

both for individual advancement and for company publicity purposes. (308: p. 280) Such activity, moreover, is not seen as a matter of choice for the man who wants to get ahead or for the corporation fighting to stay in the public eye. It is part of the sober game of business, and one result is that the attitude of those who play it soon changes from enthusiasm to "one of apathy and weariness." (307: p. 485)

SUMMARY - It seems likely that "the gradual monopolization of money-raising campaigns by the business world" over the past fifty years noted by Ross in Wellsville (308: p. 280) is a general development in urban-industrial America as well—though the withdrawal of big corporations from direct involvement in the affairs of satellite communities may be a variation on the theme. It is likely, further, that the changes this pattern of control has brought to Wellsville have occurred elsewhere, too: from giving by the pious and wealthy only, to giving by all sections of the community; from giving as a means of securing reward in heaven, to securing good public relations on earth; from church control of fund-raising to less-direct but still effective business control; from stress on people in need to stress on the efficiency of agencies; from leadership by amateurs to trained personnel working in professional organizations coupled with careerists from business; from reliance on a sense of individual responsibility to reliance on group pressure. (307: pp. 485-486) Like so many main tendencies of urban-industrial society, the shift in control of welfare agency and welfare policy has brought mixed blessings. Without more knowledge of this area, only the bold and hasty would tell us where the good and where the bad lie.

pp. 282, 126 Greenwood

XI. The Emergence of a Social Work Profession

ANY CONSIDERATION of how the welfare services are organized must deal with the people who man the agencies. The professionalization of social work is therefore one of the more important developments in American social welfare. This is a reflection of the growth of the professions that accompanies industrialization everywhere, but in America the process has perhaps gone farther than in other countries and with greater repercussions.

Professionalization of any occupation involves several characteristic processes and effects. It means that efforts will be made by the professional group to control the type and standards of work done in its area of competence; that practitioner-client relationships will assume new forms; that decisions about the proper methods of supplying services and directions of future development of practice will tend to be delegated by the larger society to the organized professional associations and to the professional schools; that the profession will assume a certain status in the hierarchy of professions, influenced by and influencing popular stereotypes of the profession and economic returns to the practitioners; that certain ethical obligations will be self-imposed by the practitioner group; that jurisdictional disputes over areas of competence with related professions will arise.

Many of these characteristics of professionalization are evident in American social work. Since they have not been intensively studied, the picture presented here must be regarded as partial and suggestive only.¹

¹ The following analysis of professionalism is indebted to the work of Professors E. C. Hughes of the University of Chicago and R. K. Merton and W. J. Goode of Columbia University. Cf. Caplow, *The Sociology of Work* (50).

What Is a Profession?

What is the difference between an autoworker and a physician, or an electrician and a lawyer, that makes us speak of one as a professional and deny the label to the other? Both in the minds of the lay public and professional groups themselves the criteria of distinction seem to be two: (1) The job of the professional is *technical*. (2) The professional man adheres to a set of *professional norms*. The degree to which an occupation fits these criteria is the degree of its professionalization.

A profession claims *exclusive* possession of competence in a specified area. This competence is "technical" because it comes from a systematic body of skill and knowledge acquired only through long, prescribed training. The profession represents a monopoly of skill, which is linked to standards of training and which justifies a monopoly of activity in an area. It is felt that not just anyone can do the job, so the job territory is marked "off limits" to the amateur, often by law.

The basis of the claim to technical competence varies—with each profession emphasizing the distinctive features of its own background. Medicine, since its "reform" in the United States some fifty years ago, has emphasized its roots in a scientific body of knowledge along with high, rigorously defined and enforced standards of training designed to impart that body of knowledge. Contrast the ministry. It, too, stresses rigorous standards of training. But clearly it does not claim possession of a science-based body of knowledge (though its doctrines are well-codified and systematized). It is medicine and not the ministry that has become the preferred model for social work, and a close relationship has developed between them. One result of this has been the recent increase in social work efforts to undertake the research needed to establish a unified scientific base—exemplified in programs of research developing at several schools of social work. Just as there is no mistaking the sphere of competence of a physician, no confusion about how one becomes an M.D. or who has a right to the title, social work has hoped through science-based effort to achieve similar status, to enable it to render

service and achieve rewards befitting its spirit and its professions.

The criterion of "technical" is not enough, however. The barber goes to a trade school, has an apprenticeship, and forms an occupational association to uphold standards, regulate entry to the trade, and get legal sanction for his practice. But the success of the claim to professional status is governed also by the degree to which the practitioners adhere to a set of moral norms that characterize the established professions. These norms dictate not only that the practitioner render *technically competent*, high quality service; but that he be *impersonal*, *objective* (the professional avoids emotional involvement), *impartial* (he does not discriminate, he gives equal service regardless of personal sentiment), and be motivated by a *service ideal* (devotion to the client's interests more than profit should guide decisions when the two are in conflict). These norms function to govern conduct among members of a profession and between them and their clients. Professional codes of ethics help to maintain such norms.

The degree of professionalization, then, is measured not just by the degree of success in the claim to exclusive technical competence, but also by the degree of adherence to professional norms of conduct. We will consider these norms further when we discuss client-professional relations.

Why Does Professionalism Increase?

The "demand" for a profession of social work, as for other professions, has arisen in the context of, and as a result of, several trends discussed in Part I. Specialization itself, a prerequisite to professionalism, is the result of the underlying industrialization process. Rising productivity and income not only permit but *force* the eventual withdrawal of population from farming and manufacturing. These people are channeled into the tertiary service "industries"—service professions and occupations of all kinds, from physicians and social workers to beauticians and television repair service men. Specialization in the service industries, of which social work is one, is bound to increase with industrialization's advance.

The growth in scale and complexity of social organizations—business corporations, labor unions, professional groups, social agencies, units of government—is likewise a factor, because it creates a demand for liaison and contact men of all kinds. We need guides, so to speak, through a new kind of civilized jungle. Social work is an example par excellence of the liaison function, a large part of its total activity being devoted to putting people in touch with the community resources they need but can hardly name, let alone locate.

Also involved in the shift toward professionalization is the prestige of science. Every practice modeling itself on medical lines wishes to shine with the light of science, real or simulated. Quite early the devotees of the human adjustment arts began to yearn toward a goal of "social engineering." The empirical, critical, rational spirit of science has found its way into nearly every type of activity in America. And it has become particularly important to social work because the neighboring, established professions, especially medicine, to which social work looks for its model of professionalism, stress scientific knowledge as the basis for professional practice. *see 284*

Finally, in any complex society with strong traditions of freedom, there is a general tendency to preserve the autonomy and privacy of the different spheres of life—familial, religious, professional, political, cultural, military, and the like—and for each to respect as well as influence the others, while running itself by its own standards. This is essential to the maintenance of the freedom and efficiency of each. (Cf. 327.) Professionalism, involving as it does the use of esoteric skills and knowledge, is conducive to such autonomy. This autonomy, combined with professional prestige, makes it easier for the occupational group to resist the interference of lay opinions and pressures. Professionalism thus extends, in a measure, the power of an occupational group, both over its own members and the client public.

Aside from these organizational pressures toward professionalism, there is a big push from the workers themselves. What is happening to real estate dealers (realtors), junk dealers (salvage consultants), and laboratory technicians (medical technologists)

is not professionalization in any exact sense. But it is true that hundreds of occupations aspire to a prestigious label and use the established professions as their model—both for their label and ultimately for the organization of their work.

At least three rewards of professional life provide impetus for this trend. First, the professions have high status. Research consistently reveals that Americans place the professions at the top of the occupational prestige scale. Second, the professions have high income. Although starting incomes for many professions are low, and average annual incomes for some remain below many craft and business occupations, lifetime earnings and lifetime security for the professions are very high indeed. (312: p. 99) Third, job simplification and standardization for one portion of the labor force (see Chapters III and IV) reduce intrinsic job satisfaction; the job becomes a necessary evil. The drive toward professionalization, through stress on the moral and ethical aspects of work, through celebration of the service ideal and creation of a sense of internal community, may be seen as a way to give new meaning to the job.

Social Work: The Area of Competence *see 286 1. para*

In the long run, the social workers' move toward professionalism—the establishment of formal training programs, the learning and celebration of professional norms—will not be fully successful without the delimitation of a clear area in which social work, and no other occupation, has technical competence.¹ Social work has made strenuous efforts in this direction, but has been faced with difficulties deriving from its traditions and its field of activity.

Historically social work consisted of a tradition of concern for the welfare of people, especially the disadvantaged. But no group can claim monopoly of humanitarian philosophy, or create a profession out of it. To the extent that people believe that every citizen has the duty to improve the common life, social work (as

¹ Nor will licensing, currently pursued by social workers, "make" the profession. Egg-graders have been licensed for some time in Indiana, well-diggers in Maryland, horseshoers in Illinois, plumbers in many places, and so on.

cannot deal with strengths and inner resources which, if freed from the shackles of fear, inhibition, and other types of psychological blockage, will enable him to become effectively self-responsible (excepting, of course, psychotics, babies, and the like). A man out of work, for example, will not usually be supplied with a job, but will be helped to understand why he will not seek, or cannot hold, one—or why one is not available to him on his terms. Casework's motto is "help people to help themselves." To this end training stresses knowledge and insight into psychological processes, both of the client and worker. Exhortation and coercion are avoided.

Caseworkers hold that social welfare programs cannot be built except on a sound comprehension of these aspects of human behavior. Although the importance of economic and other environmental factors in creating and conditioning individual problems is recognized, and "environmental manipulation" (for example, referring a jobless man to an employment service using community resources) is considered a proper part of treatment technique, this aspect is not stressed.

We have been speaking here of casework. But it is worth noting that in recent decades even group work has absorbed into its knowledge base a good deal of the same dynamic psychology with which casework is imbued.¹ Social group work, as compared to other types of group leadership, is personality-focused rather than activity-focused. Its object is to use group processes and structure—leadership opportunities, social pressure, and the like—to improve or develop the individual's personality and help him learn to live successfully with others. Acquisition of skills, activities for their own sake, competition are usually subordinated and controlled to the ends mentioned above.

In some quarters even community organization for social work (social welfare planning), which would seem to have its natural basis in sociological rather than psychological perspectives, is construed in interpersonality terms. An alternate concept of

¹ See, for instance, the article on "Social Group Work" in the 1954 *Social Work Year Book* (336) or Gertrude Wilson's and Gladys Ryland's *Social Group Work Practice* (413). Quite recently, and not to any extent in print, this emphasis has been challenged in favor of a "group dynamics" theoretical background. (Cf. 412.)

community organization currently in vogue focuses on the process of working with groups in the community rather than on the substantive problem of identifying areas of social need and organizing to deal with them. This approach uses the term "inter-group work" rather than community organization but here, too, psychological perspectives are dominant.

Social Welfare Occupations: The Extent of Professionalization

We have been speaking informally of "social work professionalization." The fact is, there are a number of social welfare occupations, diverse not only in skill and job content, but also in degree of identification with and preparation for social work as professionally conceived. Some groups are actively engaged in pressing for professional status; some are passive toward the idea of inclusion in the profession; while still others may be consciously opposed. Before discussing some of the implications of professionalization for practice, it will be useful to present the existing pattern, using formal social work education as the best available measure of professionalism.

Extensive data on the social welfare occupations and on the social characteristics and working conditions of welfare workers are contained in *Social Workers in 1950*, a report prepared by the Bureau of Labor Statistics of the U.S. Department of Labor and published by the American Association of Social Workers.

Table 9 shows the estimated distribution of welfare workers by "program" or field of service, and the degree of professionalization of each as measured by the percentage of workers in the program who have completed two or more years of training in a graduate school of social work. Of the estimated total of 74,240 persons in the United States in social work positions, as defined for purposes of this study in 1950, only 16 per cent had completed the full two-year graduate curriculum. An additional 11 per cent had one to two years, 13 per cent something less than a year; 60 per cent had no study at all in a graduate social work school. Comprehensive data of this sort have not been gathered since 1950. However, there is reason to believe that the picture

presented here has not changed appreciably (see section on "Recruitment," page 309).

Public assistance workers, by far the largest group (41 per cent of the total), are in the main without professional school training. However, public assistance is considered by people both inside

TABLE 9. DISTRIBUTION OF U.S. SOCIAL WORKERS ACCORDING TO PROGRAM AND PROFESSIONAL EDUCATION FOR 1950

Program	Number of workers	Per cent	Per cent in each program with 2 or more years in graduate social work school
Public assistance	30,110	41	4
Work with physically handicapped	1,756	2	8
Work with adult offenders	2,298	3	8
Work with aged in institutions	652	1	6
Group work (including recreation and informal education)	8,764	12	11
Other services to individuals	3,999	5	19
Community organization	2,675	4	22
Child welfare work:			
Noninstitutional (except court)	6,645	9	29
Institutional	2,599	4	23
Court services	1,943	3	11
School social work	1,210	2	17
Other family services	4,749	6	42
Psychiatric social work:			
In clinics	1,071	1	83
In hospitals	1,182	2	48
Medical social work	2,804	4	49
Teaching social work	518	1	74
Not reported	1,265	2	..
Total for all programs	74,240	100	16

Source: U.S. Department of Labor, Bureau of Labor Statistics, *Social Workers in 1950* (375: Table D-3, p. 39, and Table D-14, p. 48). Percentages do not add to 100 because of rounding.

and outside the field, and by the public at large, a social work operation. Public aid agencies, in cooperation with state and federal authorities, have constantly tried to raise the standards of social work training among their employees, and have supported fairly extensive stipend and work-training programs toward this end. Also, where trained supervision is available, professional schools of social work frequently use public assistance agencies for student field work placement.

Obstacles to further professionalization of this program exist, however. First, public aid is largely locally administered, and changes are therefore difficult to effect, however strong the desire of many state and federal administrators for higher standards. The local welfare worker's job is still viewed as one of eligibility determination by "relief investigators." Second, public welfare personnel are among the lowest paid professional and semi-professional public employees. A recent study in the state of Florida, comparing salaries of Department of Welfare personnel with those of other departments in the state government shows

TABLE 10. DISTRIBUTION OF PUBLIC WELFARE EMPLOYEES AND OTHER PUBLIC EMPLOYEES IN FLORIDA ACCORDING TO SALARY FOR 1954

Monthly salary	Department of Public Welfare	34 other state departments
(In dollars)		
Under 300	87.6	46.7
300 to 450	11.6	39.8
450 to 600	0.7	8.7
600 to 700	0.1	2.3
700 and over	0.0	2.5
Total	100.0	100.0

Source: Florida Department of Public Welfare, 1955-1957 *Legislative Program* (106: p. 11)

this clearly. Figures in Table 10 show percentage of personnel in each salary class, as of September, 1954. Since the bulk of those who earn less than \$300 per month in the Welfare Department are "visitors," who must in most cases possess a college education and provide themselves with a car, more than training or ability is reflected in these figures.

Thus, both incentive and resources for expensive professional training are lacking. Finally, the size of the group needed in this program has rendered substantial professionalization unlikely, since in 1950 there were only about 20,000 employed social workers in the whole country with one or more years of professional education in an accredited school of social work. (375: based on Table 2, p. 6, and Table 5, p. 9) In this field, therefore, professionalization as measured by present social work standards can occur only slowly.

The nature of the clientele of public assistance programs, especially Aid to Dependent Children, has changed in recent years. In many cases the ADC families need not only financial aid—a matter of bookkeeping and eligibility checking—but skilled, rehabilitative casework service. This challenge to provide more skilled service has received increasing attention. The Bureau of Public Assistance in the Department of Health, Education, and Welfare has sponsored several regional conferences, aimed at awakening the states to the need for casework service in the ADC program. In 1956, for the first time, federal grants were authorized for the training of public assistance workers, and for research in the rehabilitation of public assistance recipients (though a bill to appropriate funds under the authorization was later defeated). Several states (for example, Michigan) have begun to place training supervisors in local public aid bureaus and have approached professional social work schools with plans for the casework training of public assistance workers.

There is evident in all this a recognition of the complex tasks comprising the public assistance function and an attempt to identify and segregate those aspects which justify professional skills. Studies are presently under way to see which of the tasks in public assistance are sufficiently routine to be allocated to semi-professional positions—much in the way that scarce physicians have yielded small slices of their job to new technical and semi-professional personnel (x-ray and laboratory technicians, and the like). Three outcomes of job evaluation are possible: provision of expanded professional service to supplement a streamlined eligibility determination operation; maintenance of only the limited amount of casework (including skilled referral) that has been present in the combined job in the past—as ever larger portions of the total operation are taken over by personnel with little professional consciousness; or complete elimination of the casework aspect of public assistance.

Work with the physically handicapped is an uncertain area with regard to social work identification (only 8 per cent of its workers have full training). Although many private agencies (for instance, League for the Handicapped) are clearly in the social

work tradition and strive to raise their professional standards, the major rehabilitation program in this country, run by the states with federal financial participation, is typically administered by state departments of public instruction or similar bodies having an educational orientation. In consequence, the training emphasis in many states has underplayed social work. In some states there is even a definite antagonism to social work in this program. Whether in the future more social workers will be employed in it depends on general developments in rehabilitation work (the 1954 federal legislation expanding the program promises a heavier social work investment¹), and on the availability of trained personnel, especially medical social workers. Part of the responsibility for the situation may rest with schools of social work themselves, for social work education, except with regard to medical social work, has not given much attention to training for this field. That the rehabilitation counselor's job is not a casework specialty seems to have been accepted. Whether it is essentially therapy, or education, or something else, is not clear.

Work with adult offenders, mainly in probation and parole programs, has not been social work oriented. Until very recently, professional schools of social work have evinced only minor interest in the field, and there is considerable question whether the caseworker as presently equipped could operate effectively in an atmosphere of high authoritarianism and "toughness." Moreover, most adult offenders are male, while most caseworkers are female, which might make a poor fit for this type of work. The federal probation system employs some trained social workers, and recently a few local and state probation and parole officers have been seeking trained casework supervision for their workers, and investigating opportunities for training the staff itself. One has the impression that this is a field that will move toward social work identification, but, as the 8 per cent figure on social work education shows (Table 9), it is likely to be a slow process. The chance for speed depends on the ability of social work education to be flexible in meeting the peculiar needs of this field, and on the salary and other incentives offered.

Child welfare work presents a varied picture of professionalization. Court services comprise mainly probation officers in juvenile courts (some of whom will be working with dependent rather than delinquent children). In many places court social workers are still political appointees; even where under civil service, they may be required to have only a college degree and "good character." Recently there has been an increasing degree of awareness among public hiring authorities that casework skills are needed for this sort of work, and some tentative exploration of methods for providing the training has occurred. Professional consciousness in this area remains on the whole low—with consequences we will discuss below in the Role Conflict section.

School social work, more commonly known as Visiting Teaching, straddles two disciplines. In some jurisdictions social work training is required for employment, in others the stress is on training in the field of education combined with some lesser preparation in casework. The professional organization of these workers, the School Social Work Section of the National Association of Social Workers, is fully identified with social work. However, the high educational requirements of the NASW which went into effect in October, 1955, will henceforth prevent all but those who complete graduate social work training from joining the professional association.

Community organization workers (22 per cent professionally trained) are employed mainly in Chests and Councils of Social Agencies, with some additions from state and national planning, coordination, and social action agencies. Such agencies are on the whole closely tied to social work, and have played a key part in promoting professionalization. Social work training for community organization work, however, is not widely offered, and the literature in the field is scanty, compared to the flood of books in casework. Because of the limited number of community organization positions relative to other jobs in social work, the flow of students has been too small to support a community organization major except in the larger schools. The need for skills not characteristic of social work—public relations, research, accounting—also helps to account for a rather low degree of social work train-

ing in this group, which by other standards is professionally conscious.

Group work, including recreation and informal education, is again a divided field with respect to social work allegiance. Many of the employing agencies in this type of work (YMCA and YWCA, Girl Scouts and Boy Scouts, settlement and community houses) are large and venerable and in the absence of a crystallized, established occupational specialization for the kind of work they do they have tended to cultivate their own specialties. The YMCA has for years looked to George Williams College and Springfield College as its major sources of trained personnel, and "YMCA work" is widely recognized as a separate occupational category if not profession. The Boy Scouts, though perhaps not so training-conscious, similarly maintains a training center for careers in "Scouting." The YWCA and the Girl Scouts, on the other hand, have tended to look to the accredited schools of social work for their paid staff members, although the limited supply of personnel from this source has made it necessary to recruit staff from a variety of sources. Jewish community center work has also been social work identified, and the settlements have been moving in that direction, though more slowly. Rural programs (4-H, Future Farmers of America) have little social work orientation.

Some programs that classify themselves as "character-building" are somewhat antagonistic to social work. Part of the difficulty here has been the inability of practitioners in the recreation and leisure-time activities field to understand the objectives of group work, and to grasp the ways in which it differs from what they customarily do. Finally, recreation workers are often trained in Schools of Education, adding an element of divided allegiance to an already complex situation.

Family services other than public assistance show a high degree of professionalization. These services include employees of the high-standard member agencies of the Family Service Association of America. There are some family agencies under religious auspices, as well as those under court auspices, which have lower standards, at least as far as social work is concerned. On the

whole, however, family service is highly identified with social work and is well on its way to complete professionalization.

Medical social work is a solidly social work occupation, with high professional standards. Inability to obtain adequately trained people, rather than lack of desire, is the main obstacle to more complete professionalization.

A high degree of professionalization is evident in the psychiatric field, especially among social workers in mental health clinics (83 per cent have had two or more years of graduate social work). Many of the large state hospitals, particularly in more rural areas, still employ "psychiatric social workers" with little or no training. Clinics, however—both child and adult—exist mainly in urban centers and have from the first maintained high standards for all professional employees. Moreover, because of their high prestige and relatively favorable pay scales, they have consistently been able to attract trained people when other agencies, aiming at equally high standards, have gone begging for help in an undermanned field. Although psychiatric social workers are very highly identified with social work, it is among members of this group that we find most strongly the "psychotherapy" conception of casework, and a tendency to extend the social work role in the direction of medical, and more particularly psychiatric, practice, in order to achieve the rewards of professional status that psychiatrists have. There is a difference of opinion among social workers as to whether persons entering "private practice" are still in the field. To some it seems that the few who go it alone adopt a professional stance at the cost of abandoning social work.

The above analysis, though it gives only a rough picture of the peaks and valleys of social work professionalism, provides the background for discussion of some universal aspects of professionalization and its consequences for welfare services.

The Development of a "Professional Self": Client-Worker- Colleague Relations

Schools of social work, like all professional schools, try to transmit more than technical skills and knowledge. A prime con-

cern in training for professional work is the creation of a "professional self." While there is variation between professions in the nature of such a self, it tends to be oriented toward a similar set of norms—standards and guides to proper or expected conduct in the professional role. Four ideas about the ideal professional-client relationship are especially well developed in the healing and helping occupations. They center around the words impersonal, objective, impartial, and selfless. They stem from the basic fact that the job is both technical and humanitarian. As sociologist Talcott Parsons suggests, these four norms are especially strong in the medical profession, the current model for many less established professions, including social work. (282: pp. 433-439, 454 ff.; 280: chap. 8)

The Impersonal Relationship: Functionally Specific. As we saw in Part I, work relations in modern society tend to be "functionally specific"—the rights and obligations covered by the relationship are clearly defined and delimited. The human relations professions emphasize this sharply.

Many of the problems both the physician and the social worker must face require extensive exploration of the client's personal life. The physician must have access to all parts of the body of the patient; the caseworker to many aspects of the emotional and financial condition of the client. How can a stranger be permitted such intimacy and such knowledge? Given the intimacy, how can the professional restrain himself from involvement with the client in areas where he has no competence and how can the client be prevented from making demands in such areas?

The profession deals with such problems by accenting the technical aspects of the situation, and limiting the relationship to the task at hand. If personal information is sought, it is information relevant to the performance of the technical task; if rapport must be established, it is rapport for a purpose. The situation is defined in diagnostic and treatment terms, not in terms of personal interest in the client. Think of the physician's rectal or vaginal examination. The intimate contact is defined as nonintimate. Social work practice illustrates this in many ways. Inquiry into the client's life is defined as legitimate, not as snooping. The

worker typically does not "make friends" with the client. He does not reveal his personal life, entertain the client socially in his home, or visit with the client on a social basis. As far as possible, the social worker insists that service be given in the office rather than in the home, because the latter threatens a more extensive personal involvement than is good for professional relationship. The client is kept to a strict appointment schedule, symbolizing formality of relationship and measuring restriction of contact.

Emotional Neutrality. Related to the injunction to keep the relationship within bounds is the norm which says, "Be objective—be aware of and control emotional involvement with the client." The person who brings his problems to a social worker or other professional is in trouble. His emotions will be aroused by this, and intensified by internal resentment at having to expose his weakness to an outsider. This situation confronts the professional "helper" with something of a dilemma. If he becomes emotionally involved himself he loses objectivity, his ability to see facts in clear perspective, and his power to help; but at the same time a sufficiently close relationship must be established to convince the client of the worker's identification with his problem and of willingness to understand and help. There must be involvement and no involvement at the same time.

All human relations blend social nearness and distance; and the dilemma of involvement and detachment is not new to our time.¹ But never before has it been built into a society so formally and explicitly for so many roles—roles segregated and labeled "job." For social work (as well as for psychotherapy) the term "objectivity" (or emotional neutrality) takes its place beside "rapport" as a characterization of the client-professional relationship. Together they comprise in Mannheim's words a "strange combination of intimacy and objectivity, nearness and distance, attraction and repulsion, friendship and estrangement"

¹ The problem is dealt with in many different ways. In Roman Catholicism, for instance, the priest maintains social distance from the confessor by interposition of a physical barrier. The Zuni have created the role of "ceremonial father," sponsor and guide to the male child in initiation rites—a relationship marked by intimacy in limited, prescribed areas only, distance in others. The ceremonial father is not a blood relative but is supposed to act like one upon occasion.

(225; pp. 324-325), a combination which the professional in training (especially one who works in an intimate field like social work) finds difficult to comprehend and incorporate into his habit patterns. When it is grasped and "learned in the muscles," then the novice has developed the essence of the "professional self."

Impartiality and the Ideal of Service. Formality and objectivity serve to protect the professional and keep otherwise intimate relations within bounds (thus indirectly making possible technical service to meet the client's need). But two further norms which directly protect the client arise out of them and strengthen them: "Don't discriminate among clients on a personal basis," the norm of impartiality; and "Keep personal and commercial interests subordinated to the client's needs," the norm of altruistic service.

To the client the professional helper is a stranger and vice versa. In the eyes of the other, each may have undesirable personal or social characteristics. If the practitioner were free to give or withhold his services, to serve poorly or well, on the basis of personal characteristics, then there could be no confidence and no ground for establishing professional helping relationships. Moreover, if likes and dislikes were to be made the basis for service, then the client would tend to develop attitudes and behavior to win the practitioner's favor. Often this would involve the attempt (not necessarily conscious) to develop personal relationships, and client-practitioner contact would be made on grounds irrelevant to service. Thus, all professions come to observe the norm of impartiality—the best possible service regardless of race, religion, politics, or personal traits of the client. Social work not only incorporates this norm into its professional practice, but makes it an important part of its whole philosophy. It becomes part of the professional self.

The fourth major norm governing client-professional relationship is *service*. All professional associations and all groups aspiring to professional status espouse the ideal of service. This is more than lip service. It *has* to be a working ideal because the client is peculiarly vulnerable: he is in trouble and ignorant of how to

help himself out of it. (282: p. 445) If the client believed that the practitioner was interested simply in making money, ready to use his confidences and to exploit him for personal gain, then he would not be willing to enter a professional-client relationship. He would demand a guarantee of specific results in a specific time. This is the way to get houses built and milk delivered. Problems dealt with by professionals cannot be handled this way. No physician or lawyer or social worker can guarantee results, even though he must be paid. In exchange for this latitude the professional submits himself to the service norm which guarantees to the client not results, but devotion to his interests and his cause.

Because of the client's belief in the professional's service ideal he does not typically attempt to bind him to a contract; he has confidence in and gives his confidences to the worker. Such trust is especially necessary in the helping professions where intimate matters are involved. Among some of the established professions, like law, medicine, and the ministry, this confidence even becomes legally sanctioned in the form of privileged communication. In social work, client-worker confidences do not as yet have this legal status, a fact which has occasioned difficulty for both client and worker in some types of social work practice.

All of these norms help to guide the professional in his relationship with the client. They define the situation for both client and practitioner; they protect both. Social work as a fledgling profession, along with all the other occupations in process of professionalization, absorbs them from the existing culture of professionalism or discovers them afresh out of the necessities of its own practice.

The emergence of the professional-client relationship in the "intimate" fields reflects in interpersonal relations what has been happening in the larger society. The demand that the large and impersonal bureaucracies of industry and government, education and justice be "humanized" is part of a general tendency of advanced industrialization in a free society. What we have here is an attempt to combine the intimacy of the social relations of the small, nonindustrial community with the impersonal, segmental, contractual relationships necessary to a large area of urban-

industrial life. The human relations professions function to smooth the workings of the bureaucratic welfare state with a formalized personal touch.

Norms Governing Colleague Relations. Professions and professionals derive their self-images not only from relations with clients but from relations among fellow-workers. Day-by-day, hour-by-hour, the professional self developed in Graduate School is affirmed and sustained or changed by colleagues at work—in the labels they apply to one another, the technical information they pool, the experiences they share that the practicing professional and no one else has. (Cf. 21.) It is the colleague group, ideally a society of equals, that celebrates and enforces the norms governing client-professional relations. The colleague group also develops a second set of norms that cue the newcomer to the "right" ways to relate to other professionals.

Colleague relations form around two poles: competition within the group; unity toward out-groups. Group members compete among themselves for jobs and status; but they also unite against outsiders who threaten the privileges and rewards of the group. The major norms that shape colleague relations are centered in these two areas. They concern recognition of formal qualifications and maintenance of professional standards of work; the airing of problems and complaints; the utilization of specialties within the profession; and the interpretation of colleague behavior in professional terms. It may be that the unique history, tasks, and functions of each profession lead to distinctive norms for each, but our emphasis here will be on the norms that seem general to all service professions located in bureaucratic structures. Needless to say, the research to establish the existence of these norms, the proportion of practitioners who adhere to each and the intensity of their adherence has yet to be done.

The first norm governing colleague relations may be stated in this form: Do what you can to maintain professional authority and professional standards of work. All professionals honor the technical competence of the formally qualified. An MD, RN, or MSW after a name creates the presumption that the individual is competent in the designated occupation and should be recognized as

such by all others who have the same credentials. Four corollaries of this guiding rule are: reluctance to criticize or rank qualified colleagues; criticism of less trained practitioners; self-regulation of workload to maintain standards; and, perhaps unique to social work, an accent on close personal professional supervision of the individual practitioner.

The reluctance to criticize or rank the abilities of a colleague before the client public, or expose him to criticism by others, is illustrated in the teaching and medical professions. Organized schoolteachers carry on a perennial fight against proposals of administrators and parents that promotion and salary increases be based on merit, rather than seniority. One reason why physicians oppose public medical service is that, in the absence of a market mechanism for determining who should acquire most income and authority, they would have to grade each other, or suffer nonmedical administrators to do so. (48: p. 141) A local medical society asked to recommend a physician will simply present a register composed of all physicians in the desired specialty and require the client to make the individual choice. All professions tend to foster the myth that all practitioners are equally able.

All professions are also anti-amateur. Competing practitioners who are not regarded as professionally qualified are condemned. An attitude of disgusted outrage accompanies the refusal of MD's to recognize the claims of osteopaths and chiropractors. The latter groups are not in a position to reciprocate such feelings, and develop defensive attitudes. (389)

In social work the situation is more ambiguous. Most welfare jobs are filled by persons without a Master's degree in social work or equivalent. The widely used epithet "untrained" has therefore been applied to these persons with increasing uneasiness, since they are the main reservoir for badly needed recruitment to the profession, and it is important that they not be estranged. "Trained" and "untrained" often work side by side on the same jobs in the same agency. Sometimes the untrained—especially the older and more experienced—supervise the trained. Generally, on the job, not much is made of the distinction; every-

day social and work relations are overriding. Sometimes the fledgling School graduate will adopt the scoffing attitude of the untrained toward professional tenets—much as the young "progressive education" trained teacher will often abandon College of Education mental hygiene precepts in the handling of child discipline problems under the coaching of the old-timers in the school.¹

Yet the distinction between "trained" and "untrained" has important consequences. Promotion may be open to the one, not to the other. Personal relations have to be handled delicately to avoid offense. The young trained worker can join the professional association, the older experienced one cannot. As the whole field gets further professionalized, the distinctions will get sharper—as they are now in professionally advanced settings like child guidance and family service.

Another corollary to the norm, "Maintain professional authority and standards," is seen in the tendency, universal among both professional and nonprofessional occupations, to regulate the workload. In the professions this takes the form of the rule, "Don't do too much or too little work if it lowers standards." Where there is a system of record-keeping for the compilation of administrative statistics, this can be translated, "If you report too much work (client contacts, collateral visits, case conferences), you're doing a sloppy job; if you report too little, you're shirking professional responsibility." This problem of regulating the work-pace is seen in complaints among physicians that their colleagues either take on too large a practice, or refuse service to borderline cases at inconvenient times (for example, three o'clock on a rainy morning). The idea that there is an optimum workload or work-pace seems widespread in the professions; it is generally rooted in the collective desire to protect work standards, lest the profession lose its authority.

Concern with bona fide service is seen, finally, in the emphasis on proper professional supervision of the novitiate. This is more

¹ One vehicle for the effort of the trained social worker to create a *modus vivendi* with his untrained colleagues is the "Social Work Club," found in many communities, to which anyone interested in social welfare may belong. Trained professionals help to sponsor such clubs, but do not monopolize leading roles and, more importantly, do not pressure fellow professionals into joining, as they do with respect to the National Association of Social Workers.

than the surgeon's supervision of the intern's closing of the wound, or the Chief of Surgery's review of the Staff Surgeon's operative performance. In social work, supervision is both more detailed and lasts longer. What begins as field work training under very close watch of agency personnel continues for a lifetime in the "supervision complex" (see Chapter X). The supervisor-worker relation has in it some of the elements of a training analysis. The idea that the professional social worker should not do anything without close (if permissive) supervision is perhaps more pervasive among-social workers than in any other profession.

A second norm governing colleague relations is this: *Do not air professional problems, complaints, and mistakes publicly*—do nothing and admit to nothing which will discredit the profession in the eyes of outsiders. Within their own circle, professionals will often ridicule the pretensions and limitations of their own vocation; they will also discuss the problems of malpractice. Physicians will joke about patients they call the "psychos" whom they treat with placebo or send "on vacation" via Blue Cross. Surgeons will admit privately that mistakes are made, that some of their hasty colleagues perform unnecessary operations, and that some slips of the knife do occur. Similarly social workers will laugh with one another at what they consider the absurdity of some personality theory learned at school; they will also wonder on occasion whether they have helped or hurt a client, admit to having sloughed off an unfortunate case, and so on.

Errors of judgment and deficiencies of skill are inevitable in any occupation requiring much judgment and high skill. All professions develop ways of spreading the risk of inevitable mistakes. (Cf. 158.) One way is to keep them quiet, view them as matters for strictly professional concern. The tendency to close ranks against any outside complaint of malpractice, commercialism, or incompetence seems plain. Thus, it is difficult to get one doctor to testify against another in lawsuits for malpractice, whatever the merits of the complaint. Fee splitting, apparently endemic in medical circles, and in many states illegal, is often called to the attention of medical societies, and the typical answer is a convention resolution that the profession should police itself.

Although the norm that soiled professional linen should be washed in private is relatively weak in social work, there are occasions when it is clearly expressed and affects colleague behavior. For instance, if a client is psychotic and commits suicide before the need for referral to a psychiatrist is recognized, the talk will tend to stay in the fraternity, with silence or statements of justification greeting the complaining public. Or, for a less dramatic occasion: social workers tend to avoid public criticism of the administration of welfare programs. The profession is thought to be under fire enough ("Relief scandals!"; the newspapers cry); to give information to the public that can be used out of context is to add fuel to the fire.

In general, however, internal problems of social work seem to be aired in public with uncommon frequency and frankness. Several reasons may account for this. Since social work is composed of a number of occupations, some of which are not professionally conscious, the centrifugal pulls on it are many and strong. Legal aids to control of members—licensing, certification—are not yet well developed. Moreover, the profession has a philosophical commitment to democratic discussion of all issues. It is possible also that the unique connection between social work and sociology affects the situation. Sociologists in social work, due to their own professional predilections, are prone to turn their research attention not only to substantive questions of social work practice, but also to the social organization of social work itself. Their studies typically emphasize the problems, paradoxes, and dilemmas of the profession (a tendency to which the present volume is not immune) and this may add to the self-critical strain indigenous to social work.

The third norm governing colleague relations is this: *Be aware of the limited competence of your own specialty within the profession; honor the claims of other specialties; and be ready to refer clients to a more competent colleague.* This is expressed in obvious ways in the referral systems of the more established professions; the internist does not claim the work of the ophthalmologist, the latter does not claim the work of the brain surgeon; each supports the prestige of all by making appropriate referrals. In the less well-established profes-

sions this norm sometimes creates dilemmas: when, for instance, should the nonmedical psychotherapist terminate treatment and refer a patient to a psychiatrist? In social work, because of the commitment to a generic curriculum and recently growing official opposition to internal specialization, this norm is not strongly developed. But it does exist. For instance, a psychiatric caseworker who takes a job leading a group of convalescent psychotics in a recreation setting accepts as valid the disapproval of group workers, and feels that a group worker should be hired for the job. Or a family caseworker on a difficult child case will consult a child welfare specialist, or refer the client to a clinic for psychiatric casework service.

Finally, there is a norm which may be unique to social work: *Interpret colleague as well as client behavior in professional (for example, casework) terms.* The colleague group expects the social worker to be alert to the unconscious motivation of overt acts, to display his knowledge of the "deeper" causes of behavior, and to do this in a way that will remind everyone he is part of the fraternity. As one caseworker put it, "You're not one of the crowd if you let a Freudian slip go by unnoticed." If there is any norm unique to the colleague groups in social work it is this one—a reflection, perhaps, of the self-consciousness of a fledgling profession, as well as the uncertain state of the social and psychological knowledge on which social work rests.

The four norms we have described—maintain professional authority and standards of work; do not air problems, complaints, and mistakes publicly; recognize the bounds of special competence and be ready to refer; interpret both colleague and client behavior in professional terms—all function together to regulate internal competition, build the solidarity of the group in its relations with outsiders, and enhance the success of the jurisdictional claim which any profession must stake out. For the individual social worker, these norms function to affirm the professional self he began to develop in training.¹

¹ In all professions there is some discrepancy between the norms inculcated in professional training and the requirements of practice. In social work this would be so if for no other reason because of the varied jobs available after graduation and the relatively standard curriculum used before graduation. "Reality shock"—a label

Some Consequences of Social Work Professionalism

The development of professionalism sketched above has had several effects on the practice of social work. Four will be commented upon here: problems of recruitment, interprofessional relations, role conflict among social workers, and definition of the field for future growth.

Recruitment and Public Images of the Profession. Recruitment of new practitioners is a particularly critical problem in the drive toward social work professionalization. Figures on the number of professionally trained workers greatly underestimate the true growth of professional consciousness, and public recognition of the profession in recent years. The evidence is that many more people identify themselves as social workers than graduate from schools of social work, and many more positions calling for trained social workers exist than there are trained people to fill them. A situation has arisen in which the public demand built up for social workers cannot be met because too few students are presenting themselves for training. Although this makes for "good pickings" for present workers, and is tending to push salaries up, it also tends to frustrate public expectation, and invites preemption of the jobs by other occupations. Table 11 shows the number of graduates from the two-year social work curriculum in recent years, and gives a ratio of social work graduates to the total number of college graduates two years earlier. It is clear that these numbers, whatever their trend, are not enough to staff a profession of 75- to 100-thousand members.

The reasons for these recruitment difficulties are partly social, partly economic. The social aspect relates in part to the public image of the profession—always an important element in career choices. Too little is known about the current content of popular stereotypes of the social worker. The obvious negative phrases

suggested by Everett C. Hughes for the experience of the new graduate on his first job—is minimized by field work training in the social work curriculum. However, it seems possible that agency practice typically contrasts sharply with professional ideology. In less well-established professions such as social work or psychology, the norms dealing with client-professional relations as well as those governing colleague relations may be less a working code than a set of ideals advocated by the leaders of the profession (and partly summarized in a code of ethics).

"do-gooder" or "cold snooper" may reflect more the social workers' anxieties about a hostile public than the actual feelings of that public. Research on this matter is needed.

There are, however, three suggestive studies of the relative prestige or social status of social work. A national cross-section of the population was asked in the spring of 1947 to rank prestige-wise a list of 90 occupations. (263: pp. 412-413) Social work was not among the occupations listed but "welfare worker for a city

TABLE 11. TRENDS IN GRADUATE SOCIAL WORK EDUCATION

Year	Number of graduates from two-year social work curriculum	Per cent of all college graduates of two years prior
1949-1950	1,804	.67
1950-1951	1,923	.52
1951-1952	1,946	.45
1952-1953	1,844	.48
1953-1954	1,651	.50
1954-1955	1,590	.52

Source: French, David G., "An Estimate of the Number of Persons Who Will Be Graduated from Schools of Social Work in the United States, 1955 to 1965," (116: Table 1)

government" ranked forty-sixth in the list of 90—around "electrician," "trained machinist," "undertaker," and "reporter on a daily newspaper." The only other welfare-type occupation was "playground director," which ranked fifty-fourth, around "tenant farmer" and "traveling salesman for a wholesale concern," "policeman," and "railroad conductor." The "welfare worker" noted above had a score of 73, compared to the following for some other occupations:

Professional and semi-professional workers as a whole	80.6
Physician	93
College professor	89
Lawyer	86
Public schoolteacher	78

The only other studies that have come to the writers' attention show similar results. One used as raters 700 high school seniors

in two Cleveland suburbs; the other used 72 Wayne University students (288). One suggests that social workers rank higher among lower-class students, lower among middle-class students (402: p. 162). All three studies show striking consistency: it is fairly clear that the public does not rank social work as one of the high prestige professions. It is a plausible hypothesis, however, that the image held by the middle-class public will become more favorable as the clientele of social work shifts upward (more middle-income families have firsthand exposure), and as the education level of the average social worker rises. But at the moment, in so far as the status of a profession is a factor in occupational choice, we have in the middling prestige of social work one reason for recruitment difficulties.

The different amounts of prestige attached to specialties within the profession also affect recruitment. Psychiatric social work has been, and still largely is, the specialization with the most prestige, a fact which has a definite effect on work opportunities and conditions. A psychiatric caseworker is welcome in a family agency, but a family caseworker does not usually qualify for a child guidance clinic job. Often there is a salary premium attached to the psychiatric job classification. It is no accident that students choose the psychiatric sequence in preference to family or child casework, or to social group work.¹

Low pay is a second block to easy recruitment. Dean Fedele F. Fauri of the University of Michigan has discussed the unfavorable position of social workers as compared to other professions requiring a similar amount of training. (102: pp. 47 ff.) The public schoolteacher, for instance, earns the basic professional education degree in four years of college, and goes into jobs with a pay range like that in social work. The Master's degree in education requires but one year of study, and that can be done during summer vacation periods. The basic professional social work degree, in contrast, requires two years of graduate work beyond the A.B. level—a pattern laid down in the 1920's and 1930's and now

¹ But in 1956 a study commission of the Council on Social Work Education (the accrediting body for schools of social work) made the drastic recommendation that "there should be no accrediting of any specializations by any definition." (174: p. 45) If this aim is achieved, the psychiatric tag is likely to lose its value.

standard in the 60-odd Schools of Social Work in the U.S. and Canada. Only rarely can the two years be shortened by summer school classes, because in the vast majority of schools the "integrated curriculum" requires that classroom "methods" courses be taken simultaneously with the "field work" assignment, and field work is tied to the nine months of the normal academic year. Many a career-seeking college junior avoids the path to social work when he learns that social workers train longer to earn about what teachers get.

Proposals to shorten the two years of graduate training, or to permit admission to professional school at the end of the college junior year, have so far met with disfavor by professional associations and accrediting bodies.¹ It is felt that any relaxation in training requirements would undermine professional standards and thwart the achievement of solid professional status. The major device used to overcome the economic handicap to recruitment, aside from publicity, is substantial subsidization of students through work-study plans (salary while in training), agency and Community Chest "stipends," training grants offered by units of the Department of Health, Education, and Welfare. A handful of Schools have for a long time offered plans which spread the training period over more than two years, so that a student may hold down a nearly full-time job while earning his Master's degree. Such programs, now spreading rapidly to other Schools, do not cut the training period, but do sacrifice the "integrated curriculum" concept.

Recruitment, in the sense of winning the allegiance of already-employed groups, has also been affected by the way in which social work competence is defined, and the standards set for membership in professional associations. A pattern has crystallized which tends to disaffect persons in social work positions who do not meet the membership standard set by the newly merged professional association, the National Association of Social Workers. This standard calls for two years of graduate education in an

¹ The National Association of Social Workers has recently declared it "strongly opposes vocationally oriented undergraduate programs" of social work education. (262)

accredited school of social work. In the past many persons have entered social work programs who had obtained their training in other fields, and indeed some of the outstanding leaders in the field of social work are in this group. Several of the larger schools of social work have had as deans social workers who did not hold a social work degree, and the first two nominees for president of the National Association of Social Workers, which proclaimed the two-year degree standard, both lacked social work degrees.

It may be predicted that the new membership standard in the professional association, if sustained, will have the effect of strengthening the place of casework in professional social work at the expense of other types of practice. The schools of social work under the new standard become the sole channel through which persons may enter the professional association. And the schools have for years invested their major resources in developing competence for the field of casework. The best available index of student specialization in schools of social work is the type of field work students take in their second year. The 1956 figures reveal the following:

TABLE 12. TYPE OF FIELD-WORK PLACEMENT OF SECOND-YEAR STUDENTS IN SCHOOLS OF SOCIAL WORK AS OF NOVEMBER 1, 1956

Type of field work	Percentage of students
Casework	.86
Group work	.10
Community organization	.2-5
Administration	.8
Research	.3
Total	1.00

Source: *Statistics on Social Work Education*, 1956. Council on Social Work Education, 1956.

The new doctoral programs being offered in schools of social work seek to give emphasis to broad social welfare programs as well as to casework, but it is safe to assert that the professional

This has been not possible under current

image which the schools both reflect and reinforce puts casework, and as a poor second, group work, at the core of professional social work. Administration, community organization, development of social policy, social insurance, research—these are in danger of becoming even more peripheral to the professional image of social work than they were under the more loosely defined professional associations which existed prior to the establishment of the National Association of Social Workers.

Interprofessional Relations. The drive toward professionalization in social work—reflected in raised training standards, crystallization of the area of competence, and restriction of entry to the professional association—leads social work into hard competition with neighboring occupations.

Social work may be classified roughly in the "human relations" area of occupational specialization. As such, it is among the service occupations, based on wealth and division of labor made possible by advanced industrialization.

All occupations in the human relations field have only tenuous claims to exclusive competence. This results not only from their newness, uncertain standards, and the embryonic state of the social and psychological sciences on which they draw, but also from the fact that the types of problems dealt with are part of everyday living. The lay public cannot recognize the need for special competence in an area where everyone is "expert."

The problem is especially evident in "interpreting" social work to the public. Inability to implant in the public mind and the minds of other professions a clear image of social work is a matter of constant concern to the profession. However, this is a problem shared with sister occupations in the human relations field, resulting predictably from the nature of the task and the as yet modest degree of professionalization.

Social workers concerned about the negative stereotypes of social work held by other groups should note a recent study of interprofessional relations. Zander and others (424) interviewed 156 psychiatrists, 165 clinical psychologists, and 159 psychiatric social workers—all working in teams in large metropolitan areas. They found that "psychiatrists stereotype their own professional

group less favorably than do social workers." And, although social workers describe themselves with many pleasant labels, "they also view themselves as more 'mercenary,' 'condescending,' and 'striving' than do the psychiatrists." Clinical psychologists, it was found, are more critical of their own profession ("dogmatic," "mercenary," "condescending," and "striving") than are either social workers or psychiatrists. Social workers in general display a penchant for public self-criticism and a strong concern about acceptance by other groups—though this is less true of those whose status and professional commitment are unusually high. (424: pp. 54-58, 191-196) From this study (especially pp. 72-75) one might hypothesize that the more prestige a profession achieves, and the stronger its inner fraternity, the less it will be concerned about negative public images and the opinions of other professionals.

Social work knowledge and skill are such as to create ambiguity in contacts with related professions. Social work's orientation to psychoanalytic theory was stressed above; from it, serious problems of professional jurisdiction have arisen, because several other professions or would-be professions (analytic psychiatry, the counseling branch of clinical psychology, the several brands of "guidance") have evolved which base their practice on much the same body of theory.

Social work claims distinction from the others on grounds of greater attention to the social environment. The stress on the *social* is counterposed to preoccupation with intrapsychic phenomena, though as we have suggested, this is played down in practice. Social work claims further distinction by incorporating humanitarian sentiments into its body of technical "principles" ("the right of an individual to fullest expression of his capacities," and so on)—in other words, by a general attempt to wed science to ethics.

In practice, however, the types of problems and clients treated by the several groups are often overlapping, theoretical formulations of diagnosis and treatment may be similar or identical, and certain treatment techniques are used in common. The matter has come to a head in recent years in discussions of such ques-

tions as: What is psychotherapy? Who has a right to practice psychotherapy? Is casework a form of it?

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

The problem of jurisdictional conflict in and out of teams is highlighted by the Zander study of interprofessional relations mentioned above. Analysis shows that these three kinds of specialists agree pretty well about one another’s proper functions, but “of the social workers 30% see [interviewing] as a unique ability that they possess, while only 12% of the psychiatrists attribute this skill to them” (p. 59). Social workers seem to feel more secure regarding their jurisdiction over case-history writing and community contact work than when doing diagnosis and therapy, but they are strongly attracted to the latter functions and “many wish they were psychiatrists rather than social workers” (pp. 14, 57, 62). In general, however, though they want more responsibility, the social workers accept their subordinate status. One reason for this is the fact that in this case interprofessional relations are also cross-sex relations with the dominant profession also being dominantly male. (Cf. pp. 117–119.) The major cleavage in this trio seems to be between dominant male psychiatrists teamed with female social workers, on the one hand, and subordinate male psychologists, on the other. For instance,

skills in psychometrics are seen both by social workers and psychiatrists as “almost the *only* contribution of the clinical psychologists,” while fewer than half of the psychologists claim this as a major skill—aspiring instead to therapy, diagnosis, and other tasks (p. 139).¹

If in what may be the clearest and most stable working relationship in the mental health field we find unsolved vital issues concerning who should do what, how best to collaborate and maintain professional status, then it is easy to see how in other interprofessional contacts among the human relations professions the cleavages might be deep. Ultimate division of function among occupations in areas such as psychotherapy will be determined, of course, not only by the criterion of technical competence, but also by ability to mobilize public and political support, as illustrated by the already considerable success of the medical profession in achieving legal preemption of the “mental healing arts.”

Profession, Agency, Social Movement, and Sex: Role Conflict Among Social Workers. The nature of the area of competence, professional norms governing relations with clients and colleagues, and interprofessional rivalry and collaboration are not the only factors shaping the social worker’s behavior on the job. For the social worker is more than a professional: he is, among other things, an agency staff member, a humanitarian, and a representative of his sex, male or female. The interplay between these identities presents the social worker with some dilemmas fateful for the development of both the practice and philosophy of social work.

In this section we will first consider two types of “role conflict” evident in all of social life, and then apply this concept to the situation of the social worker. The aim is to bring together our analysis of agency structure and operation, and social work professionalism.

¹ This looks very much like one of the classical games of social life—a very big and powerful unit (psychiatrist) and a very small unit (psychiatric social worker) ganging up on a third, medium-sized unit (clinical psychologist) which the established power sees as an aggressor. One can find this phenomenon in jurisdictional conflicts among siblings, unions, nations, and other social units. (Cf. 51.)

If Johnny, aged ten, comes upon his father while the latter is telling an off-color joke to adult friends, the father will falter in his tale, display mixed emotions, perhaps fall silent. If a male social worker receives an order from a female supervisor of similar age, he may experience vague discomfort. In the first instance, the behavior appropriate for a father is inconsistent with the behavior appropriate to an adult friend in a peer group; in the second, behavior expected of a subordinate is inconsistent with the behavior typically expected of a man.

Or take examples of a different kind: a family physician who has become Mr. Jones' friendly confidant feels uneasy collecting fees from that same Mr. Jones when the latter is short of cash. A casework-trained probation officer finds himself torn between behavior expected of a permissive counselor aiming at rehabilitation and the authoritative behavior expected of an officer of the court to keep the "con" in line.

"Role conflict" is the label sociologists use to describe this pervasive phenomenon. It refers to cases in which a person playing a role is obligated to behave (that is, act, think, feel) in incompatible ways simultaneously, all of which ways are defined as proper to the role or roles he is playing. Two types of role conflict are illustrated above: conflict involving (1) two roles in two groups which expect, prefer, or allow contradictory behavior—father versus adult friend, social worker versus male; and (2) one role containing conflicting expectations of behavior—the doctor who must be at once friendly confidant and businesslike fee collector, the probation officer who must be at once permissive and authoritative.

The opportunities for role conflict are many in a complex and changing society. Most behavior is structured in roles—we take the parts of parent, worker, supervisor, theater-goer, guest, stranger, and so on, acting out their rights and obligations. Often behavior called for in one role does not "fit" another. Since we play many roles in continual succession and sometimes simultaneously, and since roles are continually being redefined (note Chapter IV on the search for new identity among women), role conflict pervades our experience.

The person caught in the cross-fire of competing claims typically makes some kind of adjustment: he tries to reshape the role or roles to make the demands compatible; he quits the role; he adapts to the role by playing up one set of obligations, playing down another, and so on. Whatever strategy of adjustment he uses, it is easy to see that these resolutions of role conflict exert a strain toward change in both the person and the groups in which he participates. Here lies the significance of role conflict: if we understand the structured strains in the role of social worker we can better understand the transformations that occur in the worker as he moves through his career and experiences these recurrent dilemmas, as well as the pressures the worker in turn exerts for changes in the welfare organizations in which he works.

The main sources of role conflict among social workers are these sometimes conflicting identities: (1) profession versus agency; (2) social movements and reform groups—sustaining humanitarian sentiments versus agency and profession; (3) sex versus agency or profession.

Social work, like every skilled occupation, develops work standards and other norms which may deviate from those enforced by agencies in which workers are employed. In school and in the professional association the worker is indoctrinated with these standards, which will include notions about the proper sizes of caseload and groupload, the right to professional supervision, access to consultants (for example, a psychiatrist in a family service agency), the amount of time to be spent on an interview, the number of interviews per day or week, the necessity of private offices for interviewing, confidentiality of case material, the rights of clients (for example, permission must be obtained before speaking to relatives), exclusion from the staff of the professionally untrained, and so on. In varying degrees agencies incorporate professional work standards and norms into their own operating standards. Thus, Simon and others (331: p. 123) note that the practice of consultation is highly developed and approved by administration in agencies staffed by social workers. Often, however, agencies have operational requirements, set by law, tradition, policy, or public pressures, which depart from professional standards. This

is particularly true of public agencies operating within a legal framework, a situation which sets the stage for role conflict.¹

The administration of public assistance, for instance, presents many points of profession-agency disagreement. The crisis in public assistance after World War II—with legislators, newspapers, and public welfare commissions crying “fraud” and “mollycoddling,” while social workers responded, “undermining of professional standards”—hinged on such conflicts. Professional social workers who had hung on in line and administrative positions from the depression thirties considered it good professional casework: (1) to disregard for budgeting purposes some kinds of financial resources (paper-route earnings of a boy in the family, the occasional contributions of an estranged father); and (2) to refuse to impose moral standards as a condition of financial eligibility (overlook expenditure of relief grant for cigarettes or liquor, the presence of a “boy friend”). The public assistance agency manual, however, is explicit: all family income must be deducted from the grant, relief funds may not be spent on beverage alcohol, the birth of a second illegitimate child to an unmarried mother on ADC calls for a review of her moral “suitability” to receive a relief check. The worker is caught between conflicting directives of agency and profession.

In the field of corrections the professional social worker is subjected to even sharper contradictions. Social workers, as Ohlin observes, “have approached correctional problems with a well integrated philosophy and clearly defined casework principles and procedures” which are at variance with traditional

¹ The discrepancy between professional and agency norms stems from a basic conflict in principles of organization which appears in all bureaucratic systems—in factories (with engineers, accountants, personnel managers), in universities (with faculty, nonacademic administrators, and the like), in hospitals (with doctors, technicians, nurses). In all of these organizations, different professional groups are arranged in a hierarchy. Thus, the *colleague principle* (a group whose members have similar technical training and occupational position, common professional norms developed by training and initiation, and who are formally equal) is in conflict with the *hierarchical principle* of the bureaucracy (a group whose members have dissimilar training and position, are formally unequal, and who in on-the-job training and indoctrination develop common *organizational norms*.) Macnabon and others in a chapter entitled “Rival Claims of Hierarchy and Speciality” in their study of the WPA, give a detailed account of how professional specialists in education, art, and construction engineering fought with the line command of the hierarchy for control of the work relief programs for unemployed professionals. (221)

correctional practices. (276: p. 17) The social worker as parole or probation officer expects to have neutral, nonjudgmental relations with a client who has selected the agency and comes motivated for treatment, access to skilled casework supervision, the right to treat the client in accordance with the latter’s individual needs, agency protection from the pressures of public opinion in the exercise of professional skills. (277) But, in fact, the typical probationer or parolee has not “selected the agency,” is not motivated for treatment, does not recognize that he has problems with which the practitioner can help, and usually refuses proffered assistance. The man who has been promoted to supervisor is not the skilled professional caseworker, but a political appointee or a fellow skilled in public relations or high in seniority, who is very often indifferent or hostile to social work precepts. Far from being able to individualize the client, the worker is bound by “rules of client supervision” which arose historically as a defense for the agency against public criticism of coddling the offender. The parolee must observe a curfew, abstain from drink, avoid old pals, get permission to change jobs or living quarters—and the worker is expected to enforce these rules no matter how they clash with his professional views on proper treatment plans for the client. (277) At almost every point the worker is torn between agency and professional norms.

A second source of role conflict is the *clash between humanitarian values and agency and professional norms*. Many, if not most, social workers are “graduates” of liberal, social-reform movements, and carry with them into school, profession, and agency, identification with such movements, expressed in humanitarian sentiments about how people should be treated. In some agencies and programs, however, humanitarianism is not the controlling philosophy. General relief offices up and down the country are still largely wedded to pauper law principles of harshness and deterrence. The practice of correctional institutions likewise reflects their traditional purposes of punishment and deterrence. In such circumstances the worker will often break agency rules in order to treat the client humanely—the probation officer will knowingly permit infractions of curfew, the relief worker will advise

recipients to keep beer bottles (and boy friends) out of sight. But any worker who tries to be a good humanitarian and a good agency representative at the same time is in for torment of conscience.

Humanitarian sentiments clash also with professional norms. This shows up most clearly in the student beginning his professional school training. He comes to school, as cursory examination of applications for admission will show, imbued with a desire "to help people"; and from the school he wants training in the techniques of help. To his distress, however, he soon finds out that clinical therapeutics is expressed in ways quite alien from those suggested by the naive impulse to help. The humanitarian in him would bind the client's wound directly; the professional clinician, he is taught, explores the wound with seeming indifference to the client's pain. The humanitarian would meet the need as expressed; the clinician teaches that expressed needs are rarely the real ones. The humanitarian takes people at face value; the clinician is sure that faces are but masks for deeper drives that must be probed. The humanitarian, feeling that all men are brothers, offers friendship to those he succors; the clinician knows he must maintain social distance from those he would help. Some students are simply unable to reconcile the contradictions, and drop out of school. And the ambivalence of the professional social worker toward participating in social action on the local scene suggests that those who do go on into practice seldom resolve the profession vs. humanitarian conflict completely.

A third area of conflict derives from discrepancies between sex role and agency and professional roles. It is mainly the rank-and-file male social worker and the female supervisor who experience this clash—which helps to explain why men do not long remain in direct service positions, and women are not often assigned to top administrative posts.

Social work jobs for women can be seen as extensions of sex roles derived from norms governing the behavior of wife and mother. As woman she is traditionally expected to provide care to children, the aged, the sick; to be nurturant, gentle, kind, receptive; in short, feminine. As caseworker, though professionalism

and agency procedures hold this in check somewhat, she functions in a similar way—as does the nurse or the elementary schoolteacher. So far, there is some, but not much discrepancy between occupational and sex roles. It is when she becomes a supervisor with male subordinates that her troubles may begin. There is a norm still prevalent in American culture which says, "Women should not be in authority over men of roughly the same social class and age." Further, the next step up is likely to be blocked for the female supervisor, because of the notion that women are not good risks for top administration. The rationale goes like this: if they marry, they may quit; if they do not quit, they may have difficulty getting along with their husbands, since it is still thought that women should not exceed their husbands in status and authority. In addition, the active, aggressive entrepreneurial behavior needed to develop professional and community contacts and to gain access to men of power—both essential for agency survival—is often deprecated for women.

For the young male social worker, these same definitions of sex role present an even more poignant problem, at the same time that they spur his upward climb. With the present sex ratio in social work, his supervisors will most often be female; and despite the partial shift toward equality of sexes, most men still feel demeaned and threatened, their self-image wounded, by subordination to women at work. The male social worker is surrounded by many other reminders of the conflict between his sex role and occupational role. Popular stereotypes of the social worker—whether as motherly healer, cold snooper, or Lady Bountiful—are almost exclusively female. In popular literature, the model of the social worker is a flat-heeled female; even in the daily press, personal items about social workers will likely appear on the Woman's Page. The major historical figures that leap to mind—Jane Addams, Mary Richmond—are women; the men are more likely to be remembered as reformers—Charles Loring Brace, Harry Hopkins. There is a noticeable trend in current professional social work literature to use "she" rather than the standard English "he" to refer to a worker of indeterminate sex. In hospital settings—medical and psychiatric—a host of female

ancillaries (nurses, nurses' aides, social workers, medical technicians, receptionists) swarm in comfortable, acknowledged subservience around the dominant doctor. The male social worker in such settings is classed with the female helpers rather than with the male doctors, and he may thereby feel his masculinity threatened.

These illustrations are sufficient to indicate the implications of role conflict among social workers. The problems of recruitment to the profession, and staffing of agencies with trained workers, are particularly affected. Conflicts among professional, agency, and humanitarian identities drive social workers to avoid or abandon some important social welfare fields, to loosen connections with the profession, to give less than full allegiance to the agency. Students are baffled or repulsed by the inner contradictions of the roles they are asked to learn. Much-needed recruitment of males to the profession is blocked by the difficulties they face in maintaining a self-respecting sex identity, though at the same time this difficulty may act as a pressure to achieve higher administrative position once they get into social work—which could be one explanation of the skyrocketing careers observers note among young men in this field.

Analysis of the sources and kinds of role conflict, the points in the career pattern where the dilemmas are felt most urgently, and the typical strategies of adjustment by which they are resolved could increase our understanding of the behavior of social workers on the job. More important, such analysis could tell us something about the circumstances under which role conflict adds a bit of needed flexibility, change, and novelty to the profession and when it hinders its proper functions and threatens its future. Thus, the Ohlin group, although they also emphasize the need for further research, on the basis of their study of role conflict among social workers in the correctional field, are able to recommend specific revisions in preparation for the field: (1) recognition of the real divergence of interest between agency and social worker that often exists in the corrections field, and training in how to deal with it; (2) the discovery and teaching of treatment skills which are effective in situations where alternatives are cir-

circumscribed (as opposed to the exhortation that "the worker must accept the limitations of the agency"); (3) training in how to deal with the client who has limited capacity for change, or is "not motivated for treatment." (277: pp. 224-225) Recent contributions to the social work literature on training for correctional work, notably those of Elliot Studt, underscore the importance of Ohlin's observations. (347; 348; 349).

Study of role conflict in settings other than corrections and subsequent planning to reduce the elements of strain in the social worker's role would be worth the effort. It is by no means certain, however, that we would want to eliminate all the conflicts described above even if we could. If the humanitarian sentiments sustained by sex role and reform groups were all eliminated wherever they interfered with rigid adherence to professional and agency standards, and no one ever experienced a second thought about them, the welfare world might be a bleak one indeed.

The Future of Social Work

In September of 1955 a teacher of social work from New Zealand visiting the United States made this comment: "I notice some of you people in America are objecting to your emphasis on individualized services and are trying to reorient the field toward broad welfare programming, social welfare policy, and social welfare administration—away from psychology and toward social science. In New Zealand our social work school is called a School of Social Science. Our curriculum stresses social administration, and social and political science as opposed to psychology. Most of our graduates go to work in government welfare programs. *But they don't have any professional identification as social workers.* We'd like to know how you manage to develop that spirit."

From Environment and Reform to the Case and the Profession. In this century American social work has made a major shift in its intellectual orientations: From viewing the case as a product of impersonal forces in the social and economic environment, social work came to the image of the case as a product of unconscious impulse, needing restoration to an unchanged environment by self-

THEY SEE THE "ON REFORM" AND MEAN ENVIRONMENT - ENV AND PSYCHO IN THE CONTEXT OF "CASE"

HAROLD L. WILENSKY
and
CHARLES N. LEBEAUX

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*The impact of industrialization on
the supply and organization of social
welfare services in the United States*

WITH A NEW INTRODUCTION
BY HAROLD L. WILENSKY

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THE PROBLEMS AND PROSPECTS
OF THE WELFARE STATE

by

HAROLD L. WILENSKY

Each profession makes progress, but it is progress in its own groove. . . . The dangers arising from this aspect of professionalism are great, particularly in our democratic societies. . . . The rate of progress is such that an individual human being . . . will be called upon to face novel situations which find no parallel in his past. The fixed person for the fixed duties, who in older societies was such a godsend, in the future will be a public danger. . . . In short, the specialised functions of the community are performed better . . . but the generalised direction lacks vision. The progressiveness in detail only adds to the danger produced by the feebleness of coordination. . . . We are left with no expansion of wisdom and with greater need of it.

—A. N. WHITEHEAD, *Science and the Modern World*¹

ALL MAJOR POLITICAL PARTIES in the rich countries of the free world claim the maintenance of the "Welfare State" as an article of faith. But everywhere there is great reluctance to accept its main implications: the redistribution of income from the middle majority to the minority poor; the financing and manning of a vast apparatus of social agencies in the fields of education, health, and welfare; the need to study the actual operation of such agencies; the necessity of welfare planning and a rational delineation of welfare priorities so that the total effort moves us toward widely shared goals.

During the seven-year period since this book was first published, several trends discussed in it have become a matter of public concern. Certain welfare expenditures have increased sharply; debate

¹ Whitehead, Alfred North, *Science and the Modern World*. Macmillan Co., New York, 1926, pp. 282-284.