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Review Essay

Harry Specht and Mark Courtney, *Unfaithful Angels: How Social Work Has Abandoned its Mission*, New York: Free Press, 1994. \$24.95 hardcover.

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This book will quite likely shape the debate and direction of social work education and practice in the early 21st century. It is fundamentally a treatise objecting to psychotherapy as the 'major mode' of social work practice and advocating a 'community-based system of social care'. It is a book that makes a significant contribution by alerting us to important trends in social work practice and education. In identifying and discussing trends, however, it is a book that is long on moral indignation and short on fact and analysis.

At a time when the helping professions (medicine, nursing, clinical psychology, social work, and increasingly, especially in California, marital and family therapy) are undergoing what Andrew Abbott (1990) calls 'jurisdictional disputes', this book requires us to take a close look at what is happening in the field of social work and ask ourselves, 'What is the core of what we do?' 'What is our central mission?'

Reviewing the theoretical literature on professions, we know that they can be viewed as institutions in society that promote general social functioning in areas such as health or justice or social cohesion. Or they can serve as agents of the state to maintain social control. They also can provide means for individual achievement and social mobility. We know that professions, like all social organizations, have a tendency to lose track of their basic purpose and function and become overly involved in organizational maintenance.

Specht and Courtney claim that social work as a profession has lost track of its traditional mission of promoting social health, social justice and social cohesion and turned to

the tasks of mollifying masses of anxious, lonely middle-class Americans in search of meaningful lives. Social workers, according to the authors, have become those agents of the state who have assumed responsibility for the happiness of Americans alienated from families, communities, friends, work and civic involvement: conventional sources of meaning and fulfillment. And they have pursued this responsibility in a mindless quest for professional status and remuneration. To emphasize their claim, the authors provide juicy examples of social workers who use 'conscious breathwork', hypnotherapy, past life regressions, process work, subtle energy technology and the healing of conception, birth and prenatal 'trauma' to help client 'explore deep levels of being, restructure subconscious patterns and release emotional pain at a cellular level' (p.2). Well, the reader thinks, maybe in Specht's home state of California. But what about everywhere else?

To convince the skeptical reader, the authors rely on a combination of weakly substantiated assertions, inadequately defined terms and an analysis of current culture. To support the claim that master's level social workers are moving in large or disproportionate numbers into the private practice of psychotherapy as compared with other aspects of the social work profession, the authors rely heavily on the statistic that in 1991, 11% of members of the National Association of Social Workers (NASW) were engaged in private solo practice as the primary setting for their work and 31% as the secondary setting. It should be noted that less than half of all graduates of social work programs are members of NASW (Gibelman and Schervish, 1993) so this statistic is not representative of the total population of social work graduates. Further, the authors claim that "most of these professionals are engaged in what we shall refer to as the 'popular psychotherapies'" (p.23). There is no definition of 'popular psychotherapies' and no citation to support this statement. Further the authors assert that 'Many graduate schools of social work in the United States . . . educate the majority of their students to be psychotherapists. Most of these students will go into private practice' (p.25). These statements appear to be based on one study using a convenience sample of direct practice students entering social work programs, not

on an analysis of any educational program or of students' ultimate career choice (Rubin and Johnson, 1984). So the evidence in support of the basic assertions is weak.

Despite problems with the evidence, the authors' general concerns ring true. Anyone who has ever tried to get social services for a family member, an infirm parent or a physically or emotionally disabled child, will report that it is easy to find a social worker who will provide 'counseling' but it is extremely difficult to find someone who will provide access to a respite companion, to home health services, to elder or child care. Further, the movement of social workers into independent practice has been documented and discussed for some time. Indeed, the factors influencing this movement include social workers' desire to supplement low salaries (the median range for social workers across all experience levels in 1991 was \$25,000 – \$30,000 according to Gibelman and Schervish), desire for control over working conditions, and desire to focus on particular populations and presenting problems (Abramovitz, 1985; Jayartne, Davis-Sacks & Chess, 1991). There are no analyses to date, however, that provide information about the *types* of services—whether psychotherapy, 'popular' psychotherapy, or something else—that are provided by social workers and independent practice. In other words, the data provide evidence that social workers are shifting the *auspice* of service provision not about the *type* of service provided. Further, it is difficult to see how existing data support the authors' conclusion that if these trends continue over the next two or three decades we can expect that social work will be *engulfed entirely* in the psychotherapy enterprise. (The language does echo debates of forty years ago in the field about the *psychiatric deluge*.)

Nearly all discussions of mission, status and direction of the field of social work have been seriously hampered by a failure to define terms. This book is no exception. Throughout the book the authors discuss "psychotherapy", 'popular psychotherapies', the 'private practice of psychotherapy' and 'social work'. The clearest definition of any of these terms appears on page 26 where the authors state:

"The major function of social work is concerned with helping people perform their normal life task. . . . (and) make use of and

develop community and social resources to build connections with others and reduce alienation and isolation; psychotherapists help people to alter, reconstruct, and improve the self."

A more widely accepted view of psychotherapy defines it as any

"deliberate . . . planned, pattern of intervention into the behavioral circumstances of a person in order to correct or modify some kind of presenting difficulty . . . All these approaches deal with various facets of the complex human being as he operates within complex social setting (Urban and Ford, p.4-5)."

In fact, a significant set of activities falling within the rubric of psychotherapy are important for social workers to know and engage in if they are to help people perform normal life tasks. Social workers routinely encounter depression, anxiety and family conflict as they provide or develop services for the chronically mentally ill, the infirm elderly, the physically disabled, or the abused child. It is important for social workers to be knowledgeable about and skilled in the application of the psychotherapeutic interventions appropriate to these situations. Psychotherapy and social work are both broadly encompassing activities. They are not mutually exclusive. At base psychotherapy represents a set of interpersonal influence strategies that are crucial aspects of many functions that social workers carry out in the provision of social services.

All the trends in social work discussed by the authors can perhaps be more fruitfully interpreted as part of the reorganization in the provision of health, mental health and social services that has occurred in the U.S. in the last 30 years as opposed to an abandonment of mission. First, there has been a growing shift to service delivery in the private or for-profit service sector. Increasingly, governments at the federal, state and local levels are contracting for services, including health, mental health, child welfare even education and sanitation services (Abramovitz, 1986).

Second, the influence of social work in public social services has diminished as a result of *declassification*, the trend in the last twenty years, especially in public child welfare agen-

cies, to reduce requirements for professional education for public services positions (Pecora and Austin, 1983). This has been accomplished primarily through legislation and administrative rules that allowed reduction in educational standards for hiring and that allowed equivalences to social work education. The trend has been supported and fueled by the idea that on-the-job training can compensate for professional social work degrees and by unions pushing for promotion on the basis of agency experience rather than professional education (Gibelman and Schervish, 1993).

At the same time, during this period, there has been significant growth in health and mental health services (Vanderbos, Cummings, and DeLeon, 1994). Mental health services have expanded enormously due to (a) government policy in the 1960's creating community mental health centers, the passage of Medicare/Medicaid and federal health maintenance legislation, (b) growing insurance and corporate recognition of mental health care, and (c) consumer demand, (Vanderbos, Cummings, and DeLeon, 1994). Today, 30% of social workers claim mental health as their primary practice area (Gibelman and Schervish, 1992).

To summarize, historically social workers have been centrally involved in the design and development of our public social welfare system and functioned within that system. Like all social institutions, the social welfare system and the practice of social work is undergoing change. First, as social services are delivered more frequently under private auspices, social workers more often work in the private sector than they did twenty years ago. Further, as public social services, especially public child welfare services, have reduced professional requirements, fewer social workers have pursued positions in the public sector. Second, social workers have traditionally functioned to provide access to opportunity and resources to support the performance of 'normal life tasks'. This has included functions of direct service provision, management, planning and policy development, research and education. Today, social workers are slightly more inclined to provide services than to define and develop those services although this shift in type of service provided is not dramatic. Finally, social workers and social services

have traditionally focused on client populations with the fewest opportunities and resources. Yet in a period in which we are witnessing major reforms in health, mental health, and AFDC, it is fair to ask whether the voice of social workers on behalf of the poor has been loud enough. So given these trends what defining characteristic of social worker's traditional mission has been lost?

Specht and Courtney suggest that the private practice of psychotherapy by some social workers defines our 'going astray'. I would suggest that Specht and Courtney's focus on private practice is overdrawn and too narrow. I would suggest that the mission of social work is defined by *auspice, but in addition, by function, client characteristics and knowledge base*. And, as we debate the direction of social work, we should ask ourselves whether we are providing the right services to the right people in the right places and whether we are developing the knowledge base required to intervene most effectively.

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