

MISCELLANEA

A SOCIAL CASE WORKER'S PLEA

BY ETHEL GROSNER AND EMMA BEERMAN

SOCIAL work has a magnetism that draws workers from varied fields of activity. Social service lures those to its folds who would naively allay suffering and who think that the solution of the various ills of life lies in giving. Social work also attracts the curious and analytical mind to whom humanity is a specimen under the microscope. The technique may be likened to the proper focusing of the microscopic field. The staining of the specimen is akin to the method used in the analytic differentiation of the problems of the individual which brings out into bold relief problems so that the able case worker can identify these with the world problems.

The fascination of social work not only draws to it the discerning and groping mind, but also holds a great fascination for the philanthropic person who would alleviate suffering without attempting to delve to the roots of the situation, feeling that reflection deters relief. Their philanthropy is naive and they fail to see that hasty, ill-advised and ill-placed assistance will cause far-reaching harm, whereas a slow, deliberate and thoughtful decision may make for more permanent good.

The ideal approach to social work should be a synthesis of the curiously analytical and the philanthropic turn of mind. The possessor of this type of mind brings to her work the ability to get hold of the very roots of a problem, to reflect sympathetically, and plan wisely;

being conscious of the relation of the problem at hand to the trend of life. The treatment should not consist in an isolation of the problem, but in studying it in relation to its environment, so that when the treatment is consummated the individual can take up his work in the community and not feel seriously maladjusted.

Assuming that we have this ideal type of worker, what has a social agency to offer? Enthusiasm, sympathy, unbounded faith are the assets which she brings to her job. She is confronted by broken homes (a broken Jewish home connotes frequently a conflict between parents and children; a breaking away from the racial and religious traditions sacred to the parents) maladjusted children, racial problems, dependency and old age, etc., etc. These complex problems have perplexed the philosopher and have even been the stimulus for economic movements. Yet the social worker is called upon to meet these very problems and is asked not only for a diagnosis but for an effective treatment.

The Berger family consists of the father and mother, both 50 years of age; the father was reared in a *dorf* on the outskirts of an important city. His parents were orthodox and to evade their strict discipline he became a peddler bartering with the *moujik*. He was imbued with the wanderlust, and developed an accumulative desire for worldly goods. The unexpected pogroms, putting an end to his carefree wan-

dering, robbed him of his worldly possessions. He retreated to another town. A hasty marriage—the wife a daughter of a line of rabbis, who married below her class, because of fear of pogroms and her desire to get to the new country. They leave for America, the Land of Canaan. The family grows—but no sons. The father is no longer a peddler. Here the land seems more firm and the family feels more secure. A son is born—the father's spirits rise—a change from work to business; a better means of satisfying the renewed desire for worldly wealth—a heritage to his son, the bearer of his name. Then a reversion to orthodoxy and the old home traditions. The adolescent son is restrained and inhibited and finding no outlet in an itinerant life, revolts, scoffs at his ancestors the rabbis, the kosher household, the righteous mother, the over-solicitous sisters, the patriarchal religion of his forbears—and he becomes anxious for the pageantry of the church.

The parents are overwhelmed by the son's outlet in truancy and theft, by sex conduct and the shame, and the unmarried daughters. A desire for help—the social worker is summoned. She must work quickly, for the family is impatient.

The social worker must bring human understanding and sympathy and analysis to make a plan whereby the parents see the boy's difficulties. She must also interpret the parents to the son by an explanation of their background and traditions. The parents are not usurers and fanatics, but their desire for the accumulation of wealth is only to insure the family's security, the adherence to tradition is the manifesta-

tion of a desire to preserve the race threatened with dissolution because of their nomadic life.

Each person must be considered as an individual with an urge to fulfill his own pattern of life. The relation of one individual to another must be considered, as also the interrelations of personalities in the family group.

It is only after careful thought and deliberation that the worker dare offer a plan. What can be the worker's state of mind when she learns that the pressure of work impels her to render quick and not sufficiently thought-out decisions? Is it possible that one's ego reaches that stage of self-deception whereby she is satisfied to work on quick decisions? On her plan depends not only the preservation of the family unit, but also the development of the individual along his best and fullest lines.

To cite another phase of these complex problems, the Stein family; the father asthmatic and tuberculous at 25; there are five children. The wife is a nurse and mother. Illness pervades the home atmosphere. The children grew without care, like weeds—they found the home oppressive. The son makes outside undesirable friendships—enters a gang—truancy, theft, House of Correction—follow in rapid succession. He becomes revengeful. His father, in turn, is tyrannical. The son leaves home. The termination of one jail sentence makes way for a renewed vengeance against society. The son, now mature, is boasting of criminal deeds and is consorting with colored women. He finally marries a negress. The family is broken down—parents aged—des-

pondency. The social worker is again summoned. What can she do in the face of this dissolution?

Rehabilitation in this family is well nigh impossible, but she can succeed in establishing a sympathetic approach to each other's problems. She may fail and her interest becomes sheer meddling, which causes a great deal of suffering.

How can a worker measure her achievements by numbers of successful treatments when the situation that faces her precludes success?

If the social worker is willing to dedicate herself to her job, what has the social agency to offer to make it possible for her to carry on the work well and thus help those unfortunate persons who, because of their overwhelming situations, are unable to solve their problems themselves?

Social work has been criticized by thinking individuals as being only

patch-work, sometimes more colorful and spectacular, depending upon a worker's attempt to scratch beneath the surface. Their solution would be a social change to wipe out these problems.

Can these critics overlook the fact that these maladjusted families may act as a dead weight and retard progress? Cannot social work, ably done, help recreate these maladjusted families—help them regain their health of body and of mind, so that they, too, can fall in with the rhythm of progress?

Can't the ideal social worker, with her vision directed on the great social movements, help elevate those individuals who have been precipitated out from the present system because they have not been included in the scheme of things? Can't the social worker help make the world pattern more complete by her work?

"MENTAL HYGIENE AND PSYCHIATRIC SOCIAL WORK"

COMMENTS ON THE SYMPOSIUM IN THE MARCH ISSUE

BY DOROTHY C. KAHN

TO COMMENT, even by request, on a symposium in which one should properly have participated may seem to be taking an unfair advantage. The justification is that the previous participants by no means considered the discussion more than bravely begun. Here is set forth a description of practice in eight cities, with occasional observations of a theoretical or philosophic nature, the sum of which makes one wish, inordinately perhaps, for some means of appraisal

for this variety of effort. A little timely research in this special field might save much effort that only time will demonstrate as having been abortive.

Meanwhile certain central ideas stand out in the symposium in the March issue, as they do in the less formal discussions of social workers on this theme.

1. There is general recognition of the value and importance of mental hygiene concepts in case work.

2. Definite, vigorous and costly efforts are being made to integrate the best developments in the mental hygiene movement with the practice of case work agencies.

3. A wide variety of plans are used for the purpose of effecting this integration and there is no recognizable uniformity among them.

4. There is evidence of considerable doubt as to whether the mental hygiene movement or psychiatry, except in the more commonly recognized pathological conditions, has either a special body of knowledge or a special technique, distinct from case work.

It is this last point that would seem to bear much more frank discussion and more penetrating study than it has received thus far.

A short backward glance into the history of case work agencies would disclose the fact that some fifteen or twenty years ago the economist occupied the same favored position in the counsels of case workers as is held by the mental hygienist today. The economist was replaced by the sociologist, who is now reasserting his claims, along with the statistician and the biologist. This is only the sketched-in outline of a picture, the meaning of which must be clear, *i. e.*, that the practice of social case work as it advances to professional attainments requires, as a part of its basic training, a certain knowledge content to which, as in medicine or engineering, a great number of allied sciences must contribute. If we assume that in this, as in previous alliances, our aim is the improvement of case work with individuals and families, we may be over-simplifying our objectives.

The assumption, however, serves to concentrate attention on the accepted principle that the only method of improving case work is to improve the practice of the individual case worker. Which, if any, of the devices now employed by agencies for integrating mental hygiene and psychiatry with their work, are calculated to produce the desired result most speedily and most effectually?

There are a few considerations, some which have already been alluded to in the symposium, that must influence judgment on this point. In the first place, the number of psychiatrists, and especially well equipped Jewish psychiatrists, even with the rapid development of the field, is woefully small. There is not a one among them, even the less able of them, who is not taxed beyond human capacity by the demands of his official duties, and importuned beyond resistance by social agencies, women's clubs and private individuals with money and an occasional idea. The psychiatrist, to his own chagrin, has become dramatized, popularized and invested with an authority much of which he neither desires nor deserves. Many, being human, take refuge in what one of their most thoughtful men has called "enthusiasms," that serve only to increase, rather than to limit their following, but result also in most bewildering confusion in the neighboring field of social case work. Perhaps it is the bias of one of these enthusiasms that leads the writer to regard the psychiatric social worker chiefly as a compensatory mechanism. This is not to decry the psychiatric social worker, but rather to indicate that