

Putting the Social Work Back Into Social Work

CHARLES S. LEVY, D.S.W.

Professor, Wurzweiler School of Social Work, Yeshiva University, New York

The Consequences of Confusing Conceptualization

THE lack of boundaries to, and discrimination in, the conceptualization of the social work function has resulted in exaggerated claims, inappropriate evaluative criteria, unproductive intra-professional conflict, and aborted theorization. The consequence has been not only confusion in communication, but also the politicization of professional processes, and ambiguity with respect to the promise and focus of social work practice. One of the manifestations of the problem posed for the social work profession by this state of affairs is the multiplicity of designations for the social work function. It is described as everything from psychotherapy to social policy formulation. As a result, political lines among practitioners are often drawn on the basis of priorities or preferences not infrequently related to the quest for independence, power, prestige, status, legislative sanction, and high fees insured through reimbursement as third party payments. These problems are only intensified by the existence of other professional disciplines which lay equal or prior claim to the various designations, increasing the risks of professional role confusion, jurisdictional disputes, and uneconomical division of professional labor.¹ The purpose of this article is to propose a basis for ordering the chaos which currently confronts social workers and their clients.

¹ Perhaps indicative of the current state of affairs is the article by Henry P. Powers, a psychiatric social worker, "Psychotherapy for Hysterical Individuals," *Social Casework*, 53 (July, 1972) pp. 435-40.

The Essence of the Social Work Function

In essence, social work is a service designed to help varieties of clientele or client systems, i.e., individuals, families, groups, communities, boards, and committees, to clarify their purposes, to fulfill them when they are socially sanctionable, and to relate constructively to their social environments. In these varieties of clientele are represented a broad range of statuses, conditions, and aspirations, mental, physical, medical, and emotional. Not all of these, however, are the appropriate focus of social work ministrations, although they are indeed relevant to the social worker's practice. That is, the fact that a client is ill or in some other way physically or mentally impaired, or that a family, group, or committee is subject to some characterological impediment, is not inconsequential as far as the social worker is concerned, but the impairment or impediment is not itself the focus of the social worker's ministrations. The social worker's purpose is not to remove the impairment or impediment, although that, too, in any degree would be a welcome consequence. Rather, the social worker's professional purpose is to help his clientele relate itself productively to its own preferred aspirations, or institutionally assigned objectives, and to its social environment to the extent that the environment affects or is affected by his clientele's aspirations. The specific nature of the social worker's professional purpose, and his opportunity to achieve it, are shaped by the function of the agency under whose auspices he works, and by his clientele's response to it and to him. The private practitioner will have

fewer constraints on the definition of his professional purpose than the social agency employee, but he may experience fewer opportunities to the extent that the agency represents, and has readier access to, institutional and communal resources. Undue elasticity in the general purpose by which the private practitioner is guided, on the other hand, may effect undue scope and ambiguity as far as his clientele and his own competence are concerned, and undue overlapping and duplication as far as other professional services are concerned.

The concept of social functioning which has been used to describe the purpose of social work may seem to fit the description used here. However it is not sufficiently definitive in that a multitude of physical and mental conditions may be associated with impaired or limited social functioning, and unless specifically excluded as foci of social work practice, may be interpreted as directly amenable to and appropriate for the social work function.² To reiterate the nuclear point of this presentation, which will be elaborated shortly, social work practice is not addressed to the physical or mental condition of the client, or its equivalents for families, groups, etc., but to the client *with* that condition.

Assumed in this view of social work practice is the need for understanding of the condition on the part of the practitioner, its origins, its manifestations, its effects, not as targets of professional practice, but as guides, boundaries, directions, opportunities, and context for practice. The client's age, mental capacity, emotional condition, and so on, represent considerations affecting the social worker's practice. Sometimes they determine the limits of that practice. In the facilitation of the return of a discharged mental patient to his family or commu-

² Cf. Werner W. Boehm, "The Nature of Social Work," *Social Work*, 3 (April, 1958) pp. 10-18.

nity, for example, the age and sex of the patient, and the nature of the patient's competence, will cue the social worker regarding what he can or must accomplish, and the provision he may have to make, to make possible a harmonious relationship between the patient and his social environment. Conceivably, some innate conditions are occasionally improved in the process; the ego support which is often associated with social work practice does occasionally induce fundamental behavioral and even characterological change in clients. But that is not the nature of the change for which the social work function is primarily intended — not, at least, if the definition of professional responsibility is to be sufficiently discriminatory to sort social work out among the human service professions.

Some overlap among social work, psychotherapy, psychiatry, group psychotherapy, and so forth, is hardly avoidable, especially if each of these professional disciplines is flexibly interpreted and applied. Some overlap may even be desirable, for the effect may be reinforcement among disciplines to which clients may be exposed, sometimes as a matter of planning, as in a multidisciplinary service setting. But excessively fluid definitions of professional boundaries are, at the very least, uneconomical, and perhaps as well defy definition and application of professional competence. They may also result in lost service opportunities for clients. Different professional disciplines have different contributions to make to clients. These distinctive contributions will be either blurred or submerged if they converge unduly. In addition, chances are increased of a low correlation between the professional contribution being made and the practice competence required and available for it. In a nutshell, practitioners will not always be the ones best equipped for the professional function they are at-

tempting to perform; and the equipment they do have will be wasted when there are clients who have a need for it.

Foci of Social Work Practice

Allowing for the possibility that the social work function is applicable to persons with most conditions and in most situations, whether as individuals or as groupings of various kinds, and whether in quest or in need of service because of problems experienced or particular purposes to be accomplished, the major premises for the delineation of the social work function may be stated as follows:

1. Despite the breadth of its operational possibilities, the social work function is addressed to the problems, needs, and purposes of various clienteles which affect their relationship with and to their social environment, i.e., other persons, other groups, other social units and institutions and, ultimately at times, society. It is not who and what they are, and what their mission in life or in the life of a particular institution is, that determines the relevance of the social work function to their need or purpose, but the nature of that need or purpose. The need or purpose to which the social work function is relevant is that affecting or affected by the social milieu in which the clientele moves or desires to move, or — because of the clientele's condition or circumstances — needs to move. Thus, an individual may be incarcerated or hospitalized. He is already convicted or diagnosed. What he may have problems with, or what he may need, or what he (or the institution) wishes to accomplish, is what affects his relationship to others in the institution, inmates as well as staff, and to the institution as a whole.

The social worker's objective is to help the individual relate productively and constructively to others and to the institution without worsening his condi-

tion or his situation, and without depriving him of such rights and integrity as are not necessarily depreciated by his status. Or what the individual may need help with is his relationship to others, persons or institutions, outside, either because he left them there, or because he will be returning to them, or because they have something to do with what happens to him in the institution, including his chances of getting out.

The social worker cannot, nor is he professionally commissioned to, consummate all aspects of all of these problems, needs, and purposes, but as an effective support and liaison he can help the individual to deal with them and to connect with the resources applicable to them. He is no mere handmaiden, however, for much that he can do is professionally valid in its own right. The social worker's interventions to help facilitate the individual's management of his social environment call for no mean order of professional skills either, particularly if the social worker is intent on preserving as much of the individual's autonomy as possible.

Similarly with a group in virtually any setting. The group may be composed of persons of any description, and have almost any purpose, except a purpose that a social worker, as a responsible practitioner, could not permit himself to be associated with, or one beyond the legitimate scope of his professional function. What the group may have problems with, or may need, or what it wishes or is charged to accomplish, affects its relationship to others — persons, groups, institutions — who affect it, or whom it affects, or whom it wishes to and can affect. A primary group is helped by the social worker to organize itself and to plan for its experiences within or outside of an agency. The social worker helps the group to deal with agency administration and community facilities to the extent that the group's attempts to achieve

its objectives and provide satisfactory experiences for its members are in any way affected by them. A board or community committee is also helped by the social worker to organize itself and to plan for its experiences within or outside of an agency. But the social worker helps the board or committee to deal with agency administration and community institutions and members to the extent that the latter have some relationship to the implementation of the board's or committee's responsibilities, and so on.

2. Despite the bearing of the physical, mental, and psychological condition of the social worker's clientele upon the problems, needs, or purposes with which the social worker is professionally concerned, the condition as such is not a professional preoccupation for the social worker. The origins, nature, and state of that condition may influence the social worker's professional actions, but are not the determinant of them in the same way that the clientele's relationship to its social environment is. Thus, tracing with the clientele the condition to its sources, uncovering its likely causes, and generating insight into its basic nature so that the clientele may cope with it as a condition, is not of the essence of the social work function. If tracing, uncovering, and insight figure at all in the social worker's practice, other than that about which he may become mindful and which he may take into account along the way, they do so in relation to the clientele's problem, need, or purpose which the social worker is addressing with the clientele. Thus, it is not the schizophrenia which the social worker is probing with a client, but the relationship of the "schizophrenic" to his social environment — other patients, staff, the hospital, the community. It is not the delinquency patterns of a group of adolescents that the social worker probes with them, but the social opportunities and relationships of a group of adolescents who may have been ad-

judged delinquent. It is not the perverse aspirations and dysfunctional motivations of board and committee members that the social worker probes with them but their interpersonal relationships and group experiences which relate to their collective institutional responsibilities, although this may well be affected by the members' wayward aspirations and motivations. It is not the psychiatric disturbances of parents which the social worker probes with them, but their consequences for the children about whom the social worker has an assigned and professional concern. Certainly, any of these persons may find himself curious about what makes him what he is, and do what he does, and he may in fact find himself discovering as much in his interactions with the social worker. But that is not the social worker's professional purpose with him, not the purpose on the basis of which he plans his professional interventions.

3. The conscientious social worker feels an inevitable concern about general social conditions, and public and social policies, which adversely affect many persons. In his professional capacity with clienteles, however, he addresses himself to them with the clienteles because the latter are affected by these conditions and policies, or because they carry institutional responsibility in relation to persons who are affected by these conditions and policies. He may feel and act upon a sense of professional responsibility to effect social change and influence policy decisions, but it is incumbent upon him to work toward such changes and policies which affect his clientele's problems, needs, and purposes in relation to their social environment, not infrequently in concert or collaboration with his clienteles. With or without them, he tackles institutional policies which deprive his clienteles of means, services, or opportunities, or which prevent them from adequately implementing services

to others. These policies may be internal to his employing agency or external to it. If the former, he attacks them in his staff capacity; if the latter, he attacks them as advocate of his clienteles and of the changes their social well-being requires.

4. Despite the delimitation in function which this discussion implies, a considerable range of foci characterizes the social work function. The particular choice of focus for the social work function depends upon where the problem, need, or purpose of the social worker's clienteles is located. Thus, if the problem, need, or purpose with which the clientele requires social work help stems from, or is generated by, what the clientele does or does not do, the social work focus is on such adaptation of its behavior patterns as will effect the consequences sought, ultimately, a salutary impact on the way in which the clientele relates to its social environment. If the problem, need, or purpose is affected by the behavior or responses of others, then the social work focus is on the behavior or responses of these others, institutions, included, in order to provide greater equilibrium or harmony between them and the clientele, providing such equilibrium and harmony improve the clientele's social well-being and social effectiveness. The clientele, of course, is a critical and often autonomous collaborator in the process. A discharged patient scheduled to return to his family, for example, may need social work help to equip the family to prepare for and deal with the patient adequately and healthfully. And a board or committee in search of resources for the maintenance and improvement of agency services may need social work help to equip it to find and tap such resources.

Finally, if social conditions and social policies are the barrier to the clientele's social fulfillment or social productivity, the social work focus is on social and policy change.

Choice of focus need not be exclusive. That focus is selected which correlates with the locus of the problem, need, or purpose to be served. If all the loci apply, then all the foci are applied.

What the Social Work Function is Not

The social work function, therefore, is not intended for

1. The treatment of physical or mental conditions, but rather for service to clienteles of various physical and mental conditions and circumstances, who have a problem, need, or purpose affecting their relationship to their social environment.

2. The inducing of conformity to a service setting, even an authoritarian one, but rather for helping clienteles to cope with and make constructive use of the setting, as well as their relationship to it and its populations and to others outside of it.

3. The implementing of the goals of a service setting except for that goal which is a service described as social work, and which implies attention to the problems, needs, or purposes of clienteles that affect the life of the clienteles in the setting and in the clienteles' social environment generally.

Application to "Host" Settings

Settings in which social work is more or less incidental to another, prior purpose, like schools, jails, armed forces, or hospitals, dramatize the need for functional clarification. There is a tendency to regard social work in such settings as congruent with their primary intentions, or subservient to them. The ministrations of a social worker in the army may be viewed, for example, as a means for returning a soldier to combat or, at least, for helping him to adjust to military life. Or those of a school social worker, as a means for improving a child's learning

capacity or, at least, for influencing him sufficiently to be less disruptive in classes. And so on.

These are corruptions of the social work function, and confound it. The social work function in "host" settings is more properly addressed to the socially oriented problems, needs, and purposes of their clientele the identification of which, and service for which, becomes possible because the clientele are in the setting, albeit for other reasons and purposes. These reasons and purposes may or may not be better served as a result — often they are — but the availability of social work service is a matter of right and title in its own terms. To put this another way, social work service represents an opportunity to provide in the "host" setting a service which complements other services in the setting, all of which collectively conduce to the well-being, social and otherwise, of clientele, and all of which enhance the effectiveness of the setting. In residential or quasi-residential settings particularly the proximity of the social work service to the setting's primary intentions, e.g., medical, psychiatric, or educational, is especially apparent, since clientele live a considerable proportion of their lives in the setting and, whatever the reason for their being in the setting, they experience relationships, associations, and social exposures to which social work service is peculiarly relevant. In addition, of course, they may have problems, needs, or purposes in relation to that part of their social environment which transcends or exceeds the boundaries of the setting. Social work service, therefore, is not merely a means to some particular and envisaged by the administrators of the "host" setting, but a means to ends which merit their own integrity, and which may be valued whether or not they serve the avowed primary ends of the "host" setting. It stands to reason

nevertheless that clients who experience helpfulness or social satisfactions in other, often connected spheres — like the client whose anxiety about his impending surgery or his diagnosed disease is allayed in a conversation with his peers during a party planned under the tutored eye of a social group worker — sometimes proceed more productively through the more traditional regimen of the "host" setting.

If the pupil who has been referred to the school social worker does not become a better learner as a result, does that mean the social work service is a failure? The outcome may be a disappointment for the school, but the criteria for evaluating the outcome should be related to the social work mission.³ Problems, needs, and purposes other than those related to learning, and the discovery of which the pupil's learning problems make possible, may also require and deserve attention. If they fall within the social worker's domain, then another order of productivity applies. With luck the pupil's learning problems may also be affected, but that is not the expectation; nor should it be the only reason for resorting to the social work function.

Of course, the social work function need not be resorted to, either in schools, or hospitals, or jails, or wherever, but if it is, it should be as social work, and for what social work purports to do, not something else. Clientele may need access to that function whether or not it facilitates the primary goals of the "host" setting. Nor is this an imposition, given the readily articulated protestation of institutional concern for the "whole man." On the other hand, social work does help to remove obstacles to the effective use by clientele of institutional services.

³ Cf. Charles S. Levy, "Inputs versus Outputs as Criteria of Competence," Vol. 55, No. 6, pp. 375-80.

Implications for Diagnosis

What does all this do to the concept of diagnosis which has been fondly employed by generations of social workers? For one thing, it taints the medical version of the concept which undoubtedly has colored social work usage. This version, according to one reputable dictionary, characterizes diagnosis as "the process (notice of *the*) of determining by examination the nature and circumstances of a diseased condition . . . the decision reached from such an examination."⁴ I suspect that this version of the concept has perpetrated considerable mischief for the social work profession, according to one reputable dictionary, characterizes diagnosis as "the process (notice the *the*) of determining by examination the nature and circumstances of a diseased condition . . . the . . . a determining or analysis of the cause or nature of a problem or situation . . . an answer or solution to a problematic situation."⁵

This fortifies what may be proposed as a social work version of the concept, a version especially suited to the social work function with the social work still in it. It consists of three elements:

1. That affecting clients with respect to whom diagnosis affords guides in dealing with them; what the social worker can know about clients is relevant to the way in which he performs the social work function but not to the substance of that function.

2. That affecting clients' problems, needs, or purposes in relation to their social environment; what the social worker can know or discover about them is that to which the social function is indeed, and primarily, addressed.

3. That affecting the helping process; what the social worker can know, dis-

⁴ The Random House Dictionary of the English Language (unabridged edition), 1967.

⁵ *Ibid.*

cover, hypothesize, and constantly reevaluate about what goes on between himself and his clients, and between them and others along the course of his practice, is what he uses to plan and reconsider his role and actions to affect the clients' relationship with and to their social environment, and to help the clients deal with problems, needs, and purposes associated with that relationship.

Conclusions

Diagnosis becomes therefore a process related to the social work function rather than a process independent of it. Diagnosis is an aid in the implementation of the social work function and not a process in its own right. Its objective is not complete understanding of clients and their conditions, or of the origins and causes of those conditions. Its objective is rather such understanding of clients and their conditions as will facilitate the practitioner's opportunity to help clients with those conditions to relate effectively to their social environment. Measures of effectiveness in this context would include the capacity, the equipment, the resources, and the readiness of clients to cope with problems they are having or anticipate having with persons and institutions with which their life circumstances require them to deal. These would include also the opportunities of clients to meet needs which impinge upon their social environment or upon which persons and institutions in the life space of clients impinge. And they would include capacities and opportunities of clients to fulfill goals and aspirations to which they are legitimately entitled and which are achievable given a modicum of responsiveness to them on the part of relevant persons and institutions around them.

The plumbing of clients and their conditions is not an aim of social work practice, although an understanding of

them may be useful in the attainment of the ends of social work practice. Neither is the modification of clients with respect to their physical or mental conditions the aim of social work practice. If change is sought, it is not of clients or their condition as such, but of the ways in which clients deal with persons and institutions around them, and the ways in which per-

sons and institutions around them deal with them.

Social work, in other words, is not a therapy for clients and of clients but a service *to* clients, to help them manage themselves in relation to the social environment and, when indicated, to manage their social environment in relation to themselves.