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Self-theory in social work

No particular approach to social work has all the answers. An unbiased observer will see the value of the behaviour-modification approach to social work. Equally, concern with problems of poverty, conflict and power in society is a necessary corrective to over-concern in social work with individual case-work. This article, therefore, promotes no panaceas. It does, however, look at psychological interest in the 'self' 'self-actualisation' and 'self-development' and tries to see their significance for social work.

It enables answers to be given to questions often raised by sceptically-minded observers of social work terminology. What does 'client-self-determination' mean? What does 'growth and change in the client' mean? How does one 'learn about oneself and develop personal autonomy'? What does it mean to say that social work 'favours a rational approach' to the solution of a client's problem? Is it true that 'there is a natural tendency to growth towards wholeness' in all people, hence the possibility of social work? All these phrases are to be found in texts on social work and, for that matter, on therapy, counselling and other helping relationships. In support of them, a framework is often given which is Freudian or Kleinian, with Bowlby and Piaget added for good measure.

There is, however, now a whole literature on 'the self' and 'growth in the self'. This literature has given rise to what is often called 'Humanistic Psychology' or 'Third Force Psychology'. It could be of particular relevance to social work, especially, as we noted above, since it often uses a similar terminology.

A case for an urgent examination of the part played by the self is implicit in the observation that family roles, work roles and social roles become of vital importance to us, largely because our self-image is itself so subjective and insecure. Social workers are familiar with the 'personal traumas' caused by loss of important roles and by change of roles. Is there nothing left when the roles have been taken away? Can you exhaustively define 'yourself' by listing the roles you play?

The Self-Concept

A number of contemporary writers use, more or less synonymously, the terms 'self', 'self-structure', 'self-concept', 'self-image'. (vide e.g. Rogers, Argyris, Donald Super). They refer to the fact that, as a result of socialisation, an individual comes to take a particular view of his own totality. This structure (some of which is conscious and some not) consists of a set of attitudes towards, or beliefs about, one's own characteristic needs, skills, or lack of skills, principles, prejudices and preferences. This view of oneself, when formed and operative gives not only a certain consistency to one as an individual, but a certain rigidity as well. It is the filter through which experience is mediated. Each individual gives his own 'meaning' even to commonly-shared

experiences. This is possible, from a sociological view, because even in the same culture, widely varying self-images emerge.

A self-image once formed is highly resistant to change. It has been pointed out, and observed by social workers, that this is not just true of favourable self-images. We are familiar with the idea of defensiveness from the work of Freud and his many successors. People are to be observed defending their view of themselves when they justify themselves in the face of justified criticism, 'disown' a piece of behaviour as 'not really me' or use the classic excuse 'I don't know what came over me'. The fact is we need the security of a consistent self-image. Only when the conflicts within the existing self-concept become intolerable does the individual feel, usually in a vague and inarticulate way, that perhaps the answer lies in 'sorting himself out'.

Motivation To Actualise The Self

'Human growth and development' is a staple element of social work courses. Self-theory, particularly because of the work of Maslow, Jung and Rogers, has given human growth an extra dimension. The self-image is seen to be the key to the growth and motivation process in adult life. Broadly speaking, what strikes us externally about adult life is its static quality. Not action, but reaction seems to be its main characteristic. There are psychological 'servo-mechanisms' which restore mental balance, ward off threats and keep the individual 'on course'. In fact writers on motivation have often preferred this type of theory. But what is to be done when an individual's self-image channels his life along a narrow, unsuitable or self-stultifying channel?

Self-theory, however, presents a different idea. It is a single idea, though given different names by different writers, e.g. self-actualisation, individuation, transcending the self-concept. Readers of Rogers and Jung, for example, will be aware of the surprise they express at seeing this process happen in a variety of therapeutic and educational situations. Rogers calls it 'the most important learning of which the person is capable, namely the learning of Self' (1965, p.519). However, he cautions that 'it is actually a hypothesis in human relationships and will always remain so' (1965, p.23). He sees it essentially as an expansion of the concept of the self to include aspects of feelings, thoughts and behaviour previously denied, ignored, distorted or avoided. Much of his subsequent research has been directed to finding out precisely what are the optimal conditions of a relationship in which this self-expansion is likely to take place.

What Maslow and Rogers, and many others, concentrate on is creating a climate in which an individual, or members of a group, can hear the inner self speak and can also hear the voices of their other impulses. The aim is to start up an inner dialogue. As Maslow says, 'This inner dialogue even though it is biologically based and 'instinctive', is weak in certain senses rather than strong. It is easily overcome, suppressed or repressed. It may even be killed off permanently. Humans no longer have instincts in the animal sense, powerful, unmistakable, inner voices which tell them unequivocally what to do, when, where and how and with whom. All we have left are instinct-remnants. And, furthermore, these are weak, subtle and delicate, very easily

drowned out by learning, by cultural expectations, by fear, by disapproval, etc. They are *hard* to know, rather than easy. *Authentic self-hood can be defined in part as being able to hear these impulse-voices within oneself*, i.e. to know what one really wants or doesn't want, what one is fit for and what one is not fit for, etc. It appears that there are wide individual differences in the strength of these impulse-voices'. (italics mine) (1968, p.191).

Rogers' views on the conditions which facilitate this inner dialogue, in both individual and group situations, are well-known. His books 'Client-Centred Therapy' and 'Encounter Groups' have been, and are being, widely read. What is less well-known and appreciated is his research work to confirm or disconfirm his belief in the self-image as central to his process.

In an interesting study carried out at the Counselling Centre of the University of Chicago (Rogers and Dymond, 1954), 29 clients, dealt with by sixteen different therapists, were carefully monitored throughout a period which lasted from two months before therapy began to twelve months after the therapy had been completed. A control group of individuals not in therapy, and roughly equivalent in age and socio-economic status, were monitored over an equivalent period.

The method for measuring changes in the self-concept was the Q-sort technique. Each subject was given a hundred cards, on each of which were statements like 'I am a submissive person', 'I don't trust my emotions', 'I feel relaxed and nothing bothers me', 'I am afraid of sex', 'I have an attractive personality'. The subject was asked to sort these cards into nine piles, ranging from those items most characteristic of himself or herself to those least characteristic. At the same session, he was asked to sort them again for the self he would like to be, his ideal self. This procedure was carried out a maximum of four times for each client, i.e. sixty days before therapy, immediately prior to therapy, immediately after therapy, and finally, after a period of six to twelve months from the completion of therapy.

Rogers (1967, p.231) draws the following conclusions from this research: it is clear 'that profound changes occur in the perceived self of the client during and after therapy, that there is constructive change in the client's personality characteristics and personality structure, changes which bring him closer to the personality characteristics of the well-functioning person; that there is change in directions defined as personal integration and adjustment; that there are changes in the maturity of the client's behaviour as observed by friends. In each instance, the change is significantly greater than that found in the control group . . . Only in regard to the hypotheses having to do with acceptant and democratic attitudes in relation to others are the findings somewhat confused and ambiguous'.

In one specific client in this study, a woman of forty, the correlation between perceived self immediately before and after therapy was .39, whereas the correlation between perceived self immediately after therapy and twelve months later was .65. (The lower correlation, of course, indicates greater change and the higher correlation indicates less change). Rogers is able to show that this finding is generally true of all

the clients in therapy studied, namely, that the change in the perceived self during the greater than the change in perceived self during the preparation or follow-up periods and significantly greater than the changes in perceived self observed in the control group.

Correlations, of course, do not imply cause-effect relationships. This research does not prove that changes in the 'self-concept' cause constructive personality changes. All Rogers wishes to show is that the two processes seem to be parallel to each other and that changes in the one will usually be accompanied by changes in the other.

The 'Human Potential' Movement And Social Work

The theory and research just cited has implications for the face-to-face work of the social worker. It is clear, I hope, that it is not an argument for the classic, psychodynamic approach to casework, which is largely based on drawing a distinction between the 'presenting problem' and the 'underlying and real problem' behind it. Nor is it an argument that the social worker should become a psychotherapist, though some really sick clients will always need to be referred to such resources. Nor, again, is it an argument for reductionism, i.e. the belief that *only* by bringing the client's experiences in infancy, childhood and adolescence to light can current problems be solved. But it is, it seems to me, an argument for a counselling approach to casework. To use the earlier image, for social work as a context in which the 'inner dialogue' can begin and can be used constructively.

Counselling has been defined as 'beating about the bush applied as a technical skill'. Self-theory gives enough insight, into how current self-image, and the doubts one has about it can interact with each other constructively, to enable the worker himself to intervene effectively in the client's inner dialogue. Equally, the often chaotic and spiral-like process of growth through self-examination raises doubts both in client and worker as to its usefulness. In this regard, the extensive writings of Maslow, Rogers, Rollo May and others are reassuring in their emphasis on the value of a 'natural' process of self-discovery.

The self-image can also, however, be modified in group settings by the feedback participants receive from each other. There is increasing use being made of such groups in social work. An acquaintance with self-theory can help such developments in a number of ways. First, by taking a sort of burden from the worker. The evidence for self-actualisation motivation, if accepted, puts the worker in the position of co-operating with growth processes, rather than presiding over a process in which (within certain rules) the group members knock the awkward corners off each other. Second, the formulation by Rogers of the role of facilitator (see *Encounter Groups*, ch.3) provides guidance as to how one can co-operate with such growth processes. Third, examination of the 'self-image' as the key element in personal growth gives the worker touchstone for distinguishing relevant from irrelevant directions in groups which one is using mainly for personal growth purposes.

It is not just in social work interviews or in groups that self-reorganisation can take place. Increasing attention is now being paid to events arising spontaneously in an

individual's life, for example, the onset of illness. Perhaps one benefit which will emerge from the combining of general and medical social work at local authority level will be a recognition of the importance of these events. For the medical social worker sees people in these 'spontaneous' situations, as I've called them. It is recognised now that sickness in an individual carries a potential for growth and that the symptoms of an illness often contain, in a disturbed form, elements of the 'real self' which previously have not broken surface. Helping someone sick to talk about his personal and social situation, also his life-style, occupation and goals is now seen to be important if sickness is to be understood. This is summed up in the phrase, 'You will only become well to the extent that you become yourself'.

Attention is now being directed towards the way in which roles stand in the way of self-actualisation. Professional roles, played in certain ways, deform individuals. Women's Liberation is often about female roles which limit the individual to behaviour, feelings and thoughts felt to be appropriate to the social definition of a married woman. It is clear that interventions, with individuals who are 'hung up' because of inappropriate social and professional role demands, gain in clarity and purposefulness if seen in a context of self-theory.

Theoretical Implications

On the theoretical level, self-theory has considerable implications for social work. One such implication relates to the question of values in social work. Radical critics have emphasised that the social worker's values are not 'more correct' than those of the client he serves. Both Rogers and Maslow, in their descriptions of the individual who becomes more open to the 'inner dialogue' comment on the value-content of human needs. They argue that the more an individual is in possession of the facts, about his environment, about himself and his own needs, and about role-expectations, the greater the likelihood that his response to a situation will be appropriate and right for that situation. Provided, therefore, that the individual can be opened up to himself and his own real needs, no process of persuasion or manipulation towards acceptable social norms is therefore necessary. (In casework, Rogers advises that one take this as a hypothesis and put it to the test).

Another issue, to which self-theory makes a contribution, is that concerning the nature of clients' needs. Is social work about finding jobs for clients or rehousing them? Or, on the other hand, is it about the reduction of mental conflicts and the psycho-social development of the client? Self-theory's biggest insight here is to be found in Maslow's hierarchy of needs. Here he sets out a ladder of needs: on the first rung, the physiological needs; on the second, safety needs; on the third, belongingness needs; on the fourth esteem needs; at the top, self-actualisation needs. Satisfaction of the lower needs is a precondition for the emergence of the needs at the upper levels. A detailed study of this theory is directly relevant to the argument about the material or emotional goals of social work. For in Maslow's view, those who emphasise either one at the expense of the other are at fault.

Criticisms Of The Relevance Of Self-Theory

Let us now suppose that a group of social workers meet to discuss the relevance for their work and for their clients of the ideas set out so far. Some of them might show real interest and a wish to know more. Some would be sceptical, and others satirical and even scornful. These might say,

'There's not much wrong with most of my people that money wouldn't put right. How can I talk to a housewife about actualising herself when she's up to the ears in debt, there's no food in the house and the electricity has been cut off . . . '

'What about this unsupported mother? If she goes to bed with her man-friend she's actualising herself, isn't she? Tell that to the S.B.C. when they cut off her benefit . . . '

'My client was earning £45 per week as a steel erector until he had a fall. Now he's on sick pay, the car went first, the family's breaking up and he's going to lose his house. I can just hear what he'd say to you if you tell him to actualise himself out of that lot!'

These are very direct questions and the answer is equally direct. It is that the basis of life must be secured first, before it becomes possible to consider the quality of life, the reasons for living, or to have any choices at all. Self-actualisation cannot develop on a basis of life-long enforced deprivation. Maslow was always clear about this. He saw that the need for subsistence and security must be met before real relationship becomes possible and the self-development process set in train.

I said at the beginning that no panaceas are offered by self-theory. However, within a context of a full social service provision for material and emotional needs, the idea of the 'self' as the key to personal development ought to be central.

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