

fold forms of the word, that the community takes shape as the site for that participation in divine reality which we saw to be the nature of Christianity. It is here that Casel fails us. He was always rather anti-theological, that is, anti-intellectual, and this means that he fails to bring out the vital need for solid doctrine in the communication of mystery—for an *intelligent* sense of mystery. The whole history of the liturgical movement since Casel wrote is the history of the recovery of theology, of the realization that our entry into communion with the mystery is primarily through meditation on the Word. Perhaps we in this country, who are so behindhand with our revival, may use our relative backwardness to drive straight to the root of all revival: the cultivation of a sound theological tradition. It would be nice to think that we might.

The Living Relationships of Social Work¹

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'Relationship is the soul of casework' says Fr Biestek at the beginning of his book on the Casework Relationship². The forming of relationships between persons is one of the basic necessities of life, for man was made a social being. Relationship comes into every sort of personal and social situation. Nevertheless, the use of relationship in a particular way and for a particular purpose is the essential and basic factor in social work. It is, as Fr Biestek says, the 'soul' of casework and without it social work would be lifeless and meaningless. The theory of relationship in social work has been analysed by some of the ablest thinkers in the social work field. My aim in this paper is not to recapitulate what is in the text books or to attempt to summarise the literature about relationship. To do this would be both boring and ineffective.

¹A paper given to the Guild of Catholic Professional Social Workers.

²*The Casework Relationship*, by Felix Biestek, S.J., London, 1961.

But the theme of relationships in social work is inexhaustible. Like the great stories of the Bible or classical mythology, it is timeless. Each generation of creative artists has portrayed the central figures of these stories and their lives anew. Man has never reached the final interpretation because each artist uses his own creative imagination in his portrayal. In doing this, he is putting in something of the personal relationship between them and himself. So, I believe, everyone in social work has his or her own individual thoughts and reactions about the professional relationships she makes and her own techniques. Consciously or unconsciously, we evolve our own theory and practice; basically in accordance with known and tested professional knowledge but also uniquely our own. In each interview, we create a new relationship which is the same old story but at the same time entirely new. Each of us is a new and individual caseworker while at the same time we all do the same things in our casework relationships and practice.

So in this paper I am going to attempt to give what is inevitably a personal picture of relationships in social work. The framework is the classical theory of social work. The interpretation is my own, although I do not pretend that it is original.

Social work is a process of giving and receiving. Giving and receiving are always part of life. So one might say social work is the microcosm of life. In giving, social work attempts to replace what is missing, or to repair and recreate what has been damaged or destroyed. It cannot make something out of nothing but it does attempt to and can nurture and stimulate growth even in very unhopeful circumstances. In receiving, the client makes use, if possible, of what is offered to him in this giving.

In its simplest form, social work has always been partly a relief service. Perhaps here I must digress for a little while to attempt some definition of terms. At present we are still in a muddle over these. One hears the word 'casework' used in other contexts than social work. And social work itself is often not clearly defined and gets confused with social service. I believe this is because social work is comparatively new in its identification of itself as a distinctive profession with its own body of knowledge, principles of practice and defined education. I would use 'social work' for the professional activity which is performed within the framework of social services (in which I would include medical and psychiatric services) whether statutory or voluntary. Casework, which I believe should properly be called 'social casework', and group work are two branches of social work. The gifts of social work in the social services have been primarily material, food, clothes, shelter, money. Even now it

often functions in this way. Where there are no or few organised social services, we need very practical relief services. Feeding the undernourished, clothing refugees, organising camps and shelters, medical missions are all part of this giving. And in the emergent countries, or in times of national emergency like flood disaster, or in countries of extreme poverty like Sicily, these are necessary and valuable services. Here social services are replacing, repairing and recreating at the simplest and most basic level. They concentrate on the physical essentials to preserve and save life. The same process is going on in the more developed social services and where acute physical needs are less. We find the welfare state or other national schemes of social welfare taking over many ways of making deficiencies good. A more stable and balanced economy leaves less people in want of the basic requirements of life. But even where the more highly organised welfare systems, or more stable economies have reduced the need for the simplest forms of relief, we find the processes of repair and recreation at work. Sheltered workshops for the disabled, rehabilitation programmes, children's homes and boarding-out schemes are replacing essential needs and repairing what is weak and damaged. Much medical and psychiatric treatment, assistance with family problems, marriage guidance, probation and other social casework services are all concerned with the same task of replacement and recreation in order to build up and renew what has been broken or is stunted in growth.

Moving inwards, we come to the personal relationships between helper and person helped. This is the inner core of social work, the casework relationship with its essentially therapeutic focus. But here too the same process of replacement, repair and recreation is at work. And, as we all know, this inner core of personal relationship is always present even in the simplest relief operation. The fact that material needs are more obvious, direct and less complex, and therefore easier to meet in some ways, shouldn't make us forget that personal feelings and the inner problems are present just as much. Opportunities for choice, for the maintenance of self-respect and for personal development are just as important in simple material problems as in the non-material.

We tend sometimes to make unnecessary and harmful distinctions about giving. Giving can so easily be thought to exist entirely in these practical material things. We give clothes and financial grants; we give family allowances; we pay debts; we replace and make good what is missing in these ways. But when we turn to the inner things, those

principles of relationship which the text books outline, aren't we here giving, too? Individualism, purposeful expression of feeling, controlled emotional involvement, acceptance, non-judgemental attitudes, opportunity for client self-determination, confidentiality; these are gifts too. And sometimes they are very costly gifts, as we know to our consternation. Not only are they central to the whole process of social work but also they take some time to acquire and are never easy to practice. We have to work for these qualities continually in order to be able to give them to our clients. Of course the client has the right to the respect which lies behind them, just as we believe people have the right to freedom from hunger and poverty. But there is still an element of giving in the way we accept the validity of these rights. It is not always easy to treat people as individuals, to accept them, to help them communicate their feelings, to refrain from judging them and to let them make their own decisions, to respect their confidence. Adhering to these principles in our work makes real demands on our energy, time and skill. With our heavy case-loads it is all too easy to work for quick solutions, forgetting the importance and indeed not accepting the principles of relationship. I know in medical social work, there is a great temptation to be rushed into action. We must write to-day to get that vacancy in a convalescent home, for Mrs Jones ought to get away. The doctor had advised it. So we are tempted to push Mrs Jones to say 'yes'. We may even book the vacancy just in case. Are we really whole-heartedly accepting her right to make her own decision when we rush like this?

I do not think we ever stand still in the use of the professional relationship. We develop and enrich them as we use them. Each time we fail to make the conscious effort to do so, we diminish them and fall back in our ability to use them. Relationship is an interaction in which there is a back and forth movement of some form of human energy. We have to give of ourselves and no half measures will do. To give in this area of feelings and attitudes is often difficult and always costly in the deepest areas of our being. This is why the more intensive our work, the smaller the case-loads we can effectively carry.

The case of P. B. illustrates some of the problems and difficulties of this giving in relationships well. He was in the sixties and a refugee of some years' standing from the Baltic States of Europe. He had heart trouble resulting from old attacks of rheumatic fever, and his cardiac disability was severe. He had discharged himself against advice from one hospital and come to this other one. He was deeply hostile to his

doctors, didn't follow treatment instructions at home, distrusted everyone and was inclined to feel everyone's hand was against him. He denied the seriousness of his illness and the disastrous state of his finances. Yet he had very real social and emotional problems, and several times he was referred to the medical social workers for help. Angry and rejecting, he couldn't accept his need for help, nor my visits to him, though when I tried a little neglect and did not go up to the medical ward to talk with him for a period he was equally annoyed with me. He lashed out at everything and was much given to long and pointless stories which kept the conversation out of deep water. Several times he went out of hospital, broke all the rules of treatment and was admitted again in a dire state. Finally he refused to come back and I heard he died in another (third) hospital. But P. B. taught me a lot about the relationships of casework and how hard it is sometimes to use them helpfully. He nearly drove me to despair, and the weekly or bi-weekly visits to him on the ward remained very costly giving always.

Hostility and denial such as this man showed are particularly difficult defences for the social worker as, indeed, they are in any human relationship. Dependency is another problem for us. Often we are so afraid of running the risk of fostering permanent dependency instead of encouraging the growth of maturity and independence, that we refuse to recognise its positive value at certain times and for some clients. I am emphasizing the cost of the social worker's giving deliberately. We tend to deny or reject the stress of feeling which relationships evoke in ourselves. Perhaps we do this because of our natural reserve or through false humility. But it is dangerous to do so because our denial of the interaction of feelings on each side can easily end up in denial of the force and value of feeling altogether.

But in this giving of our professional skill, there is a contribution of mind as well as feelings. To quote Fr Biestek again, 'relationship has been called the soul of casework while the processes of study, diagnosis and treatment have been called the body'. Though conceptually we may separate these two aspects of casework they are inseparable in reality. So when we think of our giving, in the casework relationship, we must also see the body of our professional knowledge and our education in social work as part of our gifts; we owe it to our clients to give them the best. Nothing less will do. To individualise them, we must learn to throw away our stereotypes. To encourage our clients to obtain the relief of speaking freely about their own feelings, we must recognize our own. To use relationship at all professionally with all its

immense energy of feelings and attitudes we must develop our own self-awareness. To be non-judgmental, we must work through some hard thinking about our own philosophy of life. To learn how to use the insights and knowledge of both psychology and sociology to help our clients, we must face the challenge of this new learning without shrinking or prejudice.

As social workers extend their work into the consultative role, I believe another area of giving of the mind opens up. If we believe that all human beings have certain basic needs, physical, emotional, intellectual, social and spiritual, then we are committed to thinking out how to meet these common needs, and not to override or neglect some in meeting others. We need to think out what the basic principles of casework can contribute to new programmes of social welfare and to new fields of work. When we, as social workers, are invited to advise or help in social welfare programmes in backward or emergent countries we must study how to use our specialised knowledge through the medium of these programmes and to foster the development of healthy social living and responsible citizenship. Even in a small way in our personal contribution to parish activities we have these gifts to give either directly or indirectly through a quiet living of their underlying principles. Perhaps it is not inappropriate to quote William Blake at this point. 'I will not cease from mental strife nor shall my sword sleep in my hand till we have built Jerusalem in England's green and pleasant land' (especially remembering about not ceasing from mental strife and being a bit less militant and insular in our range of activity).

But we must not forget the clients' side when we think about the relationship of social work. If we give and they receive, they also give and we receive. It sometimes appears when discussing relationships that we focus all our attention on our own side and forget to put ourselves in the clients' shoes. So it is encouraging to find that Fr Biestek says of basic human needs 'in adverse circumstances these common needs are felt with special poignancy', and that 'they become intensified when a person needs help from an agency'. He defines these needs as the need to be treated as an individual, to communicate one's feelings, to be accepted, not to be judged, to make one's own decisions, to have one's secrets kept confidential. He goes on 'consciously or unconsciously, the client senses a danger to these basic rights and needs.' Charlotte Towle in her excellent book *Common Human Needs*³, gives us an invaluable

³New York, 1945 (Published by the National Association of Social Workers, 95 Madison Ave., N.Y. 16).

discussion on these fears and feelings and the sense of being of less value, which attacks everyone seeking for help.

What does it feel like to be a client? This is one of the most important things a social worker needs to learn. Supervision, whether student or staff, is an especially valuable experience here. I know that this isn't the whole or even the chief purpose of supervision which must essentially be an educational process and not therapy. But just because any situation of giving and receiving, whether educational or therapeutic, results in an intensified awareness of the dynamic interaction of attitudes and feelings between the two people concerned, an experience of supervision can be very helpful. So also having had help (either casework or psychiatric) with one's own personal problems can give one a deepened understanding of what the client gives and one might say suffers in receiving our gifts. Trifling and foolish though it may seem to record this, I can well remember feeling intensely anxious, rather neglected and slightly angry one afternoon when my supervisor was unavoidably a quarter of an hour late for my weekly supervision session. I had come all prepared and perhaps a little 'strung up' to discuss an interview with a patient who combined psychosomatic symptoms and a marriage disharmony with an insolvable housing problem. I had felt, and probably had been, particularly helpless in the interview, though I could see plainly the patient's distress. During that quarter of an hour waiting, my courage ebbed at the thought of going over the interview. I began to feel that I was such a bad caseworker that it was all pretty hopeless. My supervisor, whose opinion I valued a lot, would feel I was very incapable. Perhaps that was why she was late—perhaps she wouldn't come—what was the use of trying to teach me? All of this, of course, was quite irrational. It was a very difficult case, almost within the field of psychiatric help rather than social casework. Mary, my supervisor, was the kindest and gentlest of persons; far too conscientious to miss a session without explaining why, and far too experienced and sensitive a supervisor to press anyone further into the realms of self-awareness and examination of their own performance than they could tolerate. You may say that surely one can understand by reading textbooks and observing and working with clients. Theoretically and to a certain extent, 'yes', but my understanding and awareness of feeling was undoubtedly deepened by my own participation in the experience of receiving help.

Think what we feel like when the doctor calls, or even more at that visit to the surgery when we are tired and run down, and have a ghastly

sore throat or an unaccountable pain or lump somewhere where it shouldn't be. Or when we are generally in low spirits, and find it almost intolerably hard to join with friends in normal conversation. This of course isn't real depression but it can give one the feeling of what, very much intensified, a depressive attack can be like. Perhaps, even, we have had some personal experience of depression or of a grief reaction and have timidly and rather shamefacedly sought and received help from a priest, or a doctor, or a fellow social worker. All these experiences, if accepted with a conscious effort to increase the depth of our understanding, can develop our awareness of what the client faces both in his problem and in his seeking and receiving help.

What then does the client give in the relationship of casework? First of all he puts himself into our power. He has begun to do this when he enters the agency and lets his name be taken by the receptionist. He has said he wants to see someone about getting a house, or perhaps about financial help as he has been off sick sometime now, or because the marriage partner has left or a child is getting into trouble. Maybe he didn't even choose to come but the doctor told him to see the social worker or the magistrate would put him on probation. By coming he has let someone into his personal and private domain. 'They' know that 'he', John Jones or Mary Smith, isn't self-sufficient or hasn't been able to manage successfully in some area of his life. Now it is all very well to acknowledge in a general way that we are none of us self-sufficient and that everyone has some problem sometime or that there are social agencies and services which we are entitled to use by right of a welfare state or a personal club membership. But it is quite another matter when it comes down to you personally, at this moment and with this tiresome and rather embarrassing problem. For to seek help is to admit one cannot manage. It makes one feel small and slightly ashamed and very anxious not to lose face any more than one has already done in even acknowledging the need for help to oneself. And just at this awkward time, the client lets the social worker know that he isn't coping, so he gives her power over him, the power of knowing his insufficiency. He becomes vulnerable to her especially.

Of course, on the other hand he is a little glad he has done this. However much anxiety, fear and shame there has been at announcing his arrival at the social worker's door and beginning to state his problem, at least someone now knows and the burden of being alone with one's difficulty has been a little eased. When you are crossing a mountain stream, it is embarrassing, and shows you are no good at balancing,

to wobble and nearly fall off the stepping stones. But it is very comforting to find a companion's hand reaching out for you to grasp and regain balance again. Only now you have taken the companion's hand and the momentary relief is over, there is another fear. If he or she pulls too hard, you surely will overbalance and fall in. Or, although the next big gap between the stones isn't really more than a normal stride, it looks it; it is frightening and difficult to step across, and your balance hasn't quite come back; the soles of your shoes are intolerably slippery. Your companion may pull you across or attempt to do so, and you foresee the most disastrous results. You can refuse the help, let go the helping hand and struggle alone—perhaps now from a slightly worse position. You can allow yourself to be pulled across willy-nilly at the risks of splashing, slipping and banging yourself and feeling so scared that you say 'never again'. Or perhaps you are both stuck—your helper so far out she can hardly get back and you stranded amid-stream. Both of you have to wait and think and both are anxious. How like the early stages of the casework relationship this is! Client in the worker's power, and neither of them sure of the other's capacity or intentions, both clinging to each other and not knowing quite how to help or be helped.

Gradually the client gets confidence in the worker. He feels the warmth of her interest, her integrity and her strength, both emotional and from her specialised knowledge. Like our two people stranded amid-stream, they both learn to know each other. And of this knowledge, trust and confidence are born. I don't think the client can really have confidence in the worker unless the worker has also confidence in the client. And this, even if the worker knows the client breaks his appointments, tells lies or promises what he never performs. Perhaps in this sense the roots of confidence are very near to the recognition of the essential worth of every human being, and to love. This is an inward sense of the relationship but it is immensely potent. However, what I want to stress is the magnitude of the gift when the client does give his confidence to the social worker. He first puts himself in the power of another by revealing his problem and his own inadequacy in dealing with it. As he does this timidly and fearfully at first, moving backward and forward in the process, he offers his trust. He comes to accept the genuineness of her warmth and interest and recognises her essential trustworthiness. Then he gives her many of his secrets, he opens up his tender sore spots to her view and minute examination. He believes in her ability to help—indeed sometimes too much till he thinks she has almost magical power. Above all he is confident that she

won't hurt him basically although she may disagree with him, and that she won't desert him while he is in need.

I don't think I even realised how much clients or patients give in the casework relationship till I was faced with the problem of working through the transfer of patients to other workers, when I left a particular post. And one patient particularly brought this home to me. E. P. was a thirty-year old man with a very severe cardiac disability, so severe that he couldn't walk more than about fifty feet (the length of the corridor from the doctor's consulting room to my office) without pausing to regain his breath. He was unmarried, motherless and lived with his father and brother, both of whom went out to work and left him alone for long periods at home. He couldn't go out to work and could only do very few chores at home. His condition was so bad that no one would risk surgery or telling him why they kept on evading his requests for operation. He was one of the loneliest patients I have ever met and was both withdrawn and depressed. It took six months hard work to draw him out and to help him express his fears, and his deep grief and anxiety about his condition. The relationship developed slowly and it was hard work on both sides. Underneath his withdrawal I found a man who could and did feel deeply—who thought quite carefully and profoundly and who was prepared to risk almost anything to get free of what was to him an almost intolerable situation. I am sure I didn't realise the strength of the relationship and how much he had given till I broke the news that I was leaving. E. P. was quite silent for a while and then he said quite quietly but with intense feeling 'You might as well cut off my head'.

The client in his use of relationship gives a tremendous gift. In doing so, he gives something of himself which he cannot recall. He cannot take back the words he used, or the secrets he has revealed. He cannot efface the marks of the relationship and nor can we. He may break the contact, but the hurt and scars are there if he does so. He may lean on the relationship so heavily at times that he nearly breaks his worker. He may deny it, declare he never knew the worker. He may even genuinely forget. But something of it always remains, that is why relationships in social work are so important. Talking in terms of formal casework theory a constructive relationship with one worker is the most important factor either in transferring workers or for further helpful casework experiences. It is encouraging, even if sometimes frightening, to realise how much our relationships with clients do matter, even if at the time they seem rather unsuccessful and worthless. We never really know to

what extent we have helped. Just occasionally a thoughtful fellow worker will tell us later how much perhaps we have helped. Only recently I had news of a forty-year old married woman with whom a medical social worker felt she had accomplished nothing. At the time worker and patient met, Mrs G. was chairbound and incontinent. Discussions of practical help, and experiments with this and that device to mitigate the effects of her incontinence were unsuccessful. But in the process, worker and patient did share the patient's feeling of intense disgust and shame at her condition and the worker's sorrow at having no practical solution. Although several times Mrs G. said it wasn't any use talking any more, three years later when she entered hospital again and died, her new medical social worker realised that this seemingly fruitless sharing had helped her a very great deal.

But not knowing for sure, having very little scientific and objective evidence and yet having a profound conviction that our relationships do matter and can be therapeutic, is just one part of the social worker's job. I do not mean by this that we shouldn't try to understand, or that evaluation of work is unnecessary. On the contrary, I believe both are absolutely vital. But clear-cut results are hard to come by and we must not be disappointed at this. There is an intangible quality in our relationships which makes it necessary to be very open and ready for new developments and for experiment. Provided we have understood the meaning of relationship we can confidently move forward to use it resourcefully and dynamically, and the results can be surprising.

I Come Quickly

DANIEL MORRISSEY, O.P.

There was a day when you could have heard it said that theologians knew nothing about the liturgy, and conversely, that liturgists knew very little theology. That misinformed attitude has disappeared, and it is now recognized that theological and liturgical studies enrich and complement one another. There cannot be two Gods—one for theologians, another for liturgists. The Church simultaneously instructs our