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Wayne Plasek
California State University, Northridge

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THE SWEDISH CHILD WELFARE WORKER:
ESTRANGEMENT AND ALIENATION IN AN "IDEAL" SITUATION,
IMPLICATIONS FOR AMERICAN SOCIAL POLICY

Wayne Plasek
California State University, Northridge

The Development of the Swedish System of Social Welfare

By 1931 the Swedish economy had fallen from its post-World War I position of productive and financial eminence within the world market. Domestic unemployment and shortages of capital within the nation led to a general rejection of the old policies of balanced-budget government. When the Social Democrats gained control in 1932 a new consensus blurred party lines, a consensus of opinion upon the need for governmental action. With the guidance of the theories advanced by the "Stockholm School" of economics, state regulation of the economy became a reality. This government intervention into the economy set the stage for the initiation of a broadly based program of social welfare. Instead of burdening the economic development of the country, welfare programs came to be seen as means to stimulate consumption and investment and as an aid in the reduction of unemployment. For the best of entrepreneurial reasons Sweden proceeded to develop the world's most advanced system of social welfare programs.

Coupled with this was a widespread concern over the lack of population growth. Gunnar and Alva Myrdal's 1934 work, Crisis in the Population Question, raised the specter of an absolute loss in population due to a well documented and prolonged decrease in the birth rate. Not only were the politicians' and the public's eyes opened by the problem; the Myrdal's proposals for solutions came to be viewed as most appropriate, considering the gravity of the problem and the new economic activities of the government. The remedy was carefully spelled out: increased family size as encouraged by a redistribution of income and a series of welfare schemes designed to provide adequate resources for families and improved material standards at the same time. Their book served as a catalyst between the newly discovered economic benefits of social welfare programs, humane concerns, and the enactment of these.

Sweden acted. A law establishing voluntary unemployment insurance was passed in 1934. A new scheme of old age pensions was adopted in 1935. In the same year pre- and post-natal benefits for mothers and loans to help newlyweds set up house were initiated. In 1937 the Riksdag developed programs of grants to the children of widows and invalids and to orphans. Advance allowances to illegitimate children were provided as were subsidies for school lunches. In the area of family housing state loans for construction in urban areas were initiated in 1933. Paid vacations of twelve days per year of work were guaranteed in 1938 and were increased to four weeks in 1963. Such programs held the promise that the family of moderate means could work, live, and play in a style not too unlike that of their wealthier, childless counterparts.

A paper presented at the twenty-first annual meeting of the Society for the Study of Social Problems, Denver, August 28, 1971.

Planning for further developments occurred simultaneously. Royal commissions on housing, population, and social services were established in the '30's, after the Myrdal's had felled the cat. Reforms in the regulation of sexual activity and abortion, public support for families, the regional redistribution of industry, provisions for relocation and retraining of workers, health and accident insurance, unemployment insurance, and old-age pensions, not only were planned, but captured the attention of the public.

Following the interruption of World War II, many of these reforms were enacted, all with the goals of economic prosperity, full employment, and improved standards of family living.¹

Research Objectives and Findings

Our research was guided by an interest in the attitudes of social workers toward their personal work situation, their occupation, its place in the society, and other matters. It seemed likely that in a welfare state, the position of the profession and the attitudes of its practitioners would reflect its key position within the society. If such expectations were borne out, we might be able to make predictions concerning such attitudes among American social workers should the welfare program be greatly expanded.

If occupations are arranged along a dimension defined in terms of complementarity of goals and methods with those of dominant institutions in the society and in terms of public opinion concerning the goals and activities of the occupations, it seemed reasonable to expect that social welfare would rank high on such a dimension in Sweden. Such a high position seemed justified by the influence exercised by representatives upon governmental legislation and by the respect accorded it by the general public.² Social work in Sweden thus was considered to be an entrenched occupation.

We wished to compare such an occupation with one which occupied a position of estrangement from dominant institutions and public opinion, particularly another service profession. Since dentistry is the only private general service profession existing within a society in which most other services are provided by the state, it seemed likely to occupy a position of occupational estrangement, relative to social work, in Sweden.³

We compared samples of dentists and social workers in terms of four sets of attitudes: their perceptions of the relative degree of entrenchment or estrangement of their occupation, their attitudes toward social change, their alienation from their occupation, and their alienation from their personal work situations.⁴

For example, in probing the respondents' perceptions of estrangement and entrenchment we asked such questions as:

- How many people are there, roughly, who really appreciate the importance of dentists/social workers?
- Are there many strong interest groups who would like to have dentistry nationalized?

--Should the state give more consideration to the opinions of social workers when it is dealing with social welfare legislation?

Twenty items were included in our measure of attitudes toward social change. They deal with issues which are of general public concern in Sweden and for which various attempts to affect change are continually being launched. For example:

--There are good reasons for lowering the minimum age for voting.

--The introduction of the comprehensive school here in Sweden is basically a bad thing.

--The monarchy should be maintained as it is.

Occupational alienation concerned the workers' alienation from various aspects of his occupation which are likely to be experienced by any member of that occupation.⁵ For example, persons were asked their responses to such statements as:

--One of the social worker's problems is that he doesn't have enough clearly defined rules to follow in his work.

--The leading persons in our profession reached their positions because of their knowledge.

--The average dentist has more freedom of choice to go about his work than people in most other jobs have.

With respect to the worker's perception of rewards in his personal work situation, we asked such questions as:

--Do you have opportunities to try out new ideas in your work?

--Does your work give you full opportunity to use your abilities?

--How interesting is your work?

In general we expected to find the social workers to perceive their occupation as more entrenched and to be more amenable to programs of social change. Dentists were expected to perceive their occupation as more estranged and to be less in favor of social change.

Despite the intervening influences of idiosyncratic work experiences and differential internal structure of work activities (i.e., bureaucratic and non-bureaucratic), we expected the dentists to be somewhat more alienated from their occupation and from their personal work situations than social workers.

Such expectations were dramatically rejected by our findings. Social

workers perceive their occupation as estranged from dominant institutions and public opinion, whereas dentists do not. They are also more alienated from their personal work situations and their occupation. Furthermore, they are no more likely to favor social change than are dentists.

In terms of perceptions of occupational estrangement and entrenchment fewer than half the social workers and more than three-quarters of the dentists believe the activities of their professions are adequately appreciated by the public, that members of their professions have the prestige they deserve, and that public opinion is favorable to their goals and activities. Neither social workers nor dentists believe the state provides adequate funds for research in their fields and both groups perceive the existence of hostile interest groups within the society, but in both cases the responses of the social workers are more likely to be estranged than are those of the dentists. (See Appendix A)

Social workers are also more alienated from their occupation. Only one-third see success as a function of goal relations with clients; only a quarter see knowledge and ability as important elements in occupational success; and the same small proportion perceives a greater degree of freedom of choice in their work activities, relative to other workers in general. In all these matters dentists are notably less alienated. Both groups, however, are dissatisfied with pay in their professions and believe that many of their colleagues are more motivated by money than by desires to serve the public. The latter findings are not surprising when we consider the pragmatic rather than the idealistic historical development of social services in Sweden. Both occupations are pragmatic, but social workers are more alienated from their occupations. (See Appendix B)

In general social workers are less likely to perceive their work as fulfilling than are dentists. Our items in this instance indicated that social workers are less likely than dentists to view their job as providing them with opportunities to use fully their training and knowledge, more likely than dentists to view their work as too routine, and somewhat more likely than dentists to choose a different occupation were they once again about to begin their training for a career. They are also somewhat more likely to report more frequent uninteresting periods in their work. (See Appendix C).

A majority of both dentists and social workers favor change in a wide variety of issues which are of continual interest in Sweden. The social workers lean more heavily toward favoring change, than do the dentists, in such areas as educational reform, the further development of publically provided dentistry and equal pay for women. They more frequently disagree with such traditional issues such as maintaining the monarchy, the belief that prejudice cannot be eliminated, the desire to re-impose stricter discipline on youth, and with such old saws as longing for the "good old days" and that "the world is changing too fast."

The dentists, on the other hand, are more eager to see a change in the political party then in power (the Social Democrats), are more in favor of the state expanding its use of experts in policy-making, and are in favor of the development of commercial radio in the nation. They also tend to favor

a change in the Swedish foreign policy of neutrality a bit more than do the social workers, although the majority of each occupation questions such a change. They do, however, favor a change in the nation's policy toward the Common Market and would like to see a tax break for those with moonlighting jobs.

In general we might conclude that dentists are somewhat more traditionalistic and that they favor the development of interests of private entrepreneurial enterprises. Social workers favor the expansion of public programs involving human needs and human rights. We might well expect similar findings among corresponding American occupations, so that the impact of existence within a welfare state seems to be of little importance upon the attitudes toward social change among social workers.

Theoretical and Practical Implications

The findings involving attitudes toward social change offer some clues as to why our hypotheses were not borne out. It seems likely that the influence of relative occupational estrangement in Sweden may be limited by intervening variables involving the organizational and knowledge bases of occupational activities and such characteristics of the culture as historically developed models of occupational success.

Briefly, bureaucratic work organization in and of itself may exert a powerful influence upon such attitudes as those with which we have been concerned. The argument here would be that despite its favored position in Swedish society social work there is a bureaucratic enterprise and dentistry is not. The well known influences of this type of organization might be expected to shape the attitudes of social workers into those of perceptions of occupational estrangement and alienation from the occupation and the personal work situation. And our measures might be predicated upon assumptions concerning work activities which are unrealistic in bureaucratic settings.

A further characteristic of the work situation is the knowledge base upon which the occupational activities must operate.⁶ Occupations in which goals and means are scientifically validated and readily measured are likely to generate attitudes of certainty, clear-cut criteria of success, and security of evaluation of one's work activities, one's value to society, and the value of the occupation to society. On the other hand, vague and unsystematized knowledge generates insecurity of self, rigidity, and inconclusive evaluations of activities within various social contexts. Social workers would, therefore, be likely to offer alienated and estranged responses.

Another element, not usually included in studies of occupations, may also be in effect. Various institutionalized work arrangements may be expected to generate corresponding folk models of occupational success. These cultural models would differ from each other along lines of difference between organizational activities of the occupations.⁷ Thus, there might be bureaucratic, entrepreneurial, free professional, and service models by

which members evaluated their own work activities and situations as well as the standing of their occupation. Such models are historically developed and are unlikely to be of equal status. Rather than the members of an occupation using a model "appropriate" to its activities, it might be employing that of another type of work activity upon which the culture places higher status. Bureaucrats, instead of using a bureaucratic model of success, might in a highly individualistic culture apply an entrepreneurial model in evaluating their occupation and their occupational activities.

Thus, an intervening set of influences--work organization, the knowledge bases of occupations, and cultural models of occupational success are seen as possible explanations for our finding that Swedish social workers are alienated and estranged even though they operate in an "ideal" setting, ideal to American eyes, that is.

This assumed congeniality of setting for Swedish social workers must be questioned. They share with their American counterparts the characteristics of bureaucratic organization and a paucity of scientifically validated knowledge concerning the adequacy of their explanations and the efficacy of their activities. They also share existence in societies which have a long and powerful tradition of capitalism and private entrepreneurship (ninety percent of all Swedish industry is privately owned). They may both be sharing models of occupational success in which the characteristics of the captain of industry serve as bases for evaluation.

These findings and considerations indicate that it may be unreasonable to expect advances in the financing, organization and power of social work in western societies to be paralleled by perceptions of self fulfillment and worth of occupational activities. The development of social work in the United States to a point equivalent to the Swedish experience may yet yield distinct attitudes of alienation and estrangement among American social workers.

It seems that in no capitalistic society can those who represent the government by engaging in bureaucratic activities predicated upon uncertain knowledge and aimed at providing public services really satisfy the needs of people in such a way that they will gain favor and prestige within the society and accordingly evaluate their work situations.

Without satisfaction, social workers may, however, be expected to develop feelings of security as a result of the expansion of social welfare services. The Swedish social workers, for example, overwhelmingly support and wish to increase research measuring the efficacy of their programs. Such an orientation toward research is not generally found among American social workers and may reflect an insecurity of occupational position and activities.

Security may, however, bring establishmentarian attitudes. Swedish social workers follow the Social Democratic party line on such matters as opposing the development of commercial radio, opposing changes in the policy with regard to the Common Market. Corresponding attitudes might develop with the further development of welfare programs in the United States.

Such a development of conservatism within the welfare state is often

seen as a result of the increase in power, influence, and status of the agencies of the welfare program. In Sweden social welfare is one bloc within an incomplete yet far-reaching balance of power between different interests and groups. Each group in such a setup is limited by others and changes in policies and notions rather than dramatic, are part of an inch by inch process.¹⁰

Such conservatism in the development of social policy is, of course, a reality in the United States, but social welfare is hardly an equal participant in our more limited pluralism. Changes in policy are likely to be sponsored by other, more powerful interests in the coming years.

Such changes in social policy, judging from the Swedish experience, are likely either to be firmly linked with economic goals or to be based on an entrepreneurial model whereby the provision of services are based upon consumer demand at freely set market prices.¹¹ In either case, the role of the social worker in America would be dramatically changed. Adjustments of the workers' conceptions of role, organization of work activities, bases of knowledge, and models of success would be required. Such a transition would likely evolve instances of alienation and estrangement among social workers. The expansion of social welfare services would not seem, in and of itself, to offer a promise for the amelioration of such problems.

The planning for the expansion of welfare services would hopefully include analyses of possible means for the reduction of estrangement and alienation among social workers.

Footnotes

1. Kurt Samuelsson, From Great Power to Welfare State, London: George Allen and Unwin, 1968.

2. Gosta Carlsson, Social Mobility and Class Structure (esp. Ch.3), Lund: Haken Ohlsson, 1958.

3. Discussions concerning the addition of dental programs to the services provided by the national health service are frequent in Sweden.

The two occupations occupy reversed positions along the dimension of occupational estrangement--entrenchment in the United States. Such a reversal provides a basis for a cross cultural comparison of the effects of this dimension upon attitudes and perceptions among members of the occupations in the two societies.

4. Questionnaires were administered to random samples of members of the Stockholm Dentists' Association and social workers with professional degrees and at least three years' experience with the Stockholm Child Welfare Bureau. Data from students in the Social Welfare program at the University of Stockholm are not included.

The samples were very small (18 dentists and 47 social workers) and a response rate of only 60 percent among social workers and 49 percent among dentists was attained. Consequently, the findings are tentative.

The questionnaires were developed with the cooperation and assistance of Swedish and American sociologists and representatives of the two occupations, who screened the items in terms of salience to members of the occupations. They also provided information concerning the relative estrangement of the occupations and assisted in polishing the (Swedish) wording of the questionnaires.

5. The dimensions set out by Seeman in his conceptualization of alienation are employed, but the referents are occupationally specific. See Melvin Seeman, "On the Meaning of Alienation," American Sociological Review, 24 (December, 1959), pp. 783-791.

6. See Everett C. Hughes, Men and Their Work, New York: The Free Press, 1958.

7. Such models of success would be part of the ideology of an occupation. Although these ideologies are widely known to sociologists, such a dimension has not been explored. For illustrations of analyses of occupational ideologies see Ronald M. Pavallco, Sociology of Occupations and Professions, Itasca, Illinois: F.E. Peacock, 1971, esp. pp. 192-195.

8. A related phenomenon is noted by Dibble in his comparison of "parochial" and "ecumenic" ideologies among occupations. Ecumenic ideologies are those

that are adhered to by many outside the occupational group from which they developed, thus becoming part of the perspectives and orientations of occupational groups, large segments of the public, or even whole societies. See Vernon K. Dibble, "Occupations and Ideologies," American Journal of Sociology, 68 (September, 1962), pp. 229-241.

9. Public opinion may well continue to provide a basis for such negative assessments. A study of rank and file members of the Social Democratic party revealed that this group is rather hostile toward social welfare. Less than a majority were in favor of increasing the family allowances; many wanted a reduction. Thirty to forty percent of the members agreed with the Conservative, rather than the Social Democratic policy on social welfare. See Olle Vejde, Structure and Attitudes of the Social Democratic Party in Sweden, unpublished fil doktor dissertation, University of Stockholm.

10. See Samuelsson, op.cit., pp. 282-283.

11. Such a program is frequently considered in Sweden. See Samuelsson, op.cit., p. 265.

APPENDIX A

Percentage of Dentists and Social Workers Offering
Occupationally Estranged Responses to Various Items

<u>Measure</u>	<u>Dentists</u>	<u>Social Workers</u>
Appreciation	6 (1)	53 (25)
Prestige	23 (4)	74 (35)
Public Opinion	12 (2)	98 (46)
Research Funding	61 (11)	96 (45)
Antagonistic Groups	53 (9)	72 (35)

APPENDIX B

Percentage of Dentists and Social Workers Offering
Alienated Responses to Various Aspects Internal to Their Profession

<u>Measure</u>	<u>Dentists</u>	<u>Social Workers</u>
Success due to client relations	72 (13)	33 (16)
Money rather than service orientation	65 (11)	72 (34)
Success due to knowledge and ability	6 (1)	72 (34)
Adequacy of pay in profession	33 (6)	36 (17)
Freedom in work activities	23 (4)	72 (34)

APPENDIX C

Percentage of Dentists and Social Workers
Perceiving Their Work Activities as Unfulfilling

<u>Measure</u>	<u>Dentists</u>	<u>Social Workers</u>
Inability to use training	11 (2)	49 (23)
Work too routine	22 (4)	51 (24)
Inability to try new ideas	39 (7)	38 (18)
Frequency of dull periods	6 (1)	18 (7)
Starting work again	59 (10)	74 (34)

APPENDIX D

Percentages of Responses in Favor of Social Change
for Dentists and Social Workers for Various Items

<u>Item</u>	<u>Dentists</u>	<u>Workers</u>
Change Political Party in Power	94	48
Longing for "good old days"	56	89
Return to stricter discipline of youth	33	83
Opposition to school reform	67	96
Increasing public dentistry	61	94
State's use of experts in policy-making	78	55
Prejudice cannot be eliminated	59	77
Equal pay for women	61	96
Initiate commercial radio	78	17
Maintain monarchy	24	40
Change policy of neutrality	18	02
Change policy with Common Market	71	23
World changing too fast	33	85
Make income tax lighter for "moonlighters"	94	68