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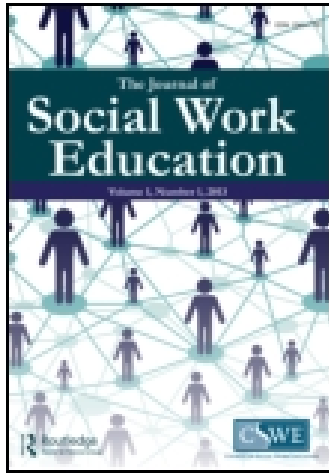
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# Social Work: A Profession in Search of Its Identity

Alex Gitterman

Micro social work practice can be understood in the context of its historical professional traditions and dialectics as well as the environmental pressures and demands placed on the profession. In becoming a profession, social work relied heavily on principles drawn from medicine and science. Although these bodies of knowledge provided the profession certain credibility, their application may have clouded social work's distinctive social purpose and professional identity. In its search for a distinctive function and identity, the profession of social work has struggled with numerous dialectics, as discussed in this article. These help us to better understand the profession's search for its distinctive identity and status and the importance of including this content in social work education.

Contemporary micro social work practice is both an outcome of historical trends and a response to current issues within the profession. Micro social work practice can be understood in the context of its historical professional traditions and dialectics as well as the environmental pressures and demands placed on the profession. At the turn of the 20th century the twin forces of industrialization and urbanization set off severe social disorganization as evident in fragmentation of extended families, crowded urban slums, inadequate housing and schools, and oppressive work conditions. In response to the vast social problems, settlements and charity organization societies appeared almost simultaneously. With dissimilar ideological positions and practice outlooks, both movements spread rapidly around the country. The differences between the two movements have had a profound effect on the dialectical development of social work practice.

The founders of the settlement movement believed that most sources of urban suffering lay in the environment. The *settlers*, as they called themselves, asserted that their work was not charity but good neighboring. In contrast, the charity organization societies' philosophy was characterized by the watchword *scientific philanthropy*, which aimed for the rational, efficient distribution of alms. This objective was implemented by a careful study of each case and the development of methods to separate the unworthy from the worthy poor. Initially, volunteers, referred to as *friendly visitors*, conducted the investigations. However, as the job function became more complex, advanced training was required, and paid workers replaced the early volunteers. In becoming a profession social work relied heavily on principles drawn from medicine and science. Although these bodies of knowledge provided the profession certain credibility, their application may have clouded social work's distinctive social purpose and professional identity.

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## MEDICAL MODEL

In 1915 Abraham Flexner presented at the 42nd annual National Conference of Charities and Corrections. He identified social work as a “semi profession” and suggested that social work was not a bona fide profession for two major reasons: First, it lacked a defined, transmittable method, and second, its liaison function between clients and other professions was not a professional function (Flexner, 1915).<sup>1</sup> Flexner’s negation of social work as a profession was an unexpected rejection. Unlike their settlement house counterparts, the Charity Organization Society caseworkers sought professional status and public recognition. Because an increasing number of caseworkers were engaged in service training and graduate education, they fully expected Flexner to provide a professional endorsement; instead, his speech sent shock waves through the audience and beyond.

Since the time of Flexner’s (1915) speech to the present, social work has struggled to prove itself as a profession worthy of professional identity, status, and respect. This search began with Mary Richmond’s rejoinder just 2 years later in *Social Diagnosis* (1917) in which she presented a codified and transmittable method of casework practice. To develop her ideas, she turned to the status profession of medicine, borrowing its major system of beliefs and incorporating the medical metaphor of study, diagnosis, and treatment.

Subsequently, the psychoanalytic movement and the ideas of Sigmund Freud (Alexander, 1972) profoundly influenced the advancement of the diagnostic approach. His theory offered social casework an exciting new direction, a more scientific approach for understanding human behavior (Franklin, 1986). Freud also provided a new opportunity for increased professional credibility and status. The social and environmental explanations for people’s problems receded further into the background, and the psychological, intrapsychic explanations for causality moved into the foreground. Approximately 40 years later, Florence Hollis (1964) provided an approach with a methodological coherence in *Casework: A Psychosocial Therapy*. Hollis (1964) formulated the concept of *psychosocial* to assert that the diagnostic approach paid attention to both the social as well as psychological dimensions of the human condition. However, the social primarily provided the context for psychological interventions. Consequently, the diagnostic approach became known as the psychosocial approach to social casework practice and later was referred to as the medical model (Weick, 1986). Since 1917, with elaboration and refinement, a significant segment of the profession has devoted intellectual thought to further develop and practice this approach.

From medicine (and psychiatry), caseworkers acquired an authoritative theoretical and methodological base as well as a sense (possibly illusionary) of professional status. However, the price the profession paid was steep; namely, a damaged social work identity. The historic and noble title of social worker was replaced with the title of therapist. Helping clients was replaced with treating clients or patients. The helping process was replaced by the therapeutic process or, simply, therapy. Sadly, although these changes in nomenclature may have augmented professional status, it was achieved at the client’s expense. The caseworker gained a one-up position in the role of the superior expert healing the disturbed, inferior patient. Although the caseworker grew in stature, the client’s stature was diminished. Essentially, for the lure of status and recognition,

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<sup>1</sup>This observation is particularly ironic in the light of the increasing importance attached to social work’s mediating function in the dehumanized and depersonalized organizational world of the late 20th and early 21st centuries.

caseworkers identified with medicine and psychiatry rather than embracing its distinctive liaison identity.

In society's division of labor among professions, some professions such as education, law, and police are assigned the function of building a stronger and better integrated society. Other professions, such as medicine, psychiatry and psychology, are assigned the purpose of strengthening the individual. Social work with its historic liaison function is the only profession to identify that both people and environments require equal attention. What if our forerunners embraced the liaison function rather than shun it? What if the major segment of the profession had followed the ideas of Jane Addams and the settlement movement and later those of Bertha Reynolds rather than Mary Richmond and the Charity Organization Society? What if the casework segments of the profession had embraced the ideas of William Schwartz rather than those of Florence Hollis?

From Jane Addams (1910, 1930) and the settlement house movement, the micro social work practitioners would have viewed the client as a member rather than as a client or patient. This view of member and membership (Falck, 1988) emerged from Addams' conviction that both workers and members had much to learn from each other. It was the member who had expertise about her or his culture, neighborhood, family, and herself or himself (Franklin, 1986). This expertise had to be respected and trusted. As member of the community, neighborhood, and agency, the member was entitled to be accorded dignity, respect, and quality services.

By 1934 Bertha Reynolds (1934/1982) declared in *Between Client and Community* that social work could and should serve both client and community. In helping to develop societal resources and helping people to access these resources, Reynolds shifted responsibility for identifying and solving a client's predicament from the caseworker to the client. Thus the client had the responsibility and the right to decide on the focus and goals of the helping process. The caseworker's goals had to be positioned alongside the client's goals. Reynolds also believed that the social worker must be willing to discuss with clients their victimization by injustice—almost foreshadowing feminist and empowerment theories. These were, indeed, radical ideas at a time when social casework, the primary social work method, focused on personal change (Reynolds, 1939, 1951).

According to Schwartz (1961, 1962, 1969), in a complex society the reciprocal relationship among people—between people and their institutions and among institutions—can become tenuous, diffuse, and obscure. These obstacles and dysfunctional relationships and transactions provide social work with a distinctive professional function (i.e., a liaison function) to mediate the transactions between the individual and her or his small groups (e.g., family, peers, networks) and institutions (e.g., social agencies, hospitals, schools). In carrying out the mediating (i.e., liaison) function, Schwartz (1969) emphasized that social workers should not attempt to change people but rather to influence the ways in which people deal with each other and their relevant systems. During the next 40 years, these ideas have been further enveloped by the ecological perspective and the Life Model (Germain, 1973; Gitterman & Germain, 2008a, 2008b), the interactionist perspective (Shulman, 2012), and the empowerment perspective (Gutiérrez & Lewis, 1999; Lee, 2001).

## SCIENTIFIC MODEL

Another means for the profession to secure its identity and to achieve external recognition is to demonstrate its scientific credentials. From the outset the leaders of both the settlement house and

the charity organization society movements were interested in scientific methods. Jane Addams and her colleagues used available scientific methods to systematically study neighborhood conditions. Mary Richmond and her colleagues used scientific methods to systematically study data collection and treatment of individual cases. Both pioneering leaders used scientific methods to formulate questions, develop tentative hypotheses, and obtain relevant data (Reid, 1994). In many ways, Richmond's (1917) *Social Diagnosis* represents a paradigm shift from moral to scientific knowledge and reasoning (Lubove, 1965). Using a case study approach, Hollis (1964) furthered scientific inquiry by developing a classification schema of interventions. Both theorist viewed practice as a disciplined problem-solving activity. Perlman's (1957) problem-solving approach followed in this scientific tradition.

The paradigms of Richmond (1917), Hollis (1964), and Perlman (1957) lacked the specific procedures found in contemporary empirical practice, such as the collection of baseline data, the use of research instruments, the measurement of case progress, and the employment of research-based interventions (Reid, 1994). Most of these empirical procedures had not been developed when Richmond, Hollis, and Perlman conceived their ideas. Nevertheless, they emphasized that scientific methods were applicable to social work practice and set the stage for further empirical developments.

In a significant turning point Reid and Shyne (1969) conducted an experiment in which the outcomes of two approaches were compared: open-ended psychosocial and short-term problem solving. The revolutionary findings that the short-term problem solving approach was more effective than the open-ended psychosocial approach had a profound effect on the profession and its delivery of social work services. Based on these findings Reid and Epstein (1972, 1977) developed a task-centered approach to social work practice. The approach fit well with the increasing demand for accountability for measurable outcomes and for the cost efficiency of short-term services. Reid and Epstein (1972, 1977) tested the task-centered approach multiple times and demonstrated its effectiveness. The approach's emphasis on measuring and evaluating observable behavioral outcomes reflected a major shift toward greater empirical basis for social work practice and foreshadowed the conceptualization of empirically based practice and, subsequently, the evidence-based practice movement.

Fischer (1973) reviewed a large number of outcome studies, which dealt with the effectiveness of professional casework services. His provocative findings revealed that casework services were relatively ineffective. Even more devastating, Fischer (1973) found that in about 50% of the reviewed studies clients receiving casework services declined in their functioning. With studies challenging the effectiveness of traditional approaches and with the new emphasis on measuring observable outcomes, behavioral approaches came into greater prominence in the 1970s (Reid, 1994). Bloom (1978), for example, called for a practice

which is explicitly guided by the empirical information from the scientific knowledge base, but more particularly, from the ongoing evaluation of that practice—offers a clear response to the challenge of accountability. Goals of practice are operationally defined and thus are capable of being evaluated. (p. 584)

Other behaviorists heeded Bloom's call and developed the particulars of behavioral practice (Fischer, 1978; Gambrill, 1977; Gambrill, Thomas, & Carter, 1971; Gochros & Fischer, 1977; Schwartz, Goldiamond, & Howe, 1975; Thomas, 1967).

With behavioral approaches closely matching empirical methods, the next stage in the development of a scientific model of practice was identified as empirically based practice (Blythe & Briar, 1979; Jayaratne & Levy, 1979). The approach had two central components: applying, whenever possible, practice methods that have empirically validated effectiveness and “testing specific interventions methods with single-case or group research methodologies” (Ivanoff, Robinson, & Blythe, 1987, p. 418). To empirically validate effectiveness, researchers use group comparison methodologies. Two groups of people with similar backgrounds and characteristics are randomly assembled. Interventions (independent variable) are provided to one group (the experimental group), and interventions are withheld from the other (the control group). By measuring the differences between the groups on some outcome measure (dependent variable), the investigator evaluates the effectiveness of the intervention.

As an alternative to the group comparison method, social work behaviorists borrowed the single-case design method from psychology. The approach returned focus from the group to the individual (Gitterman & Germain, 2008a). The single-case design proponents were committed to developing a practitioner–researcher who would possess the competence to (a) demonstrate empirical evidence of the effectiveness of her or his interventions (Fischer, 1993; Ivanoff, Blythe, & Briar, 1987) and (b) apply empirically tested interventions (Klein & Bloom, 1995). For a period of time the single-case method became the predominant method of evaluating the effectiveness of a planned intervention.

The single-case design required clarity about intervention methods and specification of client outcome. The specificity had the potential to increased practice focus, discipline, and accountability. Moreover, by involving clients in defining their life stressors, identifying the hoped-for outcomes, participating in the interventions, and monitoring their progress, clients had the opportunity from the outset to become engaged in the therapeutic process.

The helping process, however, is rarely as linear and simple as the design suggests. Factors other than the selected treatment intervention may significantly influence or account for the actual outcome rather than the treatment intervention itself (Jayaratne & Levy, 1979; Nelsen, 1988). A major confounding factor, which affects internal validity, is a change in the person’s environment (e.g., new relationship, job promotion). A positively or negatively attributed environmental change may carry greater responsibility for a client’s improvement or decline than the tested helping intervention. Another influencing factor may be the individual’s own internal development. The person may become tired of the status quo and set out to make changes in her or his life. Moreover, the treatment environment may have its own built-in confounding factors. For example, the worker’s unconditional support may have more to do with the improvement than the tested intervention. To develop greater experimental controls, various adaptations of the single-subject design were developed. However, these adaptations created complex ethical issues for the practitioner–researcher (Gitterman & Germain, 2008a).

In continuing pursuit of a scientific identity and greater professional status, evidence-based practice soared into the profession. Once again borrowed from medicine (Sackett, Rosenberg, Muir Gray, Haynes, & Richardson, 1996), social work scholars put forward evidence-based social work practice (Cochrane Collaboration, 2010; Gambrill, 1999; Gibbs, 2003; Gibbs & Gambrill, 2002; Macgowan, 2008; Rubin, 2007.) Essentially, evidence-based proponents contend that social workers should base their practice decisions on a computerized search and critical review of available intervention outcomes. Its intent is to identify the best practices that have been found to help an individual (family or group) with a specified problem. Based on a review of



research findings the social worker selects the most apt empirically verified approach to determine the best intervention.

To be sure, basing interventions on available research findings is a worthy objective. From its inception, social work has been committed to the disciplined and creative use of informing knowledge. Evidence-based practice goes much further by proposing that (a) specific interventions exist to solve most types of problems and (b) that social workers, via rigorous computer searches, can find the most effective—the best—intervention. Certainly, these two premises have a seductive appeal. In the real world of people with messy and overwhelming life stressors, a logical, orderly, and sequential formulation would be both appealing and reassuring. Understandably, academic researchers would be drawn to the idea that if you use technique *X* with client *Y* with problem *Z*, you will achieve the intended outcome. Duncan (2001, p. 30) proposed that this formulation represents “the psychological equivalent of a pill for emotional distress.” This association assumes a linear relationship between research and practice when, in actuality, the connections between theory, research, and practice are complex and elusive. At the very least, worker and client characteristics and the interaction between the two must also be considered.

Because the cognitive behavioral approach is more readily applicable to measuring outcomes than numbers of other respected approaches, it has become a dominant intervention. However, the cognitive behavioral approach has not been integrated with major social work approaches that focus on the transactions between people and their environments. Once again, this illustrates that the profession has a history of embracing approaches developed by and for other professions—in this case, psychology (Gitterman & Heller, 2011). Hence, lack of clarity about the distinctive function of social work and its social purpose has created identity diffusion that has weakened the profession and threatened its very survival.

More recently, Brekke (1986, 2012; Brekke, Ell, & Palinkas, 2007) has brilliantly furthered the rationale for a scientific model by promoting that social work should be shaped into a scientific discipline, “the science of social work.” In the ultimate and, in my opinion, ill-conceived search for acceptance and recognition, some in the academy have suggested that the name of the profession should be changed to the science of social work. In Tucker and Delva’s (2014) article “Renaming Social Work: What Would Shakespeare Say?” the authors forcefully argued against this latest suggested reshaping of the profession’s identity.

In pursuit of academic and professional acceptance and recognition, the advocates of scientific practice eschew the contributions of artistic traditions. The functions of spontaneity, curiosity, and creativity (Gitterman, 1991) are dismissed and rarely mentioned in the scholarly literature. Wylie and Markowitz (1992) poignantly captured the artistic tradition in social work through the analogy of dance:

The best moment comes when you’re in tune with the movements . . . You’re following their lead, and then, when the opportunity presents itself you make a leap and help them take a risk. But the vitality comes out of dancing their dance, not making them perform a step you have already in mind. (p. 30)

In current outcome studies, to rigorously control and standardize the independent treatment variable being studied, a significant number of designs use a scripted manual. Making clients perform steps the professional already has in mind is greatly evident in manual-based practice. In a noteworthy study Henry, Strupp, Butler, Schacht, and Binder (1993) examined clinicians’ behaviors before and after they were trained in using manuals to guide their interventions. The

clinicians who followed prescribed interventions demonstrated “unexpected deterioration in certain interpersonal and interactional aspects of therapy” (Henry, Strupp, Butler, Schacht, & Binder, 1993, p. 438). The therapists reported that their spontaneity and intuition were curtailed and that clients felt subjected to treatment rather than engaged in treatment. The researchers further found that “after training, therapists were judged by their clients to be less approving and supportive, less optimistic, and more authoritative and defensive” (Henry et al., p. 439).

Although social workers with a clear sense of professional function and identity might use manuals as practice guides, they should resist following a prescribed script. Instead, they must feel empowered to use their spontaneity, to take chances, to “go with the flow,” and to follow client leads. Professionals must integrate theoretical and empirical knowledge with their unique personal styles (Gitterman & Knight, 2013). After all, that is what makes a professional a professional.

## CONCLUSION

In its search for a distinctive function and identity, the profession of social work has struggled with numerous dialectics such as, Should our focus be on the person or on the environment, on clinical or social action interventions, on the scientific or artistic dimensions of practice? Teaching students about the historical context for these debates will help them to better understand the profession’s ongoing search to identify its social purpose and struggles to achieve respect and status. In helping students to develop their professional identity and to find their place among the other professions, they need to understand the historical roots of the profession’s functional diffusion and status deprivation. It is important for students to understand that the profession has dealt with various societal and professional currents by dichotomizing and polarizing epistemological formulations in which ideas have been formed in opposition to other ideas (i.e., as mutually exclusive either/or). Dewey (1966) poignantly captured this phenomenon: “It is easier to see the conditions in their separateness, to insist on one at the expense of the other, to make antagonist of them, than to discover a reality to which each belongs” (pp. 4–5). They also need to understand that the focus on person versus environmental interventions and the science of evidence-based practice versus the art of spontaneous and creative practice are simply cases in point of systems of ideas presented in opposing frameworks. We need to help them to appreciate that the choice between social work focusing on the individual or the environment or social work embracing scientific or artistic traditions are misleading dichotomies. Person–environment and science–art are inseparable, and students should embrace both with open arms rather than make antagonists of them. Moreover, we need to teach them to integrate these dichotomies within the context of clarity about their profession’s distinctive function and social purpose.

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