOCIAL WORK WITH GROUPS— A SOCIO-CULTURAL ANALYSIS

by
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Invitational Paper presented at the 15th Annual Meeting, Association for the Advancement of Social Work with Groups, NewYork City, October 22, 1993.

ABSTRACT. To ask whether social work with groups should be limited to social group work practice and to practice with task oriented groups is to pose the wrong question. So is whether group therapy (therapies) should be admitted. The truly relevant question might well be what there is that is central to social work with groups, and without which it would not qualify as social work. The argument presented in this paper is that the question is answerable.

## Introduction

We are in the middle of a long historical process that has robbed the professions of what once upon a time seemed to be tacit and unquestioned confidence in our judgement. All professions are involved here where the assumption once reigned that the professional person on account of both calling and edcuation knew, and knew better than the lay public, what ailed the latter and how to cure it. Medicine is only the most prominent among such groups, but few are omitted from the scrutiny of ever more knowledgeable clients. People want to know what we do, why we do it, how well trained we are to perform it, how we differ from others claiming the same or related skill and authority and the ability to collect money for our efforts. Thus, professional work has been robbed of its mystique, with the sun shining glaringly on our efforts and on their results. Insofar as social work and social work with groups are concerned, the main issue is not what makes us unique among competing professions. The real question has to do with centrality, that is, what does our training and experience qualify us to offer the public, and what are the essential characteristics of that which make it social work, and in our case, social work with groups. We are called upon to be clear and precise rather than absolutely right. Yet,

clarity and precision are very short in supply and the effort before us is one attempt to furnish some of that rare commodity.

The argument to be presented here is made in consonance and with respect for the overall title of this Conference, "Group Work Practice in a Troubled Society: Problems and Opportunities". It is a framework one does not take lightly, for the troubled society is our society. That troubled state affects each and every human being, and more so than most, the clients we work with. We can say, therefore, that social workers and clients are members of that same troubled world, a world largely of our own making.

Social work with groups is not new to the troubled society. The aim from the very outset was and ought to remain the betterment of our common social life and the building of competence of each and every client member who comes to our attention. The literature on the subject is very specific. The aims and goals of early social work, including social work with groups, was to better people's social conditions together with other people suffering similar disadvantages. In this spirit, the task before us is to cast our eyes on the present condition of our methodology, its values, its underlying assumptions and its practitioners. It is not to introduce a practice police which passes at the pain of retribution what social workers should or should not do. What it does propose is to introduce a newly reasoned, principled view about what kinds of group work practice appears to be consistent with social work's mission.

The most recent stage in the ongoing debate about the nature of group work and its purposes is to be credited to the painstaking work by Goldberg of Wayne State University. Prof. Goldberg in two papers in 1991 and 1992 summarized and discussed in great detail the national discussion about the topics already mentioned. Both papers evoked profound discussion in the meetings where they were given; while the 1992 presentation offered the further advantage of a section on "Definitions and Distinctions" reflecting the thoughts of many senior writers and scholars in the field. (Goldberg, 1991; 1992). But rather than to redo Goldberg's work, we shall pose his questions in a somewhat different way, and try to understand what it is that influences our decision-making about our most defining concepts.

In thinking about social work with groups one is assisted by similar considerations for the profession of social work as a whole. We are not nearly as distant to our parent profession as it might seem at first glance given social work's preoccupation with clinical, ruggedly individualistic assumptions, and its ever more marginal interest--primarily in the case of direct practice personnel--in social process, social action, and community change.

Similarly, what disturbs many in the profession about these tendencies is hardly absent in group work discussions, though it needs to be acknowledged that the programming of the Association for the Advancement of Social Work with Groups consistently offers papers on the social action aspects of social group work; and a special issue of Social Work with Groups (1991) recently appeared under the title of "Social Action and Group Work".

## A Socio-Cultural Analysis

The difficulties and the shortcomings in social work practice and education, including social work with groups, are no mere accident of history. Nor are they tracable to the suggestion that somehow social workers are lesser beings when it comes to defining their roles than others in professions different from social work. Instead, the problems are to be found deeply embedded in American and Western culture, in the sociology of the professions in general, in the class structure of social work and the desires, hopes and expectations of social workers choosing the profession in the first place.

The literature on the early days of social work in general and including social group work says that to reach legitimation and currently valid answers for what troubles our clients is to make the method deal with individuals and with groups at the same time and to use the group as a mechanism for personal growth. The secondary theme is that if individuals do well, so will groups since, so the assumptions runs, groups consist of individuals. The term for this, taken from modern philosophy, is methodological individualism, a bitterly controversial topic based on the claim that all social life reduces to the individual (Lukes, 1973). But it is also true that the clinical literature in social work reaches back to the early American Freudians. Its tone from the very beginnings was and remains to this day one shared with those others who diagnose and treat emotional and psychiatric illness. The entire history of medical and medically-influenced practice in the Western world focuses on the biological core of the individual, one by one. Although there exists a small and at the same time powerful literature (and first-rate theoretical work) in psychosomatic medicine, it does not take into consideration social aspects of living. Holism, the doctrine of the interrelatedness of human life, continues--as in group work--on the cultural defensive in the face of various doctrines of individualism (James, 1984). In general the insistence on individualism as primary concern and collectivism as secondary theme has left both thought and social work practice unintegrated, and especially so since the one supercedes the other as the basic alternative . As clinically focused social work became ever more dominant--nearly always conceived of as with or in behalf of

individuals even when spoken of in group terms--social group work lost a great deal of its preferential relevance. Group therapy and family therapy to this day most often replaces social group work in social work education. Yet, what has been lost is less the significance of the methodology of social group work than the reasons and the logic of social work with groups in a philosophical sense. In terms of the latter, the earlier essential message in our history was that informal learning under guided enablement of social group workers could offer each person the help needed for people to increase their social competences and at the same time learn to use groups to influence their common lives. This was Grace Coyle's message in light of the well-known influence of John Dewey upon her thought. What is being described here anticipated to some extent membership theory in social work although both Dewey and Coyle were individualists. In membership theory, however, the central construct is the human member, while in the tradition of social work with groups, as well as clinical social work and the therapies the fundamental construct is the life of the individual. Within this same set of assumptions the group is a collectivity while within membership theory the group equals its members. I know of no method outside of social work that claims this latter territory, the nature of human membership, as its central concern. In sum, social work conceptualization based on scientific fact has come to a halt with its overriding concern with individuals and collectivities of individiduals and thereby offers little current basis for the enormous amounts of social change necessary in American society. Individualistically focused so-called treatment strategies at the center of social work with groups or any other social work method document this trend. To answer questions about the reasons for the state of affairs described it would seem necessary to consider the following:

1- Social work's preoccupation with radical individualism consistent with the same preference in American life in general; and on a conceptual level with methodological individualism;

2- That the primary message university-centered professional education proclaims is the desirability of the improvement of each individual conceptualized as the self even to the point of graduating clearly unsuitable workers while ignoring the harm this potentially does to clients. Rationales range from being personally troubled to being entitled to another chance. The middle class aspirations of students seeking a profession often take precedence over the rights of clients to superior quality services;

3- That the distortion of the meaning of advanced education as a right stresses

entitlements of students without attention or lacking attention to the social good. The resistance to supervision and the demand that all work be graded "A" are only some examples.

4- Social work theories and research are characterized by the same methodological individualism already touched upon, the latter a doctrine in philosophy of science which holds that all human action including that in groups and in society can be reduced to individual behavior.

5- The bypassing and ignoring of research findings stressing interactionism rather than individualistic if not simplistic assumptions about causation.

6- The denigration of educative experience in small groups, substituting the assumption that human disability is to be understood as either individual victimization or individual sickness requiring therapy.

7- The dominance of the role of the professional, not as enabler, but as expert in curing what besets individuals. It is clearly the role of the therapist as expert in the causes and cures of human suffering.

Some reflection on this list of social work proclivities results in the serious conclusion that American social work is syntonic with serious weaknesses in American culture in general, making social work ever more acceptable to most of the population at the cost of dropping its social responsibilities. Its concern with the expertise of the professional, with ideological individualism, with methodological individualism in research and theory building, with the advancement of the professional into academically validated middle-class status are all part and parcel of dominant American thought. In fact social work has arrived within the framework of American assumptions in general about the role of the professional person.

One major attempt to come to terms with the individualistic preoccupations in the profession was ecological social work, heavily promoted in the field and achieving the embrace by NASW and many others of the person-in-situation formulation. Those aspects of systems or ecological approaches dominate as much in group work practice as in clinical practice--most often referred to in systems terms--and still do so. While the specific language differs somewhat depending on the method one speaks of, whatever the language and the framework it in no way diminishes the rank individualism of social work, including social work with groups (Falck, 1991). It adds the environment to the individual and sometimes the group, and thereby fails to analyze the dysfunctionality of both. Our own work on membership theory addresses the issues involved in detail (Falck,

1988; 1989). Tied to these currents has been the improvement of the social status of social work practitioners. One may currently enter the profession with full assurance that the work is as respectable as most other professions. Most people understand quite readily what is meant by diagnosing and treating--there are sufficient reminders from their medical experience as patients. In addition, keeping things confidential between one therapist and one patient reassures the client that he/she is the only one who has the ear of the social worker in the guise of the doctor model. Therapists and patients benefit, as Parsons said long ago, from a certain mystique implicit in the former's expertise (Parsons, 1951).

To the degree that social work with groups insists on the perpetuation of the model of informal education--in Europe typically named social pedagogy-- that gave rise to it, to the extent that through its methodology it protests and rejects the rugged individualism expressed in mindless competition--be it in the lives of clients or among social work clinicians competing for paying patients--it becomes suspect and is rejected by social workers, often dominant in national councils and in powerful professional associations and is substituted for by more comforting labels. The near demise of conscious social change through social work groups is no dictate of history but has resulted from the fact that social workers, including social group workers, have increasingly embraced the dominant American preoccupation with the individual self.

## Social Work with Groups: Suggested Criteria

The essence of social work with groups, be it through social group work or in task-oriented groups should be consistent with a clear view of the social work profession. In our view all of the following standards need to be met for the work of the social worker to be social work and to be social work with groups.

1- The work is social work and thereby social work with groups when clients teach each other (i.e. learn from each other) how to meet their human needs through democratic group process under social work auspices; and

2- The work is social work when the aim of social group work activity is to assist clients teach each other; and

3- It is social work and social work with groups when social workers and social agencies commit each other to the intention of helping each and all members of the group to perform in consonance with their own and other's needs at the same time (Falck, 1984; 1988; 1989), including conflict resolution work and the recognized need for

individuation (not individualization) within the membership group; and

4- When social workers and agencies commit themselves to help members of a group learn from each other as well as from and through the worker how to bring about change outside their group; and

5- The work is social work when clients are constantly helped to become conscious of the ethically and scientifically documented fact that the behaviors of all persons have significant consequences for others, both in and outside the group.

We stress the idea of commitment by social workers and agencies, not only to point up what it takes to do social work with groups but also to name some indicators which suggest observability and therefore accountability for the work done.

## What is Not Social Work with Groups

The work is not social work when the purpose is:

1- change in the individual self and without constant reference to and involvement of other members (often referred to as casework with an audience) or regard for them; and

2- when the group is used essentially as the occasion for personal/individual gain; and

3- when the social worker is referred to as the leader of the group and behaves accordingly, making the clients followers of the leader by definition; and

4- when the standard method of understanding member behavior and intervention is couched in terms of psychopathology and treatment; and

5- when social change and social action are by-products, incidental to the main content of the group membership experience.

All of these are the characteristics of what is not social work with groups as viewed and understood by the author of this paper.

The applications of what we have identified as criteria for social work practice, including social work practice with groups, are put forth as being able to help us answer what belongs in social work and what does not. The criteria for inclusion as well as exclusion from social work are consistent with both scientific and ethical implications of membership theory (Falck, 1989). Social work with groups rejects the split between the individual and the group, as I view it. It supports individuation of members within the group. It affirms thereby man's biosocial nature as irreducible--a sharp turn away from traditional individualism.

It is incumbent upon social workers and group workers specifically, to recognize that what began as individuation within groups has ended with individualization as the alternative to membership behavior, to the major exclusion of a civic spirit, to the unabated rejection of social values other than the quick fix and money oriented, cut-throat competition in and outside the professions. People in this country cry out for leadership which holds to the very ideals social group workers in the long tradition of the method, have espoused and the weakening of which has had much to do with the near demise of the social pedagogic and social action contributions social workers have made. There is a price, then, that is paid when the tacit message is that what ails our clients (and us) is to be explained in terms of individualism, the conversion of every human need into an absolute individual right, and in a civic violence that ignores what we owe each other as members of the human community. All this has become somewhat attenuated thanks to the civil rights movement and those efforts aiming at a more just life for women. What has not been addressed is the violence of men in their relationship among themselves, especially in business and industry; nor the incipient violence in the authority dictated hierarchies in our own profession and others as well in which to this day men play dominant roles. We suggest that a huge step toward the humanization of small group life in family, in business, in the professions and elsewhere can be had if the normative structure of American society would permit sensitivity, the expression of positive feelings and a less competitive life style by and among men. It is a task perfectly fitted for social work with groups, in which membership, connectedness, affection, the expression of the real self are valued, supported and praised. It might indeed lead to a society in which taxpayers and those who provide for others in need voluntarily might view their strength in the ability to give of themselves instead of losses endured voluntarily or through force. It is a task clearly worthy of the social work profession and of social group workers in particular.

## Concluding Questions

Should group psychotherapy be considered social work? Were there a definition of group psychotherapy available, clear and consistent, the question could be answered directly. There is no such definition and, in fact, there exists a range of therapy types running from the openly individualistic to the group-as-a-whole type of work, all claiming success. What we have attempted to supply in this paper are ways and criteria which would help answer the question and their application would surely do so. Yet, the

overriding concern is not with the relatively minor question about the nature of group psychotherapy; rather, it is with the major question about the nature and the future of professional social work with groups. That, in face of the troubled part of our society is worthy of our best effort.

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HEALTH.VOH

1995

# A Universal Health System: Now or Never?

by
Hans S. Falck

Any one old enough to remember or out of school recent enough to have talked about it in class, knows that obtaining a universal health system for the population of the United States is not a new idea. The key names among presidents who promoted one are Franklin Delano Roosevelt who wanted it to be part of the original Social Security Act (1935), Harry Truman who strongly favored one and delegated Oscar Chapman, his Interior Secretary, to work for it, then Richard Nixon (no, your eyes read correctly), and Jimmy Carter. Of all these, the current plans by the Clinton administration appear to have the best chance of passing in some form.

The traditional opposition has come from the American Medical Association, the Republican party and others who saw "socialized medicine" where others saw equity. The late Morris Fishbein, then-editor of the Journal of the American Medical Association (JAMA) was widely known and admired or something less than that for what turned out to be his crusade-like opposition. The National Association of Manufacturers weighed in on the same side.

But things have changed. Long before the Clintons raised the consciousness of the American people to the fact that something had to be done about health care, a national consensus began to form in the direction of action. The New England Journal of Medicine, particularly during the term of Arnold Relman, M.D. as editor, expressed the view repeatedly and over the years that change had to take place. Relman published many pieces from England and elsewhere in the attempt to raise questions and keep them alive, together with practically all the big names in health planning, usually university-affiliated.

It being 1994, President Clinton in his State of the Union Address on January 25 made a boldly-stated announcement that he would veto any bill reaching his desk which failed to guarantee universal coverage for health care. He was vigorously applauded.

There are many bills and part-versions of proposals before the Congress. I would like to call attention to three of these. One comes from a professional association, namely NASW and was introduced into the Senate (Senate Bill 684) during the Spring of 1993. It can be viewed as centrist in ideological terms, and a bit to the left at that. The second bill we call attention to is the so-called Clinton bill with the somewhat picturesque title "The President's Health Security Plan" which is available in book form. The third plan we refer to was written and introduced by the Republican party and is known as "The Affordable Health Care Plan of 1993" (H.R. 3080).

The NASW plan follows and exceeds the Clinton plan by proposing coverage for the entire population, and may be represented as a "cradle to the grave" approach including long-term coverage, prescribed medication coverage under Medicare, and the full range of mental health services. Under the plan you would take coverage with you when and if you change jobs. The NASW

plan.
sees no role for the private insurance sector.

The middle of the road plan (Clinton) would guarantee coverage to all, would prohibit insurance companies from denying coverage for "preexisting conditions", and offers only very limited mental health coverage, although it foresees improvements in steps until mental health and physical health have equal coverage status some years hence. While NASW would cut insurance companies out of the equation, the Clinton plan keeps them in the picture.

The Republican party's proposals were heavily supported by conservative democrats, especially in the House. It relies heavily on the private sector, would minimize the role of government in its administration, keep the states heavily involved (as to a degree do the Clinton plan and the NASW proposals). Much of the language has to do with not overloading the costs of whatever plan to business, especially small firms. As is usual, the Republicans tend to view government as the last resort in health care, while the Clinton embraces the role of government as protector and as guarantor of basic human rights, of which health care is seen as one.

My own view is that all three plans have the merit of internal and ideological consistency. In reading each and all one can quite easily nod in agreement to what one might have predicted these plans to be like--given what we know about social workers, Democrats, and Republicans. What is new and not to be taken too much for granted is that practically all major proposals feature universal and permanent coverage. Once this principle is established, it will be possible to add incrementally to whatever it is Congress passes.

KEY-ONE
KEY-TWO
KEY-TWO.MEO

# REDISCOVERING OUR COMMUNITY ROOTS

by
Hans S. Falck
Virginia Commonwealth University
Richmond, Virginia

Keynote Address
30th Annual Meeting and Educational Conference
Society for Social Work Administrators in Health Care
American Hospital Association
Philadelphia, Pennsylvania
March 19 1995

## INTRODUCTION

I want to begin by spelling out for you in what sense I use the term community. Community is a given. The term community is associated with "we"; and that we is involved when we act justly and do injustice to people we do not like, of whose morals we approve and when we praise as well as punish. Community is involved when persons obey and break the law, when they legislate wisely and pass unjust legislation in our common name. Community is involved when we help and love and when there is murder in the streets, for it takes place in our street and by people more like the rest of us than different from us. When we are sick and when we are well, community aids, ignores, heals, abets, and praises efforts to get better. Community plays its role in helping each other in times of pain and death and sickness and in recovery. Community celebrates triumph, furnishes the resources to educate youngsters; and the community too often withholds needed resources for those members who are poor, of minority status, discriminating against women as we go along. It is fair to say that when wrong occurs some may be guilty but all are involved. Victims and perpetrators share their membership in the community--a frightening thought when we consider its implications.

I use the word community as the umbrella notion in whose name all the good, the mediocre, and the disastrous are lumped together. Therefore, too, we think of community as the agent promoting the individuated ways in which each and every one of us manages our personal membership in the community. That is why we educate rather than not educate our children. That is why parents and grandparents express their love for children and grandchildren, wanting to protect them, wanting to transmit the fruits of their experiences as members of the same community in which the next generation grows up. It is in the name of the

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The term community is associated with the term "we"; and that we is involved when we act justly and do injustice to people we do not like, of whose morals we approve and when we praise as well as punish. Community is involved when persons obey and break the law, when they legislate wisely and pass unjust legislation in our common name. Community is involved when we help and love and when there is murder in the streets, for it takes place in our street and by people more like the rest of us than different from us. When we are sick and when we are well, community aids, ignores, heals, abets, and praises efforts to get better. Community plays its role in helping each other in times of pain and death and sickness and in recovery. Community celebrates triumph, furnishes the resources to educate youngsters; and the community too often withholds needed resources for those members who are poor, of minority status, discriminating against women as we go along. It is fair to say that when wrong occurs some may be guilty but all are involved. Victims and perpetrators share their membership in the community--a frightening thought when we consider its implications.

I use the word community as the umbrella notion in whose name all the good, the mediocre, and the disastrous are lumped together. That is a correct reading of all that follows and of my

intent. Therefore, too, we think of community as the agent promoting the individuated ways in which each and every one of us manages our personal membership in the community. That is why we educate rather than not educate our children. That is why parents and grandparents express their love for children and grandchildren, wanting to protect them, wanting to transmit the fruits of their experiences as members of the same community in which the next generation grows up. It is in the name of the community that we discover, educate, treat, change, make better what we find wanting and individuate; and it is in the name of community that we are social workers. Let that be our theme for all the rest that follows.

It comes as no surprise for this audience to hear me announce that we have been there before; and that it would be difficult to think of another profession where serious adversity is said to equal opportunity as readily as in ours. In the year since we last met we have suffered the defeat of the Clinton administration efforts to pass a comprehensive health bill. We have continued to suffer losses of social work positions in the nation's hospitals, though we have also witnessed the rise and promotion of our members to senior positions of substantial influence. While until now we have worried that social work departments might have to close altogether, the focus has now shifted to the fear of losing entire hospitals together with their staffs, research labs and residency programs. It is also as true as ever that substantial numbers of the members of this very organization continue to have to fight for recognition and a place at the table as equals with members of other professions. Having to be faced daily is the fact that the American people continue to display well-ingrained doubts about most everything social work defends. Survived we have and we will continue to survive. What we do not need is destructive criticism from within, which reduces to blaming the victim, social work. I would say to those much younger than my generation of social workers "stick with it". We have by and large made it in American society and that did not come about as the result of excessive amounts of self-pity. It came about because there were people who had the vision and the courage to face up to the fact that social work represents in the minds of many, dependency, failure, and injustice. Let us keep in mind that American social work stands at an important crossing point in the American cultural landscape. It is placed--indeed places itself--at the intersect between the doctrine of self-sufficiency backed by a rather extreme form of individualism; and a limited

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doctrine of self-sufficiency backed by a rather extreme form of individualism; and a limited communalism--especially as represented by a system of American governance whose commitment to social welfare on a large scale comes with great difficulty and much ambiguity. While massive amounts of voluntary dollars finance much of social welfare and social work activity, what is remarkable about it is the reluctance of Americans to institutionalize such generosity through government, by converting it into public obligation in place of private choice. It has only little to do with who sits in the White House or dominates Capitol Hill. The roots of the conflict run very deep.

In the health field legislative incrementalism will in the long run move us further along than universal schemes that threaten our foundations. That, in my judgement, will guide health policy planning. It is a reality to be contended with.

Let me pay tribute, however briefly, to the intellectual opportunities all of us possess to draw upon a scope of information and ideas which were not available thirty or forty years ago. We are rarely conscious anymore of what all of us have learned through the influence of the social and natural sciences--sociology, psychology, social psychology, economics, cultural anthropology--and the humanities--especially philosophy, history, political philosophy and theory, psychoanalysis, particularly psychoanalytic object relations theory, and the law--and their impact on our thinking and writing. More recently social work has benefitted from the neurosciences, especially neurophysiology and neuroanatomy, medicine, and, of course, human genetics. It is all out there, ready to be traced down by anyone with a reasonably good computer and a modem that lets you link into your local university library.

Let the centerpiece of this discourse be the following: the community is universal and everlasting. Our task on earth is to discover why and how it may be used for the benefit of mankind. Parts-whole philosophies have helped us along the way, but this field and others have scientific and ethically grounded reasons to move to the next level of sophistication which involves the utilization of universal membership within and outside of our own country for the benefit of all. To be specifically named in the human complex called community are clients and social workers and citizens and the rich and the poor and the minorities and the majorities found anytime and everywhere.

Let us then take these somewhat random observations and bring them into focus on social work in health care because all of them make a real difference to how we plan, practice, evaluate, define our client groups, view ourselves as helpers and as

researcher/teachers. I have divided the task into three sections, named where we have been, where we are, and where we are going. You will see that my basic approach to rediscovering the community is to assume that it has been there all along, but also that we need to understand it differently than we did heretofore.

## Where Has Health Social Work Been?

Since the theme of this conference is "Social Work Shapes Reform: Rediscovering Our Common Roots" it behooves us to reflect on whence we came and what it is we want to rediscover.

Where have we been? We were in Boston, and even earlier with Ellen Gates Starr at University Settlement House in New York, we were in Cleveland, and in Buffalo and in Philadelphia, in Chicago, in New Orleans, in Los Angeles and in Seattle and San Francisco and Denver and in Richmond, Virginia. We ran health services in settlement houses throughout the country, most often in large cities where concentrations of refugees lived who needed us. We enlisted the neighbors, the poor, the children, the mothers and fathers in summer camps where we saw to it that the mental and physical health needs of people were more or less openly dealt with. We brought in physicians and nurses or had them run their dental clinics in our buildings. We trained residents in community health centers; and if during and after the 1960s the community mental health centers went out of existence, it was not social work that failed--social work was, in fact, their stoutest defender.

The settlement workers did not engage in the private practice of psychotherapy. They were present for people whose life situation was such that because of sickness or disability, they needed help with their bodies, their minds, their family relationships, with themselves and their children. Far more than is presently true, they seemed to understand that serious illness and disability, even when of disastrous proportion, are a normal, though admittedly very painful, aspect of their life situation. It would still help all of us if we could learn to think of good and bad health as a common aspect of the human condition and thereby also understand that the delivery of health services is not tantamount to treating psychopathology, not for some minority but for everyone because everyone without exception--as a member of the community--is likely to suffer in ways requiring the assistance of others. That is what I mean when I teach my students that the purpose of health social work is to help healthy people who happen to be sick and those equally normal--who die. And it is this idea, once caught onto, that forms the basic rationale for single payer, universal health coverage for everyone who belongs

to the community and social work practice by those of us choosing to do so. The setting for that common arena of life's struggles with sickness and disability is the community. The nearly forty million inhabitants of this land who are uninsured for health care live spread out among us everywhere--in the community they and we inhabit together. Therefore, every hospital and every clinic or other health facility in this country needs to have explicit links to community groups, elected or appointed, who feed into the health system reactions by ordinary citizens to what is being done, what needs to be done, and what need to be changed. It would be in the tradition of the earliest professional social work in the settlement and neighborhood houses. I place the suggestions under the rubric of where we have been because that was long ago and needs rediscovery. Against this I read the record to show that we have moved away from communalism dictated by nature, to become enamored with a stark individualism that has characterized American society in all major aspects, and which in my view and despite its many achievements toward assuring the equality of the human person, has done incalculable damage to our sense as a community of people. By confusing the needed individuation of people living in mass communities, with a selfish, uncompromising, egoism we unwittingly played into the pitting of the community against the person. Social work and American society as an entity has yet to manage both a scientifically based integration of what is known about personhood, that is to say each of us, and a view of community that makes them one rather than one that keeps driving them apart. While American social work preached the need for a contextual view of man in order to make social work more truly social, it has not succeeded in solving the habit of the either/or methodology that presents the option of either individual or community. There was a powerful try in this direction with the introduction of systems theory into the field, but it disappointed because it insisted that when all is said and done, the individual prevails. Social work in health care and most especially in mental health continued to psychologize its work to a point where thousands of social workers seem to be unable to think of their clients in any other way. I view this as a negative influence on the profession and on the ways we understand its clients because clients come to us to be helped with their communal survival needs, not with primarily personality issues.

## Where We Are

Where are we now?

The current upheavals in health care have come down, as I have already said, to the survival of some of our best-known and

by some standards most prestigious institutions. Short stays are one of the most common practices in hospitals, and that despite the fact that medical reasons alone for pronouncing a patient's condition safe enough to go home, have outlived their validity, yet are regularly employed by insurance companies thousands of times each day to do so anyway. It may be true that medical technology is the breakthrough to greater happiness although much less so than some people would hold; often the main motivation is making money, and many medical institutions invest millions for equipment less than critical for good patient care. At the same time, professional nurses are in many hospitals being replaced by nurses' aids, while the professional nursing associations protest in vain that patient safety is being compromised. And social work, that intelligent and enlightened group of people who for a hundred years or more have successfully pointed out that sickness is often only an elaboration of what is wrong with patients and their families is in a precarious condition, indeed. While all or most of these developments were predicted, it is sad to say that our preoccupation has too often been with the status of the social work profession rather than with the urgent needs of clients, especially the poor and the homeless. A manifestation of this is the urgent reach for middle class respectability. A blatant example of it is reflected in the increase of the numbers of students who enter university schools of social work for training in psychotherapy. The trend distorts the historically primary mission of social work while using valuable resources readily available in other professions. All the while, what social work should address has become largely unattended, at least in part due to the fact that serving destitute homeless welfare recipients in emergency rooms and on the street fails to reflect the more elegant aspects of clinical practice.

I wish there were the time, which it is not, to engage in profound discussion about the links between physical sickness and psychosocial corollaries. It is a subject consistently written about and at the same time severely understudied. It would make clear why and how treatment of physical sickness without attention to what social work talks about does much less than necessary. The work of Kerson and Kerson (1985) makes major contributions in this direction which have not been utilized to their potential.

There are bright spots as well. One is that we have substantial social welfare legislation on the books that is also relatively new. The American community has managed to assure the vast majority of its elderly of social security benefits that go a long way toward avoiding the utter poverty of the retirement of yesteryear. Yet, even today the average social security check is

only just short of $700 monthly per beneficiary. We do have Medicare and we do have in this country a 33 million member voluntary organization whose members still howl an alarm when anyone comes close to wanting to touch social security or Medicare in the name of reducing the national debt. We do have a Medicare floor and all in all, have a federal budget that preempts the kind of flexibility legislators and the budget cutters love, to make room to meet other needs without raising taxes for middle and upper middle income groups. In the present context of wanting to return health social work to the community, let me remark that universal entitlement program do just that because they provide answers to questions about what it is people have the right to expect from their common social contract.

While there is always a long way to go, getting a federal health program on the books, one that is based on universal coverage, even if inadequate at the outset, is the way to go. As we did with the Social Security Act of 1935 and its much amended versions, we have learned how to bring about further gains by increments even in the case where there are conservative national and state administrations. Thus, the new assault on human values, however supported by conservative voting populations, is still met by wide-ranging laws that are most unlikely to meet the axe be cause they are popular and respond to widespread perceptions of legitimate needs. Entitlements, this time around, are those benefitting the middle class more than just the poor who without much power are easily ignored. What is required here is a clear concept about the interdependence of mutually dependent population groups as a fact of nature, that is a profound understanding of human membership with its full consequences for positive dependence and its ethics. Social justice is rarely done in the name of disconnected, sovereign individuals; its realization or even its approximation is the product of understanding something about common needs, rights as well as mutual obligations. Thus the operative terms need to be <u>member, membership, and community of members, highly individuated yet without the isolation of individualism.</u>

In elaborating on this mix of hope, despair and optimism, let me remind you that:

(1) The hospital is a community institution and of necessity has always been part of the community;

(2) Too often our way of being part of community has been to ignore that truth, largely because until very recently American medical practice actually assumed as fact the fiction that each and every American could, individually, have his or her own physician and that the physician, in turn, owned the patient when

it came to watching over his and her health. The desire was to create a health world characterized by totally private interactions, untouched by the larger social scene. Social work fitted that private practice fee-for-service model and, in fact, understood its own functions within that framework, most probably because after all, it is American social work. In contrast to other Western countries, the American patient took his or her private physician along to the hospital, while in many other countries the hospital as a community institution furnished the patient with its own public doctor;

(3) The hospital unwittingly detached itself from a community from which it could not escape, and in so doing gave way to the awe that accompanies substituting sophisticated medical technology for sound social policy. We as social work, have played into that, too. Our graduate education focuses on clinical interaction that leaves content about community to the social policy and community organization teachers, who know little of clinical work and often do not wish to, as is true of the opposite. Yet, members of this very organization, the Society for Social Work Administrators in Health Care, brilliantly display how to work the idea of community and clinical work into one package. Quite typically, sometimes without knowing it, rural health social workers and social workers in small, regional hospitals, those people who do everything the department and/or the hospital require, already do what many of us are still learning. Along with changing perceptions of the roles of hospitals we develop ever newer ways of delivering services outside the large and unwieldy bureaucratic structure known as the American urban hospital. Here again, the rural or regional hospital social worker might be a good source of information and ideas.

(4) It is the powerful push towards less hospitalization and more out-patient treatment--even if promoted by insurers for reasons of their own--that renews the old social work challenge that health services, not sickness services, make for the essence of a health package for and in the name of the community. Here we think again of the forty million without insurance, most of whom except in dire emergency never leave their abodes to visit a physician anywhere and who are and remain statistics invisible to the naked medical and social work eye.

(5) The scientifically demonstrable idea that the body, the mind, the social character of all life--all of these taken together are what makes us irreducibly human beings, called members constituting our community is gradually gaining currency. That member quality, and that community of component members is what calls upon us when we say to the taxpayer, the client and to

colleague: here I am, social worker, here to do all I can to assist us--you who are sick and those of us temporarily healthier and wealthier than you--in representing through action our common commitment to your and our health.

Today's rediscovery of the community as applied to social work in health care means re-discovery of what we need and what we share as members of that community. It will not suffice, therefore, that health services be transferred out of the hospital to a building somewhere else with the same individualistic overkill built into the new place that reigned in the old. Nor should we give up on the hospital. The strong trend towards community health services does not make the hospital unnecessary, as we will discover after we have just about gutted it. Thus, health services need to address what is happening in the hospital and the neighborhood, though it will not be the neighborhood as we once thought of it. Yet, what is needed are alliances with public health facilities that address maternal and child health issues, with IVNAs, with neighborhood institutions that are able to identify the needs of clients and that challenge us to do a much better job than we have in the ways in which we manage referrals. We can utilize churches to bring health education and social services in particular, neighbors who are aware of needs not met, to referral services from school teachers who see and hear about family needs from their pupils and from all others who know of the need for services for disabled citizens in the neighborhood without the requirement that they travel prohibitive distances. One can do all these things and more, yet unless the insurance mechanism, even commercially owned ones are persuaded to insure families or what may be defined as families, and build into the package reimbursement for preventive and health education services, we will have a hard time, indeed. But this can work only to the extent that I understand that you are harmed or benefitted by what gets done or not done regarding my health and vice versa, if I can be persuaded that your health and mine are mutually beneficial.

Presidents of the United States, with an occasional exception, have yet to come face to face with the fact that the social services, including health care, are public responsibilities because both poverty and health issues are owned by all of us rather than by each individual disconnected from every other one. The current aims in Congress and State legislatures are to detach the publicness of poverty, make it a private and individualistic affair and thereby detach the taxpayer from the responsibility of caring for 40 million uninsured people and nearly 10 million children on AFDC rolls. All that is to be

cured in the name of individual responsibility. I speak here of the community and of a central issue of political philosophy and of governance. It is far less relevant whether the policy makers are registered members of a Democratic or Republican party than that we need to face our needs as a whole people. And it goes beyond many important features of American social work as well, which as child of the American experience mirrors the same internal conflicts as the society as a whole. Viewed in this light, communalism--lately called communitarianism--needs to be understood for what it really means. For health social workers it means that sickness, injury, and disability are never the exclusive, the private property of the designated patient. They are, in a real, practical, and concrete way the concern, the property if you will, of him or her and simultaneously the community. The public health movement has had this language for a long time, yet has been unable to persuade government and the people that it is a valid, if expensive, approach. It is the number one task of social work, beyond the political, administrative, and the survival concerns that beset us. I believe that in the long run the communitarian message, the membership message can and will prevail because what it describes is reality which, to the extent that it is ignored, will come back to haunt us to our common disadvantage.

In the Future

1. I suggest to you that in the future we need to work hard to pass federal health legislation, even if in the beginning it is an abbreviated version of what we want. I have already explained why I think so.

2. Social work needs to play the leadership role in the organization of regional health systems in large urban areas through partnerships with existing institutions willing to redesign their health offerings and in rural areas, again through regional arrangements for ambulatory care, in which there are offered a combination of medical and social services, including family counseling, financial advice and access to health care, legislative advocacy, and job skills retraining.

3. We need to press as hard as we can to protect our children through the AFDC mechanism which by definition includes a parent or parents; and we must stress children's health in particular. The emphasis on children not only articulates our commitment to social justice, but is culturally more accepted than pushing for help for their mothers.

4. The Congress, state legislatures and the entire national community must face the fact that tax increases for middle income and upper middle income people in particular can not

be postponed much longer. What is needed by way of health and welfare services cannot be achieved within the present tax structure especially if there is to be a place for private insurers; and I believe that more people than want to be counted, know that. At the same time it is legitimate to remind the country that this must be balanced by protecting the need for investment by business and industry in order to produce sufficient numbers of jobs. Thus viewed, the country cannot use blind allegiance to either one or the other priority. The unmentioned variable in all this is structural unemployment which will not disappear soon, no matter how many re-training programs for middle aged adults we establish. And this, in turn, is the reason why entitlement programs are so important. Medicare and Medicaid are keystone programs in this connection. And if all that I suggest here adds up to liberalism, I am more than prepared to plead guilty.

This is a full plate and there is one other major area needing mention. It would address my earlier remark that social workers in hospitals still fight for an equal place at the table. One aspect of that is power, yet it is not sufficient to rely on that. The long-range research-linked task of health social work is to demonstrate, not that there are social aspects to all sickness, disability, and injury--we all know that--but that cure and improvement and sometimes just maintaining optimum levels of functioning decisively depend on professional social work interventions; that these are indispensable to meaningful judgments about the patient's improvement. Belief that this is so is necessary and insufficient. Having friendly colleagues and supporters, especially among physicians is highly desirable and not enough. The point has to be documented with hard, solid data, and not only that we are desirable to have around, but of core necessity. Do you think that some day there might arise an insurance carrier that would insist that medical facilities employ an adequate number of social workers because the data demand it?

As you can see, one function of having the discussion in the way we do is to place health needs into the context of social welfare in this country, rather than to treat it as discreet of all else, which it is not. Another is to enable us to acknowledge what we have, in fact, achieved and rooted it in the American soil to an extent those of who entered this profession in the crisis days of the 1940s and 1950s would never had held possible. The bottom line truth is, that people do expect themselves, through the federal government and the states, to acknowledge the fact that there is no way out of our national dilemmas regarding health and welfare without further costs. I think and suggest to you that is as it ought to be. Willingly or not, we will meet our

responsibilities. There lies our hope, there rests our optimism that all of us, each in our little or not so little way, will be able to continue as social workers who care. To rediscover our community suggests that somewhere we lost it but that it was there, nevertheless, all the time. Community may be a program, it may be a method of working. Yet, ultimately it is an attitude which depends far less of location of services than on the outlook and on the content of what we offer each other and our clients by ways of working together and sharing common resources.

## Conclusion

In conclusion, let me speak personally and directly to those of you, saturated with bad news and sometimes also little hope. There can hardly be anyone of us who entered this profession for personal wealth and other outrageous gain. All of us became social workers because we wanted to do something for somebody other than ourselves; and one should have thought by now that for this reason alone we would abound in popularity. But that has never been the social worker's fate and for some of the reasons I touched on here this morning. But please do keep in mind that each and every one of us is accompanied this morning, right here in this room, by many of the finest people social work as a whole has to offer. None of us have all the answers and none of us is totally helpless. Please keep working, pushing, teaching, and interpreting social work's larger message. It is clear that clinical work alone will not suffice for the profession to be heard. Given the political climate, social work as a whole must continue to urge its message to those who wish and those who do not wish to hear it. Our own declaration that we must not be too aggressive too often betray our inadequate self-esteem. Support NASW: congratulate NASW for speaking out on health care issues. Continue to be clear and unapologetic about what we want, what we stand for and what we are willing to defend. Those of us here and those absent need to hear us with words of comfort for those suffering uncertainty and those newly unemployed; and all of us need to infuse within ourselves the self-respect and healthy belief in our skills, our knowledge, our good hearts, and the tremendous abilities that are so richly represented by the hundreds of administrators in this hall, and without whom nothing will come from our efforts. With optimism and confidence that we will prevail, permit me to express my deep admiration for you, my colleagues, and what you and I, that is our social work community stand for and achieve.

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# REDISCOVERING OUR COMMUNITY ROOTS

## INTRODUCTION

I want to begin by spelling out for you in what sense I use the term community. Community is a given. The fact of community is not subject to choice. Since individual life cannot possibly exist by itself alone, we are forced by nature--not by choice--to take into account our relatedness to other people. Community, therefore, is defined by what we do together, the space we occupy together with others, as well as our constantly failing attempts to get away from each other in the name of individualism.

Community is associated with the term "we"; and that we is involved when we act justly and do injustice to people we do not like, of whose morals we approve and when we praise as well as punish; and when we encourage and reject all sorts of behaviors. Community is involved when persons obey and break the law, when they legislate wisely and pass unjust legislation in our common name. Community is involved when we help and love and when there is murder in the streets, for it takes place in our street and by people more like the rest of us than different from us. When we are sick and when we are well, community aids, ignores, heals, abets, and praises efforts to get better. Community plays its role in helping each other in times of pain and death and sickness and in recovery. Community celebrates triumph, furnishes the resources to educate youngsters; and the community too often withholds needed resources for those members who are poor, of minority status, discriminating as it goes along against women. In terms of meanings for community it is fair to say that when wrong occurs

some may be guilty but all are involved. Victims and perpetrators share their membership in the community--a frightening thought when we consider its implications.

I use the word community as the umbrella notion in whose name all the good, the mediocre, and the disastrous are lumped together. That is a correct reading of all that follows and of my intent. Therefore, too, we think of community as the agent promoting the individuated ways in which each and every one of us manages our personal membership in the community. That is why we educate rather than not educate our children. That is why parents and grandparents express their love for children and grandchildren, wanting to protect them, wanting to transmit the fruits of their experiences as members of the same community in which the next generation grows up. It is all in the name of the community that we discover, educate, treat, change, make better what we find wanting and individuate; and it is in the name of community that we are social workers. Let that be our theme for all the rest that follows.

ADD SSW

Olivia Waters

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STOCKHOL [Mitherausgeber] 1996

# Social Welfare and Social Work: Self-Help and Social Exchange (

by
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## General Introduction

This essay has as its central purpose the exploration of the ambiguities and ambivalences that attend the subject of social welfare in the majority of European-based societies, including the United States. By social welfare we understand all services, whether governmentally or privately sponsored, that attend to the basic needs of people: housing, food, cash, and health services. The central argument this paper defends is that societies are organized consistent with either an exchange model of social welfare or a societal self-help model. The United States is an example of the first, and the Federal Republic of Germany the second.

The argument continuous to state that in countries organized around central authority with high value given to corporate welfare, there is a contract, such as a constitution that guarantees, with relatively few rules, a central identity which promises help when needed to a standard of living near that of non-welfare dependent citizens. It is clear about rules of eligibility and beyond serving needy individuals, is said to serve the self-interest of the society as a whole. The social contract does not depend on excessive individualism nor on rigid collectivism but upon a societally defined floor that views citizens not not nearly as much as individuals than as members, from which status they, as well as the State bebefit, through a comprehensive system of public aid, named the welfare state. In Germany this principle holds, though with great difficulty and not because of the welfare state as such, but because of the Nazi history (1933-1945) which has destroyed in the minds of many their unequivocable identification with their society. The confidence in anything smacking of nationalism and collective identity is highly variable. Reulecke provides a discussion of the beginnings of the term and concept "welfare state" (Sozialstaat) in the Weimar Republic after World War I, in which our concept of societal self-help is powerfully implied (cf. Reulecke, 1996). Reulecke raises the question whether Bismarck fifty and forty years before, meant to suggest the desirability of a welfare state in connection with welfare reform and health insurance through the national government. While in the 1990s the German population is as committed as ever to national coverage of health and welfare risks, the concepts, as already pointed out, remain subject to national embarrassment. For a country wedded as strongly to the organic state as Germany and in which individual rights have typically played a role but hardly a dominant one, such state of affairs suggests an important item on the national agenda. As a German university student said to the author, "that is because too much has happened in recent German history".

An impressive feature of the German welfare system and its long tradition is that it requires nothing from the recipient of public help by way of moral payment for

the assistance rendered. Such help is part of the entitlements of citizenship, is expected by the citizenry as a matter of right, and is, at least in part, defended in terms of the good of both the person and society at large. When placed side by side with the constantly conflictual American system, together with the moral imperatives with which its clients are confronted almost daily, the contrasts could hardly be greater. Weaknesses are excessive reliance on the State, lack of motivation to go out and find a means of getting off welfare and lack of creativity.

One mechanism through which needs are met, aside from legislation and appropriations, is collectively summarized to be the human service professions, including social work. One need only link the latter with the former, i.e. social welfare services with professional social work to obtain an accurate picture of the basics.

It is obvious that social work is only one profession meeting social welfare needs, while there are also many others. Neither social work nor any other one profession holds a monopoly nor is it co-terminal with social welfare. Nor is it the most influential, yet, whether through concrete services (money, housing, food stamps) or clinical services (counseling, family work, even psychotherapy), social work play a central role. It is noteworthy that the public often matches its rejection of the poor with its rejection of social workers. Where these are held in public contempt, so is social work and is criticized for not alleviating or even eliminating the need for services. Clients and helpers are, therefore, linked by large segments of the public, and the consequences may be heard in any legislature of one's choice. It is easy to blame social workers for not meeting adequately the public's self-perceived wish not to serve the poor as would be necessary to make social work more effective than it is said to be, and in fact, is. There are, nevertheless, degrees of public attitudes. Countries with comprehensive welfare systems may have constitutional provisions guaranteeing certain spelled out standards of coverage and performance, as for example is the case in the 1948 Constitution of the German Federal Republic. The United States has no such provisions anywhere and thereby faces welfare issue on an issue by issue basis, and at the same time being characterized by constant controversy. It is common that the latter involves both individual morality and, of course, finances.

Public beliefs about social welfare are culturally determined, and are linked to general culture by traditions and beliefs regarding citizenship, private property, social ethics, even the most basic of statements about the nature of man. One learns that it does make a difference whether social welfare policies are determined with assumptions about the exchange principle, guided by rugged individualism, or whether what is at work is a public self-help philosophy that places poverty, rights, and needs in a communal context.

## Bridging the Culture Gap

In the years directly following the Second World War, Americans entered the social work profession in record numbers. Among them were European refugees who came into the profession because they had lost what

they were, had, and meant. Social work offered them a career of middle class standing. What they could neither know nor anticipate was that as they entered social work, they also entered a particular kind of American society, one that had little in common the with European society they fled, on the one hand, and to which they pledged, through their ways of life, profound allegiance. Coming to the United States involved new ways of understanding the philosophy and practice of government, and in their case, in relation to that amorphous collection of services and policies known as social welfare. Also, while in Germany social welfare services are traditionally available to middle class persons, in the United States the term evokes visions of poor people, minorities, that is, decidedly lower class recipients. Some refugees became notable contributors to American society and in diverse ways, ways that incidentally also protected their middle class status. One choice was to enter the academic side of social work, to become professors in American schools of social work and their universities (Wieler, 1994). One refugee became an United States Secretary of State, another became president of the Johns Hopkins University in Baltimore, Maryland.

Europeans came to terms not only with the fact that the American social services, when based on government legislation and financing, performed differently than was the case in their home country--usually Germany--but more importantly represented concepts of government new to the becoming Americans. Thus, for a German refugee it appeared unusual that monies set aside for social welfare came from the United States Congress, at times with very specific provisions for their use and expenditure, usually valid for one budget year at a time, rendering long-range planning difficult. This fact, however, is the product of a specific way in which government, elections, constitutionally determined ways of developing legislation involving money is dealt with. A quick trip East across the ocean can introduce the American citizen and social worker to German government, not as some emphemeral structure of representation, but as an organized, acting and observable thing with power and identity and, particularly, with a will of its own. Thus the German counterpart to the American secretary of the Treasury is the Finance Minister who announces quite regularly what he can afford, what he will or will not pay for, what legislation is needed to enable him to act as a member of the government. It is as if he and his colleagues own the government, control it, and decide its fate.

On both sides of the Atlantic ocean, what has been described here produces language that is used without much awareness of most citizens. At the same time, words and lingual ways of thought determine the relationships of citizens and entire professions to the patterned doings of complex societies. One result is that professional social workers need to remind themselves that their profession(s) are the products of and miorror the societies that spawn, continue, and support them, in consonance with prevailing societal values and norms. It is, to cite one example, extraordinarily difficult for American tax payers to accept the fact that a non-working person should have welfare payments as a human right, without necessary

reciprocity, that is, without earning them. This fact alone suffices to explain the constant conflict between the social work profession, its well-thought out ideas about the nature of social justice and how to attain some approximation of it, and the much more conservative majority of Americans regardless of class, education, and "enlightenment" that insists that there be conditions on receiving public help. These conditions are moral ones: work, traditional family life, the inadmissibility of pregnancy without marriage. We identify two styles of rationalizing social welfare expenditures on a large, comprehensive scale. The first of these is based on an exchange principle where the taxpayer provides services accompanied by, and in return for certain, approved behaviors by the recipient. The second, the self-help principle defines provider and recipient as sharers of a common characteristic, namely membership in the same community. As as result social services end up as community-focused self-help efforts, while in the first case--subject to the exchange principle, an accounting takes place to those who pay through taxes or some non-governmental method.

Social Welfare as Self-Help

A reasonably elevated and sophisticated way of understanding the relationship between ordinary citizens, the social work profession, and the social welfare establishment results from the question who serves whom? How is one to understand the relationships involved, complicated as they are in the light of moral norms, political responsibility, financial affordability and national priorties? Opponents of social welfare expenditures from national budgets split the taxpayer from the welfare recipient through the abdication of responsibility for his/her situation, and locate the "fault" in the person rather than in the behaviors of social institutions, national policies and often unknown sources of personal suffering. It is also true that we have examples of long-lasting policies and attitudes towards social welfare and those who make them operational, sometimes despite radical changes in other areas of national life. As the German example teaches, traditional ways of understanding the roles, scope and purposes of public social welfare, may well last across the Industrial Revolution, two world wars, the Holocaust, political and serious economic unrest, major unemployment and still be essentially subject to the same reasoning since the 7th and 8th decade of the 19th century, that of universalism in eligibility when help is needed. In the case of the United States, the basic social welfare policies reside in the Social Security Act of 1935 as amended to accomodate changing societal needs. Subject to a great deal of political conflict, the Act has survived for some sixty years. Yet, what motivated its need and passage is still largely intact, including the criticisms of its original opponents. Even then, it would be difficult to locate major influential groups seriously in favor of abolishing it, though there have in recent years been voices heard in Congress arguing in that direction, though none have suggested abolishing the retirement provision upon which millions of retirees depend for a substantial amount of their monthly income. Even when opposition to social welfare laws runs high, it is necessary for serious observers to distinguish partisan attacks from legislative action which depends upon the political

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influence of recipient groups and which, especially in the case of the aged, depend more on accidents of age than political philosophy. None of this is automatic, but as the examples of refugees from all over the world repeatedly show, instead of anything being inherent about the place of social welfare in society, attitudes are learned, and are transmittable. Attitudes toward social welfare and social work are components of consistently held views that at least in the United States, Germany, and Great Britain depend less on which party is in power than on national consensus.

## Social Welfare as Exchange

The exchange principle rests on the long-held assumption that for each act of being given to, there must occur another. First, evidence is to be supplied that the recipient is worthy (or unworthy) of help offered or requested. The recipient must demonstrate true need--expressed as a means test--where, second, the exchange consists of the demonstration that no other assets exist; and the recipient must show that he/she behave consistent with the usually most conservative values of the community. Hence, the almost violent expressions of anger and frustration directed at unmarried mothers who apply for public assistance. A third version of exchange is the attempt to secure work instead of welfare, and the proof that all is being done to find work and so be ineligible for further welfare payment. Whether the reasons for respect or violation of expectations are valid or not is not part of this discussion. What is being demonstrated is that individual responsibility are involved through exchange and not only that, but the kind of exchange that is consistent with the values of the giver, whether private or state and never in recognition of the norms and values of the client. The exchange principle expects the weakness of the client and the strength of the giver. Implicit is that by the observance of the giver's values, the client raises her/his moral standing, though it can only be full restored or repaired by retreating from the position of being needy while seeking public help.

Even where there can be no qsuestion whether a retiree receives a pension or whether it is a welfare check, the following comment by Bellah et al suggests the general philosophy: "...the United States consistently defined Social Security as a system of individual insurance rather than as a common provision" (Bellah et al, 1992, p. 61).

## Operationalizing Self-Help

The practical effects of certain kinds of social welfare legislation are visible nowhere as well as in their application with clients of social agencies and their social work personnel. It is here where the effects, intended or not, are observable and form the ground for changes. This is further supported, at least in the United States, by administrative interpretation and rules, provided after an act has become law. More of less large leeway is often given to those who administer a given piece of legislation, together with the monies, federal, state, or local that are to pay for services--known as appropriations.

Tensions occur between those who operationalize a given social welfare law and its rules, i.e. social workers and clients on one side, and ordinary tax-paying citizens

on the other. Within the exchange model, there come to exist, therefore, situations in which the social worker takes the side of the (often despised) client, his/her requirements, while being perfectly aware of the conflict in values which many social workers, and some clients, share with those who would wish for restrictive policies, combined with a certain amount of moral criticism. In fact, social workers find themselves in the middle, sometime defending the one and sometimes or even at the same time, the other. We are referring here, of course, to the profession-wide ambivalence social workers typically experience and which continues to confront them daily.

To a degree this ambivalence is rooted in the assumption by the general public as well as by the social work profession that social justice is served well only when all needs are met, and preferably by and through central government. An example of the occurred when shortly after the Clinton administration took office in 1993, the National Association of Social Workers issued a policy statement about desirable government-financed health services that proposed total health coverage for all members of United States society (National Association of Social Workers, 1993). The comprehensiveness of the plan went well beyond proposals made by the government, which, as some objected included far too much as it was. The NASW message and that of the Clinton administration agreed on one, but very central, point. It was that societal self-help was the basic philosophical assumption in regard to the attainment of social justice. Both, the government proposal and that by the social work organization agreed on one point: society-wide policies leading to society-wide services without the operation or expection that the exchange principle be at work. Both, in fact, rested on the belief that being a resident of the United States suffices to have, in this case, health needs met through public action for public purposes which met any given member as well as all members at the level where health was thought of, not as individual need requiring an exchange relationship, but rather as a public need, public responsibility, and public respones to any and all members. When viewed in these terms, it seemed little wonder that both proposals met failure, given American traditions in regard to personal responsiblity, public perceptions of potential clients, and--said with some hesitation--public morals.

It has often been commented upon that American government is relatively free of conflicting ideological differences; and that compromise is the ruling dynamic in Congressional government in particular. This is true in all democratic societies, since a basic ability to govern across party and ideological lines is necessary to get the work of governing done. In the area of social welfare, democratic political process is able to accomodate both styles mentioned above, that directed by the exchange principle as well as what we have here called the self-help principle. Moderation in the application of both is needed to make social welfare governing work, for as soon as one style or the other predominate, the process breaks down. Unlike German social welfare services which suggest universal coverqage in health and welfare as a matter of fundamental right, with broad agreement from all major parties represented in the German Parliament, Americans pay the price that support

of the exchange principle demands and that is, that services can be supplied only as long as the actual appliction is earmarked by actual performance, not only by a general attitude. In that sense, health and welfare services are actually earned.

Recent welfare legislation indicates that welfare applicants must be able to prove to the satisfaction of the government that they are engaged in voluntary, energic efforts in looking for paid employment. There is also a history of having to demonstrate that there is no male living in the house of an unmarried woman on welfare. Further, there is much discussion and pressure on unmarried welfare recipients not have children with men not being married to, together with threats of and actual legislation which forbids financial aid for further children out of wedlock. While some taxpayers would hold these strictures as morally desirable on their own inherent terms, politicians and many citizens see these as categories of exchange, so that in return for social services, each and every individual is to assume personal responsibility for conduct becoming a good welfare recipient, and beyond that, by conduct that does not draw the public purse into actually paying, as it is often claimed, for the former's sinfulness. Most criticism is leveled agains the title (part) of the Social Security Act which addresses the needs of mothers and children, known as Aid to Families and Dependent Children (AFDC), which as of this writing may undergo drastic restrictions and other changes through a Republican-dominated Congress. In order to make the principle of exchange as applied to social welfare work more efficiently, there are active efforts under way to decentralize social welfare responsibility by assigning control, including budgetary control, to the States, though with some flexibility. The result is that the exchange principle can be more clearly enforced through local control where recipients of services are known and the preferences of conservative taxpayers carry greater weight than they do with legislative, budgetary and administrative contols resting with the federal, central government in Washington, D.C.

One can argue that comparisons between the United States government and that of the Federal Republic of Germany fall down because of the size of populations, the size of countries themselves, as well as because of such different national histories. No doubt all this is true. But the criticism fails because we are not arguing here about relative values and their validity. The interest here is in what happens in social welfare planning, policy making, as well as administration when one principle predominates over the other. Undoubtedly, there is hardly much purity or exclusiveness on the practical, operational level of running services. What matters in the long run are not even the principles taken by themselves, but the underlying descriptions about the nature of human life, what it is that motivates behavior, how nations and peoples are perceived, the nature of the social contract, and ultimate beliefs. Social welfare policy and social work meet on that level, and depending on their views, either as reasonably peaceful elements or as enemies. One learns in the process of observing these elements, and over long periods of time, that social work to be effective cannot last if it were to portray itself as the alternative to the values held by the majority of its citizens over time, nor that rigid rejection of social welfare

in some reasonable form, defeats the exchange principle that, after all, rests on the assumption of social reciprocity between those who pay and those who receive. Whether in time the United States can subscribe to the self-help principle of social welfare remains an unanswered question. In Germany changes need to take place not only to reduce the current 10.1 million unemployment problem, symptomatic of issues ranging from the integration of the East German provinces, to the structural issues at the base of unemployment. A long-range issue the country will continue to address concerns the restoration of a national identity that can command the support of the population. The excess of trained manpower over the need for personnel, plus a re-thinking of retirement policy, are merely symptomatic of what is to be expected, including a major rethinking of social welfare policy.

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Wieler, Joachim ( 199 ).

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Social Welfare and Social Work

Abstract Za STOCKHOL

There is an (inevitable?) tension at work between social welfare and social work when the two are thought of as two elements in a common undertaking, and to an important degree interdependent. Social welfare is here thought of as the public policies and arrangements a society provides for itself and, therefore, for its population when there is a demonstrated need and where the failure to act would bring harm to the society beyond those directly affected. Social work is one of the major professional mechanisms that transposes social welfare policy into action, i.e. intervenes with actual services in the lives of clients and expends in doing so the financial resources originally owned by those who pay taxes (and in some societies private contributions). The tensions between the social welfare and social work emanate from several sources and illustrate varieties of causes: ambivalence about supporting welfare clients and others who do not work and are therefore assisted and given to without returning anything in kind; the suspicions widely abroad among the population that question the rightness of professionals building careers assisting those deemed morally compromised because of their dependence on the public purse; the loss of direct citizen involvement in bringing assistance to the needy as a result of the professionalization of social work; and a certain reluctance to support professions that find it difficult to demonstrate that their ministrations actually work through research or other convincing ways of accounting for the expenditure of tax monies. A final tension has to do with the suspicion among the population that social welfare and social work, instead of representing a temporary crutch for the needy, actually are an invitation for life-long intergenerational dependency. The point of view represented in this paper is that though at times uncomfortable, the tensions described are healthy in the long run and can probably be defended by the need for accountability in democratic societies.

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December 27, 1997
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# Health Social Work Across Boundaries and Across Cultures: Self-Expectations and the Social Work Profession

by
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Virginia Commonwealth University
Richmond, Virginia
2nd International Conference on Social Work in Health and Mental Health
Melbourne, Australia 12-15 January 1998

We have spent twenty years, trying to understand something about the basics of health social work (Falck, 1984, 1988, 1995, 1997). To accomplish this was to examine the language, the ideas, the assumptions which underlie health social work. We take our own culture for granted, so much so, that it never occurs to us that it is not the only choice we have--or, more importantly that it might be subject to change.

In our discussion we shall largely be guided by the work of Ronald S. Laura and Sandra Heaney, two Australians from University of Newcastle, who published an impressive book, *The Philosophical Foundations of Health Education*, (1990).

When we make choices with cultural blinders on, we also restrict what other choices, or perhaps additional ones, would offer us. If, for example, one might add something to individualism by integrating it with collectivism, thus making a new whole, it might be perfectly obvious that we would practice with a much broader lens. Those things that can only be achieved by that, would become possible. We would institute a social welfare mechanism which would clarify

which services depend on a sophisticated definition of what collectivism might produce, and what by individualism. That might not sound like a very exciting prospect to people who are settled into the practice of highly individualistic clinical casework as if it were the only option. But, it would make a very large difference to those of us who need a sophisticated theory of collectivism as underpinning for our efforts.

As this essay develops we shall refer to membership theory as an answer to the question how to practice with due reference to something beyond individualism. Let me explain then some of its history and its role in social work theorizing. The assumption is, that theory is the basis for application, that is to say, that underneath or behind each technique, stands theory. And beyond theory, there is the influence of a historical-cultural context which we have no time to spell out, other than to merely mention it.

## Membership Theory

Membership theory was invented after twenty years of study and preliminary writing, in the early 1980s. My late colleague, Thomas Owen Carlton, published a book about its uses in health social work (Carlton, 1984). Fundamentally, it came from my studies and practice of social group work. To practice social group work one had to have a group. Either one worked with an ongoing group, or one formed one. The question arose, what is a group and who is the client? Or, to put the question another way,

was there anything basically different in a group, beyond the apparent fact that groups consist of several individuals? The answer was that there was indeed a great deal of difference between several individuals and a group. The difference was that several persons together made for a different reality, and a different result because there was the ongoing relationship among members. And when one took it apart, when one looked more closely, there appeared a difference between the independence of the one--the collection of individuals--and the interdependence of the other.

That, however, was not all. Where would one begin, with the individual or with the collectivity? Did it make a difference whether one first had one, and then many? Would I, for example, first get to know each client separately, then combine them into a group, as if individual health were prerequisite to a group?

The findings were as follows: Each group may appear to consist of individuals, but the truth of the matter is and was that groups were groups and never anything else. Internalization, interactions, social realities, and symbolizations with their unique cultural-historical meanings remained consistent and permanent and retained their presence whether the members were actually "there" or not. The best example one could find was the family. Families consist of members *a priori*.

## Four Alternatives

The rest of this essay is divided into four parts. The first is named 'American Thought in Social Work'; the second 'European Thought in Social Work'; the third 'Individualism

and Collectivism: Eastern and Other Thought; and the fourth 'Membership Theory as an Integrated Mechanism'.

## American Thought in Social Work

> In the process of dividing the whole cosmos into its parts and its parts into even smaller parts, we have robbed nature of the very elements of identity which generate respect for and a moral reponse to what we find there (Laura and Heaney, 1990).

The central idea which governs all of American social work is individualism. Clients are viewed in individualistic terms; their history and their troubles are said to be, or at least implied, to be their own. This has led to a reductionism: whatever happened to a person or was done by a person, ultimately was stamped to be the individual's fate. Since the family existed before any given person did, the reasoning is and was that it has something to do with his/her troubles. This leads to membership formulations in which a person is a member of a group and as such, acts as a component of others, all the time, universally, and permanently.

The individualistic view has dominated American social welfare thinking for a long time, and is usually explainable in American history and the movement of masses that conquered the Continent. The flexibility needed to explain the person who thinks of himself as a pioneer, was dependent on himself, was measured for his or her success by the way in which he conducted himself. It required a measure of accountability that was highly individualistic. It seemed reasonable therefore, to explain trouble and its cure in individualistic terms, no matter what

science said about it. Thus viewed, the individualism of the American pioneer was said to be a product of his situation, of his life style and his essential values. To this day, one can hear people claim to have done it "all alone". Though wrong, it is understandable when one considers that for two-hundred years, the American had to face untold hardships in a large space of land. When he conquered it, he felt proud and independent.

It would be interesting to study the nature of trouble: it was not only individual but it was also very specific. One "diagnosed" it, and then acted while daily life went on. To take time out from work to attend to one's difficulties was unknown, unless it was illness that debilitated. And it became increasingly evident that being ill, having disease was barely short of being personally immoral.

In order to understand American individualism, it is important to consider that the average American is unaware of its meanings and uses. It is part of every day life, a matter of assumption, a matter of "doesn't everyone speak that language". Language is the means that expresses the important parts of one's life. Being as it is, the expression of one's personhood as well as of one's identity is individualistic. The reduction to individualism of which we spoke earlier, is common practice and much human action is termed in individualistic language and thought.

Going along with individualism is short-term help, offered

by social workers who would rather do long-term work. But the society holds that if long-term treatment is what is wanted, let the individual pay, not the collectivity, that is to say the state.

Bellah's et al (1974) attempt to demonstrate that individualism brings serious consequences was widely welcomed. Nevertheless, it would be to exaggerate its meaning were one to claim more for it than to acknowledge it as welcome relief from the preoccupation with individualism. To ask more of it is to destroy the very cultural mythos upon which American society rests.

While individualism has the advantage of focusing on individual rights, it also leaves the person alone. The price for the right to self-determination is carrying the responsibility for one'life, without help offered. If the latter is available, it would be a matter of voluntary, in contrast to obligatory help. And the issue is compounded by the fact that American society engages in convincing the victim and the potential helper as well that help may be available, but only through self-effort.

American individualism is all pervasive. It is a major view of human life and its expression is well-nigh universal in the United States, particularly but not confined, to social work. Because of this, it is by no means a matter of the every day concerns of certain people or institutions. It is as prominent in social work as it is in any other area of

existence. One might easily claim, without much fear of contradiction, that it is one of the few *universals* in the United States, which is anchored in history, and has remained a steady and pervasive influence on every aspect of life.

## European Thought in Social Work

Anyone who has spent more than a tourist's time in Europe senses that there are forces at work that differ in their style and content from the individualism that dominates the United States. These differences are rooted in the varieties of governmental involvements in social welfare activities. They vary a good deal, but what binds them together is the assumption that government has a role to play in the health care system. This role goes far beyond that in the United States, where ambivalence is the guiding motive, one would conclude from what we have said. We differentiate between ambivalence and difference. Ambivalence implies the inability to make up one's mind, to decide, or to come down consistently on one side or the other over the argument about the role of the State, to cite one example. Difference assumes that various political philosophical frameworks will produce varieties of governmental involvement--holding out the possibility that more than one might be equally good.

What is it, then, that differentiates United States and European approaches to social welfare on a political/ethical level? Roger de Week in the October 24th 1997 issue of the German newspaper *Die* Zeit (Hamburg) proposes some suggestive ideas:

'What is today's idea of the social?

> First: With all effort to create equality of chances, there will always be a minority of people who are unable to take advantage of such chances. The social market, rather than the 'free' economy of the United States, is obligatory.
>
> Second: 'Social' is what enables the individual to act and to stimulate small and large communities to engage in self-help...
>
> Third: The state takes on too much when it always acts by itself: it must--as for example, in tax and inheritance law--set rules which encourage socially responsible behavior, readiness to help, and to reward volunteerism.'

As can be seen, De Week asks for neither individualism nor for collectivism. Yet, typically he asks for both in some measure of combination.

We suggest that the 'answer' is membership. Individualism, as the term implies, places responsibility on each individual, while membership assign responsibility to the community, where membership is rooted. Social facts can only be explained by social facts (Durkheim, 1982). Consider what Specht and Courtney demand:

> A community-based system of social care will be *universal*-that is, available to everyone; *comprehensive*-providing on one site, all of the kinds of social services required by an urban community; *accessible*-easily reached by all people in the area designated as the service area; and *accountable*-with community residents having a prominent role in making policy for the service and overseeing its implementation...the center will provide programs to meet the normative needs of all community residents... (Specht and Courtney, 1994 as cited in Rosenberg and Holden, 1997).

Specht and Courtney's views appear "European" in the sense

that they view the human condition both individually and collectively. While Specht and Courtney are Americans, their and Falck's (1988) work are similar and push for a conception of human life that rests on the collectivity. Americans have always felt vague uncomfortable with it, while Europeans have questioned the need for it. We shall return to this idea later.

One by-product of the access of American ideas to European culture has been the tendency to 'Americanize' the latter; and this, in turn, has meant individualization. Yet, there is hardly one European country that does not rely on the collectivity as the basis in social welfare. In fact, as economics cause stresses in European welfare systems, it is exactly these basic provisions which are in danger.

It is necessary to keep in mind that history makes for differences. Europe is far older than the United States. It has garnered experience and solved problems in its own ways that make the United States look, indeed, as the New World, Europe being the Old one. The freshness of the undertaking made for individualism, its spirit of adventure, its flexibility, and though this is gradually changing, the traces can be seen any time. That is not true of Europe, it being much older, far more experienced and more like to be attuned to the balances needed to make for viable societies--balances that fine-tune the radical differences between individualism and collectivism.

And so, one way of understanding the differences we have been speaking of, is to view them in a historical frame, and in terms of national agendas of profound importance. The agendas are

re-enforced in part by post-War efforts at reconstruction, that that needed government intervention to act on behalf of the nation. It was a practical agenda, one that called for collective effort to rebuild and which no group of individuals could have done by themselves.

The point to be made is that symbolization was at work, and determined the value of one's efforts. In a country in which individual effort is highly valued, the collective effort will receive much less recognition than were the opposite true. Where collectivism is held to be the highest value, it will shine forth as the source of glory. But, as we insistently hold, the basic situation, regardless of how one values it, membership, is still genuine and true.

Individualism and Collectivity: Eastern and Other Thought

One of the most critical issues in Eastern and developing societies is the existence of major inequality. These socio-economic tensions result in a dramatic disparity between the poor and the wealthy. Whereas the wealthy have exposure and access to health care, often in Western-oriented institutions, universal, comprehensive, accessible and accountable health care is almost non-existent to the poor which make up the the overwhelming numbers of citizens.

A second source of conflict arises from more politically oriented considerations and is related to the democratization and industrialization of those countries. For instance, in China the tension between traditional holistic medicine and the Western biomedical approach has been used for political purposes since the rise of Communism. Communism promoted Western and traditional

medicine, as well, to help realize its own political course--and not for scientific purposes, at least as understood in Western societies. But what it did do, was to stress the communal character of health care and medicine, which as we have pointed out, was often missing in either Europe and particularly in the United States.

In India, *Ayuverda* as medicine and philosophy was the ancient way of connecting nature, body, and social order to create harmony and purity. In the United States, this idea of health serves as a counter-balance to scientific medicine. All these efforts, whether in India or China demonstrate the tension between the scientific and the traditional and further demonstrate the importance of the cultural-historical context of health. Community-based and culture-specific programs serve as model to bring together the old and the new.

The matter is not confined to China or India, as Laura and Heaney pointed out. In the last chapter of their book they describe four programs to which they refer as "conscientization and health for all". India, Honduras, China, and the United States serve as examples of the programs that have worked and gone wrong.

Even if one viewed membership theory from the standpoint of Eastern ways of thinking, one can detect the relevance of membership theory to it. Membership theory was not invented out of the feeling of inadequacy of Western, Eastern or any other theory, but because individualism is inadequate to explain much of what Western, i.e. American thought covers. Nor does it

substitute Eastern ways of thought for American ones. Yet, its primary advantage seems to be that it touches all of these and attempts to integrate them. Viewed in this way, one can see that membership theory is universal in its application regardless of culture, history, and socio-economic circumstance. Membership theory, respecting culture, nevertheless accounts for what all men and women have in common.

## Membership Theory as an Integrative Mechanism

Membership Theory rests on the fact that it integrates the individualism associated with the American experience, and the European habit of placing State responsibility first by emphasizing community ahead of individualism. Membership theory integrates these, but is also does far more. It articulates the communal nature of all life, something the enthusiast for individualism overlook, causing thereby much suffering and social injustice.

I shall now, briefly, present and define membership theory. Every theory has implications as to how one views the world, how one defines its members, what one stresses and what one ignores. Membership theory is no exception. It rests on two basic ideas, both of which are of equal importance and both of which need to be satisfied. The first is encompassed in the Principle of Conditonal Accessibilty, while the second one, the Principle of Constant Connectedness must also be met.

In regard to the Principle of Conditional Accessibility, there is a rule that says that all interaction is subject to

conditions. In physiological terms, the condition is called boundaries as between cells, between body parts, the blood-brain barrier. In social interaction, the condition is a relationship that is bounded by purposes, by intimacy or by social distance, all depending on the nature and aim of a relationship. In personality terms, the condition refers to internalization as the ever-present process, albeit selective and not arbritrary. But having said this, it is also clear that it is universally true that all life is connected with other lives. Hence, we speak of conditional accessibility, and of constant connectedness. The Principle of Constant Connectedness precludes the separateness of individualism, not because it is not ethically right, but for scientific reasons. There is no separate individual, standing on his or her own feet, independent, separate, and by himself. All human life depends on self and others. Though the language used to describe this is ideological and value centered, connectedness is a scientific fact. The biological, psychological, social, and symbolic aspects of membership are merely examples of the basic data. There is, however, another factor that needs mentioning, that is that all aspects of membership follow the same logical reasoning. All are personal and general at the same time. The communality of human life makes membership theory as exciting as it is.

All this sounds mechanistic in the extreme: instead of practicing from the standpoint of individualism, add a bit of communalism and solve your problems. Yet, the truth of the matter is that we are addressing a complex issue, with due regards to values, and to cultural determinants, which, in turn, rest on presuppositions and assumptions which are by no means

simple verbal statements. Membership theory suggests, indeed demands a re-thinking of what is meant by member; *but that meaning must emerge by re-defining other terms associated with membership, so that all important words are re-defined in context with each other. What demands re-definition is the entire helping effort, in ways such that it become more, rather than less scientific.* That is the challenge presented here and elsewhere. The key advantage of membership theory is that it is universally useful, ranging from the two-member helping situation to groups, organizations, cultures, societies.

At least in the Western world we are ready to have one language, backed by data, to describe the human condition. At the same time, this requires us to re-formulate the ways we think and talk about our clients. Put a bit differently, the implication is that social work is on the way of becoming a science. Exactidude, clarity, rationality are the hallmarks of it. A truly sophisticated social worker understands that science *and* human compassion go together, not against each other.

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N.B. I want to thank my wife, Renate Forssmann-Falck, M.D. for her steadfastness in helping me formulate my thoughts and intentions.

thougths but it is counter-productive to recite it. Let me list what I think needs to be done and why.

1. I think that the first issue needing attention is a boundary problem. I mean by that that the roles of Visitors, administrators and the faculty are blurred and each intrudes on the work of the others. I want to recognize quite specifically that the work of all of us needs coordination and that we do need to talk to each other. However, the roles and functions need clarification and must be respected.

2. It has been my experience in my 12 years here that few board members have much accurate information about our university and how might best fulfill its mission nor understand the roles of the three groups mentioned above. This is particularly the case in regard to the professoriate. And I might add that this is a reciprocal process as well. Naturally some members of the Board see faculty as middle-level hired help. Some have no idea of the co-governance functions of the faculty, that faculty need the freedom to express their views without expectation that every suggestion is to be accepted by administration or the Board of Visitors. At the same time faculty need to know more than than they do about the purpose, the roles and the essentially political source of being a Visitor and what that means.

3. The contacts between Board and faculty (and some others) has been of a "show and tell" nature, rather than realistic and candid discussion of views, problems, issues from which all of us can learn from each other. It has seemed easier to tell the Board about the latest medical miracles than to involve them in what a liberal arts faculty member might think and write about, without equipment, machines, other than his or her brains.

I suggest to you that as much as I welcome your assignment of tasks to Board committees, the more fundamental issue of governance does need to be addressed in repeated, systematic, and cumulative fashion. And each new Board member ought to be strongly encouraged to undergo a training period which involves representatives of the major constituents of the university.

I am not naive enough to think or suggest that what I propose can or should be be a one-time effort and still be effective. It needs to be a constant one, interesting, instructive and evoking the feeling of all involved that it is worthwhile to work together, each within certain boundaries which make one's own work and that of others possible. The Board's performance in picking the new president--you--was a demonstration of its best abilities as well as potential. But it must be said that it was the rarest of exceptions.

In all fairness we have not had the kinds of problems with our Board that the University of Missouri has had with its Curators in Jefferson City, nor has it been remotely as malevolent. But I think that we should ask far more of it than we have, inform it, involve it where is ought to be, and educate it to its role which is to advocate for the VCU, represent it, and support its many constituencies.

Finally, and quite aside from the Board, I hope that as you set up a search committee for a new Vice-President for Health Affairs the School of Social Work would be represented. We have a vital interest in the matter since much of our effort is focused on getting more and better integration of the medical and social welfare concerns in the delivery of services to patients, financing, planning,

and teaching aspects of medical education and health administration.

I am delighted that you are here, a member of the family as you have put it, and think that you have gotten an excellent hold of things despite that damnable problem of money.

Sincerely,

Hans S. Falck, MSW, PhD, FRSH
Professor of Social Work
Professor of Psychiatry
Chair, Health Specialization in Social Work

Board of Visitors

→ 16 M. vom Governor ~~ernannt~~ vorgeschlagen + von General Assembly bestätigt
- 2 x 4 Jahre
- 4 x in Jahren: Sitzungen
- geleitet von Rector, Vice-Rector + Secretary
- wählt ein Präsidenten

latecomers to the debate and have a lot to learn from the former. Most American social workers display little knowledge and interest in ideology or social history in general, and to their own great loss, take the not altogether unpersuasive view that the social worker's job is done when she has seen as many clients as time and energy permit. She simply wants to get on with the work. Her strength lies in her ability to care for each individual and nothing makes her unhappier than when her load exceeds her ability to give what she perceives to be the needed care.

On the British and European side in general one often has the impression that there is a tendency to embrace American ways of thought and practice without sufficient attention to the differences in culture, history and practice that distinguishes the United States in particular from its European cultural relatives. The danger is best expressed in the realization that medical and health care are far more than the expressions of bodily processes which have obvious similarities across cultures. There is a seductive directness in American thought and practice that impresses foreigners who overlook largely if not altogether the fact that this is tied into a nearly total lack of philosophical consciousness among American colleagues. This has led to terrible consequences in a medical system struggling to keep going without guidelines other than strictly financial ones.

Insofar as health social work is concerned, I hope to make the case for a view of community services that for the moment ignores any particular service while attending to a few of the main ideas upon which American social work in the health sector rests, without implying that United Stats social workers have much awareness about these. The central argument to be offered goes like this: American social work thinks of the client (the patient) as one individual at a time, be that in the one-to-one conversation or in groups. It thinks of communities, too, as consisting of individuals as well. All that cannot be expressed in individual terms is given ancillary status, which is expressed in words such as environment, community, group, society, social system. We know of at least one university faculty and administration that has for years tried to define the term "urban university" without success because the definers cannot cut themselves loose--attitudinally and philosophically speaking--from the notion that units of people consist of essentially independent or independence seeking individuals.

Quite contrary to this overpowering tradition very much alive among American social workers, and increasingly so in recent British political life, one needs to object to the individual--community split on scientific grounds. In thinking of factual support for the use of terms in daily life as a legitimate undertaking, one quickly comes to the conclusion that there is no such thing as an individual and that the individual--community split is invalid. We have suggested elsewhere and in some considerable detail that biologically, socially, psychologically and symbolically it is membership rather than individualism that most potently and impressively characterizes human existence. The data are overwhelming in this regard, not are their implications all that recent. In short, community--urban or other--equals membership and vice versa. Hence one would as we

do, reject as invalid the two pillars upon which American social work and so much else, rests. These pillars are individual self-determination and the desirability of personal independence. The first speaks to the ability to make one's own life decisions for the sake of one's self alone and only then for the sake of others. The second addresses the mistaken belief that personal independence is the highest ideal to be attained. In contrast we hold that the preferred aim of social work ought to be to help people make creative use of their naturally given dependency upon each other. The argument explicitly rejects attempts at independence, with or without professional help. We underline that the argument presented is a scientific rather than a purely philosophical and, therefore, speculative one.

American Considerations

Each undertaking that presumes to describe nearly anything at all about the United States needs to begin with the reminder that the population of the country nears 250 million; and with it the insight that nothing that can be said applies to all its citizens. Health care differs because there is a certain negative consistency at work with the diffusion of health services planning and health services delivery. The lack of central planning is no accident because traditionally medical care has been viewed as rightfully the business of the doctors and the right of each and every physician to be the ole judge and determinant of the nature of his own practice as well as his income. However, as costs skyrocketed, as employers paid health insurance premiums for their employees they were unwilling to take out of their profits, as the mechanization of medical treatment became far more expensive than ever before, and as patients began to insist on unlimited medical care, the loose confederation of planning attempts broke down with resultant disparities that left millions of Americans either without health insurance or at levels inadequate to pay ever increasing charges.

Insofar as political ideology determines American health policy it is a rather muted consideration in comparison to Great Britain and other European countries. The American two-party system is far less centered on ideological considerations to begin with, and to the extent that these play a role at all, they tend to be visible within rather than between the major political parties. Both contain with different degrees of emphasis the spectrum from right to left. Yet more significant than that is that there is a basic agreement at work across the entire political spectrum that supports a version of capitalism that strongly emphasizes individual achievement and individual responsibility across the entire range of major social and economic issues. The rejection of national health systems proposal was pronounced in both the Democratic and the Republican parties, although with lesser vehemence in the former and more so in the latter case. This was the case even if various United States presidents from Franklin Delano Roosevelt to John Kennedy, and particularly Harry Truman included national health service schemes in their party platforms. The newly found interest and support for such an approach is based less on ideological

considerations than on economic practicalities, which explains the growing receptiveness among people in both parties to a national effort in this direction. Major economic setbacks, especially the rapidly growing national budget deficit, may yet prevent major movement in the direction of a comprehensive national health care program.

It would be fair to say that social workers and the National Association of Social Workers favor strongly, even enthusiastically a national health scheme and care paid for out of general tax revenues on the federal level. A variety of proposals exist that have been put forward in this regard, the latest being one drawn up by the National Association of Social Workers in the Spring of 1990. This proposal contains a cradle to the grave philosophy, is truly universal in its intent and in the programs it contains, and in all probability has little chance of realization once introduced in Congress and for reasons stated above. Nevertheless, it in all probability represents the thinking of the vast majority of members of NASW. It is important, however, not to draw the wrong conclusions about the ideological bases of the proposal. It strongly incorporates individualistic assumptions, contains the same individualistic values as has been the case heretofore, and would insure and pay for the medical needs of each individual person without regard to family, socially determined circumstances and so forth. It also calls for sickness prevention person by person and has little if anything to say about health care as an expression of social membership affecting the entire society. In other words, it is a telling example of the degree to which the social work profession reflects the core assumptions of American thought and values, rather than that it would offer major alternatives based on scientific findings of many kinds that would question the realism of individualism as a workable basis for social change. One can safely draw the generalization that in social work and elsewhere the supremacy of the individual, in both positive and negative ways of understanding it, predominates American social welfare thinking and that the community is an ancillary concept in both theory and in practice. Any social work curriculum, chosen at random, would support these claims. In fact, a careful review of forty years of social work theorizing from 1939 to l980, undertaken by this author (Falck, 1988) failed to reveal a single attempt to deny that individuals exist in the sense in which individualism holds them to exist, and that groups, organizations, from government to family are anything other than means for individual self-fulfillment. Terms such as community, social context, social system, and environment are regularly used in the ancillary mode, i.e. are listed as second in order of importance when speaking of both. Perhaps the predominance of concern with individual self-determination and individual independence (really the avoidance of dependency) can now find explanation. The overwhelming individualism that governs American social work, including health social work, is powerfully documented by the near total bypassing of important data from many parts of the world in the area of comparative anthropology. Investigators such as Kleinman (Kleinman, 1980; Eisenberg and Kleinman, 1981), the large number of authors who regularly publish in Social

Science and Medicine, a world-wide journal published in the United Kingdom, as well as others such Wendt ( Wendt, 1990) in Germany are either not known or ignored by social work scholars, teachers and practitioners. One could name others. Even holistic views of people and their societies as represented by General Systems Theory and its derivative, Social Systems Theory are regularly reduced to individualism. The single exception in the social work field is the writing of this author (Falck, 1984, 1988) and his associate Carlton (1984). The power of cultural values is of enormous magnitude and by no means shies away under the pressure and constant discovery of new facts. It is the rare exception that non-United States writers reduce social phenomena in particular to the level of individualism to the degree and extent prevalent in North America.

I might be useful to bring this discussion of abstractions down to a few rather disparate and disconnected examples that demonstrate at least one or two important implications of what it is we are arguing. It is always important, as it is here, to label the example for what it is, namely a single case from a myriad of possible others.

It is well-known in Central Europe and in the United States that important demographic shifts in the ages of entire populations are under way. This is illustrated by the fact that increasing millions of older people have children who themselves are in their Sixties and Seventies. The longer the oldest generation survives the greater the financial, emotional, and moral pressure on the younger people--themselves well into middle aged and grandparent status--to "figure out what to do about Mom and Dad". What triggers family conflict but is by no means its only cause is what to do about living arrangements. Such families are characteristically caught between "abandoning" their parents to the nursing home or other institution, or as an alternative to take them into their homes at the precise moment at which they, themselves expect to enjoy the freedom that comes from having grown children. The distrust of institutions in the United States is endemic and not without some understandable reasons. The wish to keep the oldest as well as all others as independent as possible completes the picture of suspicion, ambiguity and ambivalence.

One alternative to institutionalization of the elderly is the community of elderly people, sometimes sponsored and run by churches and other non-profit social agencies but also by private corporations who typically own hospitals or even hospital chains. Even where the home maybe a non-profit setting, as is characteristic of Jewish homes for the aged that are known for their relative excellence, the dynamic of daily exchange is the feeling of guilt by the next younger generation. The rationale for the guilt is the perception of having expelled one's parents from their homes and even their families. The ingredients, moreover, are constant no matter who or how the recipe may be formulated. They are the already mentioned guilt feelings, individual rights versus institutional conformity, being cared for by strangers, that is "those out there in the environment" and removal from the community. No amount of social systems reasoning has resolved or begun to touch on these issues. It is the analysis of membership that offers at least a key to the puzzle,

although cultural resistance to viewing supposedly independent if not sovereign individuals as nothing more than faceless members runs counter to much of the belief system of "free" Americans. It is important to recognize and remember in this connection that the negative feelings evoked by placing people in institutions is only to a very limited sense a psychological reaction explainable in psychodynamic terms. The really central issue is cultural, that is to say, that it is highly problematic for Jewish and other families to place out their nearest relatives because of religious and cultural traditions that are very difficult to change even in industrialized and free enterprise societies.

In societies that value individualism it is no small matter to invoke the notion that the community and the membership characteristics of each citizen ought to dominate decision making; and that in contrast to the perceived freedom of each individual to rely on his (and her?) sovereignty. Precisely the dialectic of which we speak here played a key role in the late War on Poverty. The "maximum participation of the poor" was coined in this connection. It was designed to imply several themes. One was that poor people were to have a voice in decision making affecting social service policy formulation. Another was the expectation that professionals would relinquish some degree of power to enable the poor to exercise their newly-won rights. A third assumed that social services consumers knew better than anyone else what they needed and, therefore, wanted. An underlying assumption which was never proven to be valid, was that the formerly poor could transfer their newly learned skills in neighborhood participation in decision making to other areas of their lives.

One regrets to report that by and large we were disappointed with the results based on our expectations. Poor people did not, by and large, gain much voice in the effective exercise of power, either because they did not possess or gain proper skills and/or because accountability for program development and financing under public auspices with public funds was controlled by those most directly accountable. Furthermore, professionals even when quite willing to share power with clients, discovered that they were needed more rather than less so. And thirdly, it is highly debatable to what extent totally inexperienced people in the intricacies of community living and decision making could be said to have superior knowledge and skills in comparison to trained and paid professionals. If anything, professionals turned out to be more needed than ever.

People without experience in community decision making and the taking of active responsibility for community living, do not learn such skills automatically nor its ethic overnight. It has little to do with motivation. It has to do with upbringing. Both those who think in terms of community first and always, and those who think of individualism and sometime later of community if they do so at all, are equally unable to grasp in a short time the history, ethics, and most of all the techniques of democratic living if they were not brought up that way. There are internalized patterns of assumptions and behaving at work that change slowly--over decades and centuries.

Were one forced to assign one reason only for the many failures in the participation of the citizen-consumers in health planning and in the social services in general, one would surely have to give high priority to the lack of training and knowledge of community living. Were one to any group of people who might have thought through some of the major issues in this regard, it would be reasonable to turn to social workers, teachers, psychologists and, occasionally, psychiatrists. They themselves know little more about the problems involved in community action than the clients they were to serve. What we did learn was that there was little profit in setting up social service, including public health programs, without thought being given to the question of the meaning of community in setting up community programs for mentally ill, mentally retarded, the community roles of the elderly once the changes in the National Health Service and other British national programs get under way.

## Some Underlying Themes

From the experience of a single family in planning for the welfare of an older person and her family, the overlooking of cultural differences among peoples subject to the same culture-blind legislation, to the erroneous but unexamined assumption that people who have had little experience with the demands of democratic living can suddenly act as if their totalitarian experiences were as of nought, there is a theme at work which assumes that change, from new adaptation to personal circumstance to changes in the fortunes and circumstances of entire peoples and nations can be explained and demanded by external circumstances alone. Nothing could be further from the truth and the assumption has been wrong every time it was made. How true the statement is can be documented at length by the experience of the United States with millions of refugees from the Far East and more recently from the Soviet Union, and earlier from all the corners of the earth.

The underlying theme which implies both success and painful suffering is the unresolved conflict between the dialectic of individualism and collectivism on the one hand, and the demands of membership in community on the other. We in the West are simply unable to cut ourselves off from centuries-old traditions, backed by church and state, by business and by labor, by school and parents, by government and the courts, that each individual exists apart from all others, is responsible totally for his or her fortune or misfortune and that all the evidence to the contrary, the human being in the beginning of his or her life, in the middle and at the end, exists essentially alone. It is a view of human life so narrow and restrictive and yet so totally perversive that no amount of factual data have been able to make more than a slight dent in the tradition that has led to and protracted that view. As all know, the development and delivery of health services is no longer a matter of eleemosynary goodness. It has become a massive, politically informed, if not tainted, subject in which money, technification and most of all control have become the hurdles to be overcome before the needed care begins. In fact, the latter is accompanied by these as

eligibility standards, entitlements, and priorities and lately rationing of health care have become the dominant concerns while diagnosis and treatment proceed. The extremes of disregard for the patients' situation and suffering are reached in discharge planning from the hospital which is rarely planning and mostly plain discharge. It is the individual who is conceived as potential patient and discharged former patient with only the most minimal attention given to family, that is to the members of the family and the members of community who could, and when given a chance, often do play a central role in the medical decisions that have to take place when patients are seriously ill or injured, as well at the time of discharge. In other words, medical care in the United States is typically reduced to a business-type transaction in which individuals rather than members are the focus of concern. The system is impersonal, ignores the best of our knowledge about the nature of human membership, has no clear sense of priorities in relation to other human needs and essentially benefits providers and insurers more than the patient.

We submit that the question whether Britain or the United States should retain in one case or adopt in the other a national health service is a crucially important question when viewed in terms of social policy. We would suggest, however, that the time has come to view governmental decisions and the citizens' interests in support or opposition to them be subjected to the test of what is known in social and biological science about the fundamental characteristics and long-term needs of populations.

Absent that we would merely continue to address health care from a financial or policy standpoint alone, the real issue to be addressed is the more fundamental one. It has to do with our conception of the basic nature of the human being, the nature of human membership which, on examination, provides answers quite untraditional when seen in the light of past assumptions that govern health, welfare, and educational provisions.

## Opportunities in British Social Welfare Planning

One is naturally reluctant to prescribe answers to complex questions without having to live with their consequences, and, at that, as a guest on these shores. Therefore, whatever observations one would offer are intended much less to be an American answer than a set of thoughts that happen to come from an American born in Europe and for many years interested in European affairs, particularly in the field of health policy, education, and philosophy. An impressive feature of the current conflict between the British government and large parts of the population in regard to the future of health care is that the debate is not exclusively programmatic or even financial but ideological as well. For an American observer this fact lends the welcome impression that long-term intention plays as much a role as short-term decisions. British intellectual tradition will, no doubt, be helpful in this latter regard and in ways rarely encountered in the United States. The ideology-bound argument is essentially a moral one as has always been the case in this country, or at least for the last 300-400 years. But as already suggested, beyond ideology one eventually

has to face factual, scientific answers which have a strong tendency to take over the field of debate and replace the speculative aspects of political philosophy. We simply know much more than we did thirty or three hundred years ago about the connections between sickness and behavior, that is to say between body and social interaction. We have better knowledge now about how people assign meaning to their common experiences than we did at a time when we assumed that sickness was considered a self-contained, individualized experience and that membership in family and community were incidental at best. How outmoded such a view is in this day may be heard in the protests of relatives of hospitalized patients who regularly complain--albeit with little success--that physicians in particular ignore them and their needs; or when recognized do so not from scientific knowledge but from the goodness of their heart. A decent respect for the knowledge we possess about the effects of the sickness or injury of a given member of the community upon many others is needed if we are to further improve the delivery of health services, acute, long-term, and preventive, that is to say educational in nature, for our populations. It would also require that the basic medical curriculum needs drastic modifications to include work on the basic characteristics and needs of human beings as members of family and community. The latter is nearly absent in such curricula and when available poorly taught, given too little time, and most importantly undermined by most physicians who teach other medical content.

## Conclusions

Aristotele had a view about the human community; and despite the fact that he believed that self-sufficiency was the highest form of individual good, he also said that "[For] in every community there is thought to be some form of justice, and friendship, too; at least men address as friends their fellow soldiers, and so too those associated with them in any kind of community. And to the extent of their association is the extent of their friendship, as it is the extent to which justice exists between them. And the proverb `what friends have, is common property' expresses the truth; for friendship expresses community" (Ross, p. 192 ff.). What Aristotele could not have known is that enmity or mutual ignorance and neglect form community, also because the expression of these sentiments is to have impact simultaneously on other members and on oneself. This is an empirical, rather than ideological concern, and in time it will be treated as such.

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