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Release: Some thoughts on Social support systems

Release was set up in 1967 to help young people charged with drug offences to get their legal rights, but the demands made on it to help any person in conflict with authority led to expansion . It has now become a focal point for the alienated in general, and its services reflect the needs of a society in which the problems of alienation and isolation are becoming increasingly widespread.

Services.

By counselling, giving information or advice, Release offers help directly or through referral on:

- Drugs** - *to people arrested for drug offences.*
- *about drug use and treatment for people dependent on drugs.*
- *on the pharmacological composition of all drugs.*
- Law** - *on the rights of the individual when arrested.*
- *about obtaining legal aid.*
- *about solicitors all over the country who have experience with drug cases and will help with any problems from flats to visas.*
- *on the McKenzie system.*
- *on the procedure for appeals against conviction and sentence.*
- *about bail procedure.*
- Health** - *to unmarried Mothers.*
- *to people, married or not, on contraception.*
- *about termination of unwanted pregnancies.*
- *about referral to GPs for general medical problems.*
- *about VD clinics.*
- *to people wanting psychiatric help, information on rights under the Mental Health Act, treatment etc.*
- Social problems** - *about claiming state benefits.*
- *on tenancy, emergency accommodation, squatting.*
- *to runaways.*
- *to families in conflict.*

Release also attends the major Rock Festivals to provide medical and general welfare services.

A telephone service is operated through the night to deal with distress calls and other emergencies, and doctors and solicitors are available to give advice directly to clients at two weekly evening 'clinics'.

The need for a social worker

The increasing scope and volume of requests for help has led to a continual expansion of workers, office space and, inevitably, costs (being supported entirely by donations and charitable funds, financial problems are disproportionately burdensome despite Release's now being recognized and registered as a charity). Initially direction came from the two founders, Rufus Harris and Caroline Coon but by the end of 1971 they had withdrawn from active participation having passed control to the group so that it became self-directing. Averaging from twelve to fourteen paid workers backed by volunteers it has been difficult to maintain the intimate 'family' atmosphere of the earliest years; and instead of everyone taking on whatever problem was presented to them, individuals began to specialize as their skills and knowledge developed along with their awareness of the complexities involved in each particular field.

This and the increasing demand for psychiatric help which Release found more and more time-consuming led to the decision to employ the first specifically trained worker. It was a new departure for, prior to this, emphasis had been laid on the nature of the person and his general experience rather than on training, although some workers did have appropriate qualifications and many qualified in other fields.

So it was that, in November 1971 I joined Release as a psychiatric social worker to be paid for a year by the Mental Health Trust (as it then was). Release was anxious about how a social worker would function in their overtly anti-authoritarian organization and how it would affect them. No less was I!

From their experience of social workers clients, and on the whole most Release workers, saw social workers as being officious, bureaucratic, unsympathetic or plainly antagonistic. At best they were thought simply to be out of touch with the real condition of their clients' situation and therefore of their needs - being a part of that system which degrades and disregards the individual in the service of social uniformity.

Often it appeared to me that with clients this was as much an acquired attitude as one of personal experience; but the antagonism was there - one client refused to continue talking with me after I had told him I was a social worker. However the attitude in general is not unfounded, as my own experiences have proved to me. In contacting social workers on behalf of clients it was not uncommon to receive confirmation, either implied or "confidentially" explicit, of the client's criticism or complaint; on occasion I would meet with complete refusal of co-operation when putting forward the client's point of view or when challenging an attitude. It often felt like "Whose 'side' are you on?" Or "The Client can't be in the right, otherwise why is he a client?" But against this there were the requests I received from social workers asking for help in situations where they did not feel free to be able to act as they wished or as they thought right and were looking to my indepen-

dent position for a solution to this - as when a social worker had had to admit someone compulsorily to a psychiatry hospital despite feeling that it was the person's militancy which was causing the anxiety and which was being 'misunderstood'.

Such differences are not limited to dealing with social workers. I recall the renowned teaching hospital, one of whose psychiatrists complained of a patient that he was a psychopath and therefore not to be referred to (his?) psychiatric hospital although admitting that he was in a disturbed state; and the supplementary benefits office which refused "to discuss the case further" with me on my enquiring about the claimant's rights under section 13, repeating only this phrase until I was forced to put the 'phone down. The conflict in attitudes is based on differing ideas of what the function of social and other services should be, but that difference excludes those who may be in need of help from making even tentative contract with these services. It is just this difference that has led to the emergence of Release and similar organizations.

Before the appointment of a social worker to Release, clients seeking psychiatric or medical attention were seen by whoever happened to be available, with frequent reference to medical contacts for advice on specific problems. A group of approximately ten doctors/psychiatrists were providing regular support - making themselves available during the day for telephone contact, accepting referrals to their own units and if necessary coming to see clients at Release during the day if they were free. They shared responsibility for providing medical services at the evening clinics to which many of the daytime enquiries would be referred.

Function of the Social Worker: setting

My brief was to deal with mental health and medical enquiries (apart from pregnancy advice which was covered separately) and see those clients whose problems were more overtly emotionally based. Release had already been used as a fieldwork placement for social work students and I was to be fieldwork supervisor for future placements. With matters involving liaison with other social workers it was natural that I should be the contact. In practice although I was always involved with those who had absconded from their homes or from the statutory authorities, it was always in conjunction with a co-worker, preferably the person selected by the client, with whom they felt they could relate best naturally and who often would play the major role. General social problems such as accommodation, work, money etc. continued to be shared amongst us all and, apart from making 'official' contact with other departments, it would often be the case that those who had themselves coped successfully with such problems would prove to be the more effective in assisting these clients - as is borne out by the experience of Claimants Unions.

The initial contact with clients was very often by 'phone and, apart from

simple requests for information, callers would be encouraged then to come in person; although these would be offered definite times of appointment, most preferred to come at their own time without appointment along with those others who, knowing of Release's services by word of mouth or from advertisements, would just present themselves asking to see someone. To maximize my accessibility to clients and with the social situation of most clients rendering domiciliary visits less useful, it was only in extreme cases that I went to see clients outside Release - in an emergency perhaps or when they were very disturbed or too paranoid.

Clients were seen in the general 'advice' room and this afforded the opportunity for participation or observation by the other workers, but many clients would request that they be seen alone or would be too inhibited or too loud so that often we would have to seek out a room to ourselves. And when in March 1972 we were forced to move to other premises following a fire which all but gutted the building, I took a permanent room of my own. (This fire was only one, albeit the worst, of many such aggressive acts of which Release seemed peculiarly to be a focal point: rip-offs were commonplace but several break-ins, doors being smashed, even burnt once by some sort of torch to gain entry, a further attempted fire in the basement, these all were part of the atmosphere in which we went to work!) This move gave me the opportunity of creating an environment more congenial to clients (and to myself) by excluding all office furniture apart from the telephone, covering the wall with Indian cloths and sitting on cushions on the floor. This was much after the fashion of the 'trip' tents we set up at Festivals to establish a calm and relaxing environment for those undergoing disquieting experiences on LSD.

Apart from its obvious appropriateness for doing this in an 'office' it was effective generally in its informality and absence of physical barriers between worker and client.

I had one further function which did not become apparent to me until I had been with Release for some time. It was manifested by a "when the social worker comes . . ." syndrome, the expectation being that then many of the difficulties would disappear. Of particular concern was how to cope with the problem of the ever-present client who was demanding of attention, aggressive, querulous and, refusing to accept limits of any kind, disruptive of the work situation in general. To these people Release was especially vulnerable, its *raison d'être* arising from the principle of acceptance, upheld in opposition to the practice of rejection or exclusiveness to certain categories of clients by other services and organizations. Much to the disappointment of Release, the social worker could not perform such magic and we all of us settled down to the situation of living-learning, exploring ways of how to cope constructively with the stresses.

Cultural setting: requirements of clients.

Release has its basis in what is popularly termed the 'alternative society'

or 'underground movement' (as the more revolutionary aspects lead it to be called). Its attitudes and principles stem from this cultural background from which also comes the majority of its clients. The 'alternative society' represents an attempt to alter the current social situation and to regain a sense of humanity in social interactions. Reacting to the alienation in present society, as a cultural group it is itself alienated (and in many ways invites this alienation, which gives it an internal strength and increases its own sense of community, whilst at the same time expressing its rejection of the present system).

Within this culture there is greater acceptance of individual difference. People are evaluated less on a basis of behavioural norms than on the quality of their actions and attitudes. The overall effect is to readjust the priorities of social values, putting less emphasis on the superficial and outward forms. This term 'freak', used commonly within the culture to describe its own members expresses just this sentiment towards the established social standards, and 'straight' society, in its assimilation of 'freak' with 'crazy', denotes exactly its understanding of alternative attitudes. Indeed, the 'freak' has a much higher tolerance of the so-called crazy, appreciating more nearly the normalcy of each individual in his uniqueness. He doesn't see himself as being 'well' and the other 'sick', he feels much more the continuum between the two - the other may be 'further out' but nothing more than that. He sees people who need psychiatric help as being those who within their environment cannot cope with themselves and their individuality, rather than the environment being unable to cope with them (the response of traditional psychiatry). It is their 'being' not their behaviour which should be reckoned, and the ability of the person to cope with the state of conflict in which he finds himself.

Focusing attention on this concept was useful in attuning oneself to the presenting situations of clients at Release. The client seeks help with his internal conflict when he cannot cope with the stresses within his being. These problems, of his sense of individuality and how to cope with it, are exacerbated by the additional external conflict he has (placed himself) in relation to 'straight' society. He has to work out where he stands in regard to both, to find the balance appropriate for him between 'freak' and 'straight'. It is a problem only when the conflict becomes too great, it doesn't matter how 'far out' he is as long as he can integrate the two in his lifestyle and manner of being. In the external conflict he says, "change the system" to which in its provision of help the system replies, "change the individual". In the internal conflict the system *is* the self and change comes only through the individual acting on himself (being "responsible", as Glasser says). To resolve the dilemmas of individuality the client must be helped find ways in which to be actively involved himself in altering the situation rather than have himself modified by others to accept the status quo.

A psychiatric approach that recognizes this is being sought by clients; at present it is in aspects of social psychiatry that it is most nearly to be found, but it is to radical therapists that people wish to turn, can *they* but be found.

Among the reasons for approaching Release nearly one in five were actively seeking some alternative form of psychiatric approach. The basis of these enquiries is the feeling that, by emphasizing the medical aspect, the traditional psychiatric approach assumes people to be 'ill' when their behaviour is in conflict with an established norm, thus often misinterpreting the nature of the problem as felt by the 'patient'. The fear is that psychiatry is being used as a means of control.

Over past years the uncomfortable thought of therapists being equatable with mind-censors would suggest itself to me as I watched and took part in, the process of helping people to conform. By attempting to evaluate behaviour against some set standard (which practice, if ever applicable, certainly is inappropriate to a culture in which individuality in expression of lifestyles is encouraged) the therapist is led into trying to change the patient to fit in with his (the therapist's) own view of the social system, to control deviance for example with E.C.T. (the film "Family Life" led to a spate of calls regarding use of E.C.T.), or to anaesthetize feelings through medication. The 'disturbance' observed by the therapist is in truth the manifestation of some dis-ease felt by the other, and therapists sincerely want to relieve their 'patients' of this disease - but what if these feelings are the manifestation of the person's protest against social circumstances? (Those flashes of acute perception in the patient can make the therapist uncomfortable - isn't it *natural* that they disturb the patient, too?) The worth of these feelings should be recognized instead of their being looked on as ill-effects, and treatment directed towards resolution rather than relief. Indeed, who is it who is disturbed by the behaviour of a patient - the patient themselves or those around them?

But for the therapist it is threatening to lay aside the thumb-rule of a norm of behaviour against which he may judge a person's state. For in doing so he enters an area of imprecision, he gives up his 'science' in which is secured his own position in relation to his patient. But also he ceases to abuse his judgment and, in removing the overtones of infallibility, the interaction becomes more realistic, increasing the possibility of learning (on the part of both), as well as being less likely to leave the patient with a decreased sense of his own worth as a person.

However to relinquish this defence leaves the therapist vulnerable, too, in the sense of his own reality - at the end of a day full of other people's reality you're left not a little uncertain as to where your own head's at! Nevertheless, as it is not enough just to be accepting of the other's reality it is all the more important for therapists, when being called on to speak from their reality to that of the other, to delineate the two clearly and *appreciate* the other even if it's not valid for themselves.

It is this attitude of respecting the person of the client which underlies the clients' reasons for seeking out organizations like Release in preference to the established services. And so, too, it is that others, such as the doctors

and solicitors, will offer their services free to any member of the public through these organizations - to provide not so much an alternative method of treatment as an alternative attitude. The setting gives an opportunity for relating to their clients in a different manner and one that is often refreshing to the practitioner themselves - there being fewer barriers between the direct relationship of one person to another which allows of an interaction more satisfying to one's intention in work of this nature. Further, they are providing access to services for those who would otherwise be ineligible for them or who feel for some reason that that they are unobtainable in the normal way - because of age, say, or from the need to avoid contact with officials, or from fear that their confidentiality will not be respected (only too frequently the case with family GPs), or from a natural reluctance to have to endure judgmental and punitive attitudes in the provision of the services. There is a strong element of paranoia engendered by the alienation experienced in the 'alternative society', not confined merely to the drug-using section but which runs through the entire culture. It is as a response to this, I believe, that the doctors wish to give their services and, in so doing, thus help broaden the clients' experience.

Attitudes toward the use of drugs.

The illicit drug-user is modern society's scapegoat, the repository for the anger felt towards all society's 'lame' which has been pent up, frustrated by the psychologists telling us it's not their own fault. The victim used to be the madman but he escaped by being 'sick'. Now, in the 'drug-addict' is seen at last someone who can be blamed. The attitudes arising from these feelings are those against which Release militates in its programme of drug education. It is directed towards the public services, for it is here that the frustration is most acutely felt, but it is to the general public that we must look ultimately to effect any change. The drug user is no more sick, say, than the psychiatric patient, but neither is he any more to be blamed. Prejudice and fear fostered in lack of knowledge or the half-truths of sensational reporting of facts preclude any understanding of the person or his circumstances; and they do set him comfortingly apart. But all we have to do is look in our own bathroom cupboards or bedside tables or wherever it is we keep our pills to recognize that in this society which has become so dependent on medically prescribed drugs the only difference for many is in who supplies the drugs. That the real issue rests in who is to *control* the drug user is recognized in the exercise of the law.

Nowhere is this more apparent than in the case of cannabis. Despite official Government Commissions in Britain and Canada and, most recently, in the United States all having come out in favour of changes in the law, the Government has taken no steps towards changing the present state of affairs. As it stands, the law is being disregarded by an ever increasing proportion of the community; the effect of this then spreads into other areas as relations with the police worsen and respect for the law diminishes. Further

the parallel with Prohibition is all too obvious and frightening in its implications.

Implications for social work practice.

Comparing my experience at Release with the practice of social work in other agencies I was struck particularly by the attitude of clients on approaching us, which differed so much from that of the clients of other agencies in which I've worked. This was expressed both by callers in person and in letters requesting help from across the U.K. (I would feel humbled by some of these letters, so high in regard did they hold Release). Release was seen as a friend whose opinion they could trust and in whose attitude they had faith that it would be based on understanding of their circumstances, and to whom they turned for assistance against what they felt to be inimical authorities; in short, by whom they felt their rights would be protected.

On the other hand in statutory authorities there is much more a sense of duress with regard to the function of social workers - clients seek you out hoping that you, as part of the system, may exercise your 'power' in their interests or they try to use your power as a threat against their marriage partners, their children or their neighbours, or come in fear lest your power be turned against themselves. You are aware that so often it is felt as degrading to be 'under' a social worker, neighbours comment and want to know what a person has done wrong to have "someone from the Town Hall" coming to them. It follows that this should be the prevailing attitude when the majority of clients do not come spontaneously but are referred by someone else.

The problem of the client-worker relationship is well recognized by social workers; on courses they explore at length the nature of the contract and the sincerity of the iron hand that may have to be revealed from under the velvet glove. Should they not, rather, lay emphasis on considering the *function* of the social worker, the problem being inherent in the *position* from which the social worker starts? His function is defined by his duties and his responsibilities: his tool is the relationship between himself and his client, but his effectiveness is governed by the client's expectations of these and he is aware that the social worker's whole status is dependent on that very system against which he is struggling. No matter how hard he works at it, the social worker's relationship is dictated by the confines of his position in regard to the client - and the gap between them is far greater than suspected by the one or acknowledged by the other.

When working in other agencies, even with those clients with whom I felt I had a 'good' relationship it would come as a surprise to me, on getting to know them better (i.e. if I ever reached a more confidential and *equal* relationship with them), that what I had considered to be acceptance by a client was in reality just tolerance or preference. The difference in attitude was brought home to me clearly when, at Release, I once saw a client of a local

authority by whom I myself had been recently employed: in discussing his situation, and I having told him of the coincidence of my connection, he gave me a rare opportunity for insight into how things appear to the client, for I was able to compare his perception of the experience with mine of the social workers and *their* difficulties.

The difference with Release stems from its having been spawned by the clients' own culture, is staffed by people with first-hand experience of the same situations (do D.H.S.S. clerks have to claim benefits as part of their training experience even?) and is independent. It is, perhaps, the independence which accounts in part for the range of our clients' ages. Some statutory authorities are attempting to encourage local communities to create their own help services (and when counselling individual clients this is just what one desires to promote - to get them to act on their own behalf), but it is essential that communities be helped to create *and staff* their own services. When social workers, of any kind, are employed by authorities which are seen as external to the community, individuals in these communities cannot but feel that these workers' allegiance must primarily be to their employers and only secondarily to themselves. Attempts by social workers to defend their clients' positions in face of the worker's own employer have highlighted this as they have often led to the worker being dismissed or suspended.

The bureaucracy necessitated by the increasing complexities of our society renders it less and less sensitive to the individual situation. The emergent need is for people who can act for *the individual* and help him/her protect his rights, not so much against other individuals as against the system itself. The greatest threat to future generations will come not from individuals but from the structure required to maintain modern society. This structure; although inanimate, takes to itself a force of its own through being indispensable; apparently helpless we seem able only to add to it, therefore it is imperative that we attempt to build in safeguards against abuse by it at the same time. If communities feel unprotected by their elected representatives they take on this function for themselves, first of all with local action groups as at present but, if these are not recognized and supported and should they then prove ineffectual, there will be an inevitable graduation to local vigilante groups. Workers are required necessarily to enforce local authorities' statutory obligations but there must be others, freed from the restraint of these authorities, to act not as representatives of the system but truly on the individual's behalf. It is here that the future needs for social work lies.

I should like to stress that the comments and opinions in this account are personal impressions and are not to be taken as statements of Release 'policy'. I have attempted to describe only those functions and concepts of Release and its cultural setting which related to my position as social worker. Apart from noting their existence, I have made no reference to the other aspects of Release's work the range of which is widening as Release continues in its attempt to respond positively to every enquiry made of it.
