THE AUTHORITY CONCEPT IN CASEWORK LITERATURE

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In Partial Fulfilment of the Requirements
for
A Master's Degree in Social Work

by

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CHAPTER I
INTRODUCTION

A. THE PROBLEM INVESTIGATED

The use of authority in casework often presents a problem for the social work practitioner because of the great emphasis in the profession on client self determination. At times, a discrepancy arises between this principle and what is therapeutically indicated for the client. Caseworkers are often faced with the conflict between creating an accepting and permissive atmosphere, and acting authoritatively in the best interests of the client.

This presents a problem, but also a challenge. A clearer and fuller knowledge of some of the aspects of the use of authority in casework could well be of great assistance to the worker in the pursuit of a more competent practice. This study therefore investigated and attempted to clarify the use of authority in casework practice. The word 'authority' was used in the study to mean the power exerted by the worker to influence and control the client.
B. THEORETICAL BACKGROUND

Although there has been a considerable amount of literature written about the problem, the subject of authority still remains a controversial one, and there exist a number of conflicting opinions about its place in casework. For example, some caseworkers have borrowed the idea of the psychotherapist, Carl Rogers, that "therapy and authority cannot be coexistent in the same relationship."1 Dale Hardman noted among some social workers "a profound reluctance to employ any degree of authority in casework,"2 and he cited various reasons for this. Some practitioners consider the use of authority as detrimental to the client-worker relationship because it is inconsistent with the value of self determination.3 Others, because of unpleasant experiences with authority, avoid such a position.4 Still others associate authority with punishment5 and do not wish to endanger the image of the social worker as a warm and accepting person. Scheidlinger said authority is undesirable because it changes the client's concept of the therapist as a non-punitive person.6

5Ibid, p.216.
Other workers do not completely reject the use of authority in practice. Gordon Hamilton, for example, hesitantly admitted that restraint and authoritative coercion are sometimes necessarily part of a treatment program, especially with the delinquent.\(^1\) However, those who agree with Hamilton add that "disciplinary counselling may prove to be less effective than other types of counselling."\(^2\)

P.W. Tappan, in *Juvenile Delinquency*, too, partially accepted the use of authority in casework, and presented a rather 'schizoid'\(^3\) approach, recognizing the beneficial and detrimental effects.

Still others, for example, Teeters and Reinman and Kenneth Pray, contended that authority can be used very constructively in casework. They claimed, "the concept of authority, inherent in probation, does not stand in the way of achieving and maintaining a good relationship."\(^4\)

And so, in reviewing much of the current literature on the subject of authority in casework, and from personal observations in practice, the investigator was made aware of the confusion and inconsistencies that surround the issue. This supported the need for the study.

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C. HISTORICAL BACKGROUND

Historically, as well, the use of authority in casework has been a rather confused aspect of practice and this again reinforced the need for the study. The following brief survey may clarify this point.

In the late 1800's when social work was associated with the pauper and the shiftless and was involved solely in the administering of relief, the welfare workers, as they were then called, adopted a rather authoritarian punitive attitude toward the needy. They reflected the dominant, individualistic and Puritan theology which enforced the idea that the poor were responsible for their lot, that poverty could be traced to personal failings and vice, and that those receiving charity ought to be treated accordingly.

But during the early 1900's, there were many social changes. The population moved from rural to urban areas, and the economy began to shift from an agricultural to an industrial one.\(^1\) At this time it became readily recognizable that defects in the economic order was an alternate, and in some cases, a more reasonable explanation of poverty. Friendly visitors appeared on the social work scene, abandoning the punitive, blaming approach, and emphasizing "not alms, but a friend."\(^2\) They began to search for the causes of pauperism

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\(^2\)Ibid, p.10
and their methods became more inclusive. Efforts were made to assess the social situation, the personality and the social needs of the receiver. However, the friendly visitor still regarded himself as the expert and authority, and he used advice abundantly in most situations. Treatment in casework consisted mainly of the plan of action decided upon by the helper. The friendly visitor believed that after a strong relationship had been established, he could use this relationship to advise and persuade the individual to change according to how the worker felt he should change. This has been described as the "managing approach."¹

During the 1920's and '30's, the unpaid friendly visitor became the paid caseworker with some formal training; a growing body of casework knowledge was developing and psychiatry was making vast contributions to our understanding of normal and abnormal behavior. The worker came to consider more the client's point of view; treatment moved from the caseworker's plan to more participation by the client and more recognition of his ability to work out his own plan. Workers became reluctant to advise clients how to run their lives because they had learned through bitter experience that this was an ineffective technique in most cases. They learned that the client himself must initiate actions and changes. Psychiatry too was showing us the psychological ill effects of punitive, authoritarian figures.

¹Ibid, p.19
This abandonment in casework of directing and advising the client was supported by the new Freudian psychology. Freud's revolutionary discoveries about the powers of the unconscious mind and the similarity of the unconscious forces in each individual served to strip the social workers of their self-righteous concept of themselves as those who know what is best for another. From Freud, workers learned as well, to direct themselves to the cause of the person's difficulty, to relate to what the client wanted, his hungers, aims and motivations. The individual and his self-determining capacities became all important and "he became an actor in his own problem solving tasks rather than a recipient of guidance which a worker could give." The directing, managing approach vanished.

Today the orientation of social workers is again shifting. Having learned from Freud a great deal about the release of feelings, caseworkers are just beginning to understand the clinical use of the restraint of impulses. Freudian principles such as acceptance, permissiveness, free expression of feelings, were very effective in working with an inhibited neurotic, characterized by repressed id impulses and a too-severely internalized super ego. But society today

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2 Ibid, p.197
is producing a greater number of what has been termed the character disorder, "characterized rather by unrepressed id impulses and a weak super ego, which brings him into conflict with the value system of society."¹ Workers have therefore had to reconsider and revise their therapeutic tools. Authority and guidance have therefore been reinstated into casework. They appear, however, in a revised form, not in the sense of 'managing' the client. Authority is now applied with a more scientific understanding of the growth, development and needs of the individual, and with a better awareness of its effects.

It was this revised form of authority in casework that was studied. The investigator contends that the historical confusion outlined is still reflected among some caseworkers today. The various current conflicting opinions referred to at the beginning of this section are evidence of this.

D. DEFINITION OF TERMS:

For the purposes of this study, the following terms were defined.

1. AUTHORITY:

Authority has been defined as "those procedures by which the worker tries to promote a certain kind of behaviour on the client's part...";² the power to influence that


²Florence Hollis, Casework, a Psycho Social Therapy, (New York: Random House, 1963), p.89
inheres in the social work profession. Authority is the power in casework to control or direct the client's behavior. The investigator studied two types of authority, two ways in which authority has reestablished itself in casework.

a) The first type is "sociological"; power which has been authorized by the institution, by society. It is authority legally invested in the agency by the community to demand some conformity on the part of its clients. This type of authority is exercised mainly in the legal, correctional setting, with clients who cannot control their behavior within the acceptable framework of society.

b) The second type of authority is "psychological"; exercised through the relationship itself, not in the structure which surrounds it. This authority emanates from the knowledge, training and skill of the worker. It is authority delegated to the worker by the client who regards him as somewhat superior to him in his situation. This type of authority is exercised mainly in the family counselling agency; modes of influence are more subtle, usually taking the form of suggestion and advice. These are not sanctioned by a legal framework, but are a result of the relationship, not external to it.


3Ibid, p.231
It is recognized by the investigator that this distinction is rather artificial - that there is a considerable amount of overlap between these types of authority exercised in the correctional and family agencies. Both types of authority can be found in both settings, but the investigator has made the distinction on the basis of the emphasis placed in each setting.

2. **SELF DETERMINATION:**

Self determination is a basic value of social work which holds that the client has a right to be 'self directing',¹ to make his own decisions and choices. It is a value which is used differentially by the caseworker according to the capacity of the client.

3. **CORRECTIONAL AGENCY OR SETTING:**

A correctional agency is "a social agency which is part of the process by which society maintains identified offenders... in a temporarily handicapped status."² An essential element of the correctional process is the control of the offender, firstly to protect society, and secondly because the policy of the agency is based on the assumption that the self determining capacity of its clients is limited.

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¹Florence Hollis, *op. cit.*, p.13

A family counselling agency has been defined as a social agency to which a client comes voluntarily seeking help. He becomes and remains part of the agency of his own volition. No legal commitment is involved.

E. **SCOPE AND LIMITATIONS**

The investigator proposed by surveying the literature, to examine and clarify some aspects of the use of authority. The study was limited to authority exercised in:

a) the correctional agency

b) the family agency

The general areas explored with regard to the two types of authority were – the rationale for the use of authority, the diagnostic categories indicating its use, the techniques used to implement authority and their results; the conditions and safeguards which are essential for its use; and the variables which influence the worker's use of authority.

This study did not purport to be a comprehensive survey of all aspects of authority. The investigator acknowledges many serious limitations. In particular, the wealth of new material dealing with assertive casework with the multi-problem family, in which authority plays a major part, was not adequately studied and included in the project. The Family Centered Project conducted in St. Paul, Minnesota, in 1959, by Alice Overton and associates, is an example of
valuable material available on this. However, time limits prohibited exploring fully this additional material. As well, this type of casework with the multi-problem family bridges both the correctional and family settings and the study was initially designed to separate the two and to highlight the differences between them. Furthermore, as defined previously, the investigator wished to study the client who comes to the family agency voluntarily and willingly recognizes the authority of the worker. The multi-problem family, to whom the worker must reach out authoritatively does not fit this definition. For these reasons, the material on assertive work with the multi-problem family was not included.

However, it seemed essential that the caseworker understand thoroughly the aspects of authority which were studied. The use of authority will remain a problem for the practitioner until these areas are clarified.
CHAPTER II

DESIGN AND PROCEDURE

The investigator originally intended to carry out the study in the field of casework practice, and a preliminary research design was formulated. A tentative questionnaire to explore some of the areas about authority in casework was drawn up. However, time and resources did not allow such an ambitious program, and therefore the design of the project was changed. Research for the study was instead conducted from already published material.

This project was purely a preliminary, exploratory study. The purpose was to answer some questions\(^1\) about the use of authority in the two areas of casework, and to identify others which are not fully answered or explored in the literature.\(^2\)

A. METHOD OF DATA COLLECTION

The literature was approached with the following questions related to the problem. These were asked of both types of authority - in the correctional and family agency. The questions were -

1. What is the rationale for the use of authority?
2. What diagnostic categories indicate the use of authority?


\(^2\)Ibid, p.51
3. What are the casework techniques used to implement authority?

4. What effects, beneficial or detrimental, result from the use of authority?

5. What conditions and safeguards ensure a therapeutic use of authority?

6. What variables, both client and worker, influence the use of authority by the worker?

B. SOURCES OF MATERIAL

Data was collected from a few basic social work texts and from a number of journals. Both correctional and non-correctional journals were chosen in order to cover material relating to both types of authority, although the investigator found some overlap. More specifically, non-correctional journals contained some articles relating to authority in the correctional field. The following indicates in detail the extent of the material investigated. This does not include the few texts consulted.

1. CORRECTIONAL JOURNALS

   a) CRIME AND DELINQUENCY 1957-1965
      National Council on Crime and Delinquency.
      (Previously National Probation and Parole Association, New York)

   b) FEDERAL PROBATION 1960-1965
      A Journal of Correctional Philosophy and Practice (Washington, D.C.)
2. NON-CORRECTIONAL JOURNALS

  a) AMERICAN JOURNAL OF ORTHOPSYCHIATRY 1950-1963
     American Orthopsychiatric Association (New York)
  b) SMITH COLLEGE STUDIES IN SOCIAL WORK 1960-1965
     Smith College School in Social Work (Mass.)
  c) SOCIAL CASEWORK 1955-1964
     Family Service Association of America (New York)
  d) SOCIAL SERVICE REVIEW 1955-1964
     Faculty of School of Social Service
     (University of Chicago)
  e) SOCIAL WORK 1956-1964
     National Association of Social Workers (New York)

It is realized that the scope of this paper is limited, that any conclusions drawn or implied are valid only to the extent of the material surveyed. This study was essentially a preliminary attempt to clarify some of the questions about the use of authority in casework practice.

C. PROCEDURE

Chapter III contains the findings of the study. It is divided into sections, each one dealing with a separate question. As mentioned previously, the questions were applied similarly to both settings, and as far as possible the material has been analyzed this way. With reference to questions one to four, the investigator was able to isolate themes and answers specific to each setting and the material
has been presented as such. However, it was not possible
to make this separation in relation to questions five and
six. The answers given to their questions apply generally
to both settings.

Chapter IV contains some discussion of the
findings and the investigator's suggestions for further
research. Chapter V contains the conclusions and a
summary of the study.
CHAPTER III
FINDINGS

This chapter contains the answers, given in the literature, to the questions posed. Section A contains the answer to the question - what is the rationale for the use of authority?; section B - what diagnostic categories indicate the use of authority?; section C - what techniques are used to implement authority? Included in this section will be an analysis of the effects of these techniques. Section D contains the answer to the question - what are the conditions and safeguards which ensure a therapeutic use of authority?; section E - what variables, client and worker, affect the worker's use of authority?

In the literature surveyed by the investigator, there was considerably more material related to authority in the correctional agency than in the family agency. Of over fifty articles examined, only eight were concerned directly with the use of authority in a family counselling setting. Fifteen dealt with it in conjunction with discussion on authority in the correctional field.

(See Table I, p.17)

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A. THE RATIONALE FOR THE USE OF AUTHORITY

In the material reviewed, about 65 per cent of the authors of both settings commented on the reluctance among some social workers to employ authority in casework. However, among these, there was about 80 per cent agreement that "the use of authority is not antagonistic to the principles of good social work or counselling. Further, the actual employment of authority itself, its skillful use and manipulation, can be a powerful, therapeutic tool in social work."\(^1\) On what is such an assertion based?

1. IN THE CORRECTIONAL AGENCY

In examining the literature in relation to the question - what is the rationale for the use of authority in the correctional agency? - the following general theme occurred repeatedly. In the correctional setting, where the client is usually in conflict with the law and is forced into the relationship with the agency, the authority of the worker is based on his position in the legal situation. This position authorizes the worker, as an agent of society, to have some control over the client. This in turn is based on the recognition that the client must learn to behave within the limits of society in order to function as a member of the community.\(^2\)


This theme was generally elaborated on in the literature. In the articles which contained material relevant to this question, there was unanimous agreement that authority is ubiquitous and that man is therefore not free. One of the basic assumptions of social work practice is the interdependence between the individual and society and the social responsibility each has for the other.¹ The whole authoritarian structure of society is based on this assumption and its system has been established to protect the individual from society and society from the individual. The social work agency is part of this system.² Dale Hardman has developed a comprehensive framework around the basic idea that authority is inherent in all cultures; a society free of authority does not exist; and one of the dimensions of socialization is the ability to adapt to authority.³ A social worker, therefore, has the dual responsibility of protecting the individual's right to self determination, but at the same time helping him to comply with those factors in life which are necessary and cannot be changed. Kenneth Pray wrote, and many others agreed with him that "...not only is there room in the practicing of social casework for limitations


³Dale G. Hardman, op. cit, p.251
upon individual freedom; they constitute the framework within which, alone, real freedom, real movement, and change is possible to anybody. There is no absolute freedom for any of us in this life. Life itself consists of a constant process of adjustment to the limitations that surround humankind...the function of social casework, in facilitating social adjustment is not, therefore, to free the individual from all limitations...(it is rather to help him) accept the inherent, rightful, essential social authority that underlies social living.\(^1\)

This then, as found in the literature, is the basis for the use of authority in the correctional field. It is a way to enhance the individual's social functioning, which is possible only within certain limits prescribed by society. By using his authority, as a representative of the agency and its function, the social worker can facilitate this adjustment.\(^2\)

2. **IN THE FAMILY AGENCY**

As revealed in the literature, the rationale for the use of authority in the family agency is somewhat different. Perlman, Hamilton and Taylor in particular stressed that the authority of the worker in such a setting emanates from the client's expectations of the therapist. They developed the


\(^2\)Swithun Bowers, *op. cit.*, p.18
point that the client in the family agency may often willingly delegate to the counsellor a considerable amount of authority, because of his respect for the skill and training of the worker.\(^1\) A client seeking help frequently looks for someone who has the authority of knowledge and skill to help him.\(^2\) If realistic and therapeutically indicated, it is, then, the responsibility of the helping person to meet the expectations of the client, and failure to do this could be quite destructive.

Most authors in this field, then, claimed that this is the basis for exercising authority in the counselling agency. The client who is asking for help and advice expects to receive it, and has a right to it if it is diagnostically indicated and skillfully administered. The prestige and powers inherent in the special knowledge and training of the worker, at times give him the right and the obligation to exercise his authority with the client.

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\(^1\)Gordon Hamilton, *op. cit.*, p.46

THE DIAGNOSTIC CATEGORIES INDICATING THE USE OF AUTHORITY

It was generally recognized, and explicitly stated by E. Studt, that authority plays some part in every agency and with every client. However, some diagnostic categories, which indicate the use of authority, were given special attention in the literature.

1. IN THE CORRECTIONAL AGENCY

Of the eighteen articles containing material on this question, 50 per cent of the writers, notably Grossbard, Pollak, Bromberg and Fantl, considered in detail the character disorder. There seemed to be general agreement about the nature of the pathology of these clients which is summarized as follows.

One of the basic ego functions is the development of mechanisms of control to deal with both internal and external stimuli, but the client with the character disorder has not developed this capacity. He may have lacked suitable adult figures for the purposes of identification, or he may be an expression of the conflicts and failures of his family or cultural group. Whatever the reason, he has little ability to tolerate frustration or to postpone gratification. He acts out his id impulses because the ego is unable to channel them into acceptable activity. Unlike a person with more advanced ego development, he is unable to

1 Elliot Studt, op. cit., p.35

control his behavior by recognizing the source of his irritation and converting the irritation into a conscious plan for relieving it. Furthermore, he entertains a fragmented view of the world, lacking the capacity to integrate reality. He is unable to use the effective ego mechanism of sensing the future and relying on past gratifications.¹

The personality of the character disorder is tormented by low self esteem, dejection and depression,² and he strikes out at others and at society by overly aggressive behavior and antagonistic gestures toward forms of authority. About 30 per cent of the authors surmised that this antagonism is a denial of a basic unconscious dependence on the very authority against which this rebelliousness is directed.

Society does not tolerate the inability to control one's aggressiveness. However, about 25 per cent of the writers made the observation that, although society does not permit such behavior, the very nature and values of our civilization elicit the development of the character disorder and support their persistence. Otto Pollak wrote, "In a materialistic society, id gratifications are prominently offered in overt and hidden forms, while the


waning power of a generally accepted morality leaves super ego forces unsupported.... Most of all, however, a society that mistrusts authority and extols rebellion is likely to furnish many rationalizations to a person whose psychic structure leads to acting out rather than to the internalization of the conflict".  

Of the high value on independence and the low value on dependence in our society, Bromberg, as well, commented - "This socio-psychological valuation, so constant a feature of our culture, serves to accentuate the immature and psychopathic individual's denial of dependency feelings and enhances his resultant anti-authoritarian attitude".  

"Since then, one of the basic components of delinquency is a history of negative experiences with authority figures; (most authors conclude) that one of the most beneficial services a social worker can render a delinquent is a new and constructive relationship with authority." The practitioner is able to represent someone who can help him control his behavior.

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2. IN THE FAMILY AGENCY

The literature studied revealed that authority in the family counselling agency is usually exercised with a different type of clientele, who need the authority of the worker for different reasons. A general theme which emerged was that, in this setting, authority is used, not to limit or restrict the client, but rather to mobilize, direct, strengthen the defensive mechanisms or restore the integrative capacity of the client.¹

Most authors, particularly Hollis, Wasser and Selby, agreed that the use of authority is often indicated with the person with a weak ego structure. This includes the severely damaged personality, the psychotic, the severe neurotic or the person with an infantile character structure. Because the client is unable to function adequately, and is sometimes very self destructive, the therapist must at times be quite directive and authoritative. The worker often has to protect and guard the individual who cannot do this for himself.

As well, about 11 per cent of the experts, and more specifically R.T. Koehler and Selby, considered that the less damaged, but uncertain, insecure client can sometimes be helped by the worker who uses his authority.²


For example, a parent, confused by the rather irrational behavior of her teen-age daughter, may be helped by some guidance and recommendations from the worker. This might serve to relieve the anxiety and promote a sense of competence in the parent, and it could well be an effective supportive technique. However, confusion often masks dependency needs. As Hollis stressed, it is sometimes therapeutic for the worker to meet the dependency needs of the client in the initial stages of the relationship, but he must be careful not to encourage or perpetuate this pattern. The eventual goal must always be client self direction.

It is often necessary as well for the worker to be authoritative with the multi-problem family - to direct his "aggression, not against the people, but against their troubles." ¹ This policy of reaching out to the client is based on the idea that he has a right to know of those services which are available, but which he is not using.² However, as mentioned earlier,³ this study did not deal extensively with this aspect of authoritative casework.

¹Alice Overton, Katherine Tinker, Casework Notebook, (St. Paul, Minn.: Family Centered Project), 1959, p.13
³Supra, p. 10-11
In addition to these diagnostic categories, the literature revealed that often the use of authority is appropriate with the client in crisis. This is over and above any specific diagnostic category. Hollis, Perlman and Selby in particular made this point. For this paper, a crisis was defined as "the experiencing of an acute situation when one's repertoire of coping responses is inadequate in effecting a resolution of stress".1

To elaborate, many clients who seek help at a family agency are often in a state of crisis, temporarily immobilized by a particular circumstance or set of circumstances. These clients look to the counsellor as a source of authority, as someone who can give them direction in their state of disorder. If the self determining capacity of these clients is diagnosed at this point to be very low, it is the responsibility of the worker to be determining for them, to offer the guidance which they are unable to give themselves. For example, a young mother, by the sudden death of her husband, is left alone with a number of small children. She is temporarily immobilized and unable to make any of the necessary arrangements. At this point, it would then be appropriate for the worker to assume a certain amount of control in this situation, and exercise some authority until the mother is able to cope with the problem.

A few casework techniques used to implement authority were identified in the literature. These included limit setting, punishment, advice giving and educational advice. It was recognized almost unanimously by all writers in both settings that these techniques have to be used differentially, that every situation must be individualized, and that the treatment program involving these techniques must be based on a thorough diagnosis.

It was also stressed, by about 85 per cent of the references cited, that any authoritative tools, such as those cited above, are much more effective if they are reinforced within a positive relationship between worker and client. If the client truly identifies with the worker, he is more likely to respond positively to these controls exerted from without by the worker.

1. IN THE CORRECTIONAL AGENCY

a) LIMIT SETTING

A technique well recognized by about 60 per cent of the sources as a way of implementing authority was limit setting. For the purposes of this paper, the investigator defined limit setting as a way of imposing controls on the behavior of the clients. For example, a worker may deem it therapeutic to deprive an individual of a particular privilege, demand that he return to his home at a certain time each evening, or insist that he find employment.
This type of activity was usually discussed as part of the treatment program with the client in the correctional agency.

About 72 per cent of the writers, in particular Falsberg, Heckler, Shah and Lucas, were convinced of the therapeutic effects of limit setting with the client who is unable to control his own behavior. They remarked that limit setting meets the individual's need for security, it protects him from his own impulses and relieves the anxiety associated with the ego's ineffective efforts.¹ When controlled externally, the individual can direct his energy into constructive channels. As well, Lucas noted that limit setting can often defend the person from his own self-destructive behavior, and with realistic demands and expectations, the client may, instead, experience some sense of success. These feelings of success often serve to increase self-confidence and self esteem, and the client is then better able to tackle larger tasks. For example, a young man, just discharged from a reform institution is looking for employment. Rather than recommending that he quickly find a job, the worker might be more helpful if he structured more realistic and limited goals for the man—such as going for a particular interview, answering a particular advertisement, etc. As the client is able to

meet these expectations of the worker, he may gain self confidence and be better prepared for the larger task.

A few writers, notably Heckler, Shireman and Lucas, commented that the placement of a client in an institution (such as a residential treatment centre or a reformatory school) often has similar therapeutic effects. By the scheduling of daily activities and insistence on the ordinary routines of everyday life, the client is provided with a "predictability and reliability in his life that makes him feel secure".¹ The institution may act as an "organizing force"² in the life of the individual and the degree of formality might stimulate some restraints and inhibitions in the person's behavior.³

As mentioned previously, it was repeatedly emphasized by the writers that the worker's use of limits is more effective if reinforced within a positive client-worker relationship. As Lucas wrote, when the client begins to identify with the worker, actual internalizations and integration of the controls into his value system may take place. The worker can "mirror, so to speak, the super ego of society to the client",⁴ and may serve as his ego ideal.


³Ibid, p.63

The client, because of his respect and identification with the practitioner, seeks his approval and tries to be like him. Unless this process occurs, Heckler remarked, limit setting might be quite ineffective, only fostering dependency or evoking hostility.

b) **punishment**

92 per cent of the authors consulted did not even consider punishment as a possible authoritative technique to be used by the caseworker. However, among the remaining 8 per cent, Gordon Hamilton commented that the "therapeutic use of punishment (by the worker) has not been adequately studied".¹ As well, a few writers, Spitzer and Lucas in particular, wondered if punishment could become a tool of the social worker.

Spitzer maintained that punishment and rehabilitation are not unrelated.² Lucas and Hamilton agreed that punishment in casework must be used very sparingly and selectively, that it should be applied impersonally, and should be immediate, certain and related to the nature of the offense.³ It must, of course, be devoid of any brutality and the motive for its use should clearly be the more satisfactory socialization of the offender.

¹Gordon Hamilton, *op. cit.*, p.260
³James A. Lucas, *op. cit.*, p.49
In addition, the literature occasionally indicated that it is often necessary for the worker to help clients, particularly parents, be authoritative. Instead of being authoritative himself, the worker must at times help the parents, for example, to use punishment consistently and appropriately. Mosher and Harris noted that, in this age of social relativism and ethical neutrality, it is very important that parents adopt standards, represent authority, and present these standards to their children.\(^1\) Social workers can sometimes be of assistance in this process.

2. IN THE FAMILY AGENCY
   a) ADVICE GIVING

   Nearly 60 per cent of the references studied considered advice giving as an authoritative technique. Advice giving has been defined as the offering of counsel, recommendations or concrete guidance to the client by the worker. Fifty per cent of these writers pointed to the positive results of such a technique. The following is a brief summary.

   Concrete advice may often allay anxiety, relieve some of the pressure and free the person to engage in constructive activity. Iola Selby classified advice giving as a supportive technique and wrote "...supportive treatment gratifies some of the regressive need for dependency and hence reduces the need for self gratification.

\(^1\) Dale B. Harris, "Values and Standards in Educational Activities", Social Casework, Vol. XXXIX, Nos. 2-3 (February-March, 1958), p. 159
through symptoms. A reduction of anxiety enables the patient to use his own intellectual endowment and revive his own problem-solving capacities. As anxiety diminishes, the ego gains strength to handle immediate situations.¹ As well, it was mentioned, particularly by Hollis and Koehler, that advice giving or concrete suggestions may often be instrumental in effecting a good relationship in the early stages. The client may interpret this supportive activity as an indication of the therapist's real concern and desire to help.²

However, to parallel this, and with equal emphasis, the literature stressed that the worker must also be well aware of the ill effects which may accompany his authoritative techniques. Perlman commented that, although advice giving may be interpreted as a display of interest, it may also be taken as a form of criticism and rejection. It may only serve to increase the client's anxiety, guilt and feelings of inadequacy. Hollis stressed that, for the passive-dependent individual, looking for protection, advice giving may only perpetuate this pattern. Furthermore, Selby pointed out that the alleviation of anxiety by concrete guidance may often reduce the motivation for change and the impulse for independence and self direction. Or a person who fears dependence could react with hostility and anger because they are threatened by the protective relationship.³

¹Lola G. Selby, op. cit., p.409
²Ruth T. Koehler, op. cit., p.153
³Lola G. Selby, op. cit., p.411
So, two parallel themes, evenly weighted, emerged from the literature regarding advice giving. The positive and negative effects were equally stressed. Again, a recurrent theme noted by the investigator was that this technique is likely to be more effective if exercised within a warm, positive relationship.

b) EDUCATIONAL ADVICE

About 16 per cent of the references which contained material relevant to the question of authoritative techniques made the distinction between advice and educational advice. Perlman and Koehler stated this most explicitly. Advice means counsel or concrete guidance; educational advice means providing the client with factual explanatory information - information which is pertinent to the client's needs and usable by him.¹

For example, the worker might offer the client some specific facts about money management,² or it may be appropriate for the practitioner to share with the client some data about the developmental stages of the child. Such information could be very useful and helpful to the client.

It was also stressed that this technique must be used carefully in accordance with the capacity and diagnosis of the client. In some situations, educational advice,

¹Helen H. Perlman, Social Casework, University of Chicago Press, 1957), p.159
used alone, may prove to be quite therapeutic. In other cases, it may be necessary to use this in conjunction with more intensive casework.

These, then, as reported in the material reviewed, are some of the techniques used to implement authority. Limit setting and the very selective use of punishment are techniques used mainly in the correctional agency. Advice giving and educational advice are authoritative tools of the worker in the family agency.

D. CONDITIONS AND SAFEGUARDS WHICH ENSURE A THERAPEUTIC USE OF AUTHORITY

The following applies to the use of authority in both the correctional and the family agency. The answers given in the literature to this question by both settings were quite similar and therefore need not be considered separately.

1. Generally, authority within an interpersonal relationship can be exercised either for the good of the dominant person or for the good of the other person. There was 100 per cent agreement in the literature that the motive for being authoritative in casework must always be the good of the client, not the worker.

A few authors, Berta Fantl for one, referred to S.A. Szurek's article, "Emotional Factors in the Use of Authority." In this article he identified two types of interpersonal situations in which authority plays a role. These are distinguished by several criteria, namely the mode of operation, the basic purpose and the predominant results or outcome.
The first type of relationship is labelled "authoritarian". This is characterized by coercive power; it is exercised by a dominant person, primarily for his own rather than the subordinate's gain...it is enslavement...a great feeling of inferiority and weakness is the chief motivational energy behind the compensatory drive for power over others...it is exercised to the end that the status quo of the relation in these terms is continued forever".¹

The second type of relationship Szurek called "authoritative". In comparison, this relationship is democratic in nature; any coercion is absent and "authority is derived from superior competence and skill. The purpose of this relationship is the acquisition by the subordinate of the competence and skill of the authority.... Mutual respect permeates the relationship."²

It was reiterated over and over again, in the literature, that it is essential that the casework relationship be authoritative rather than authoritarian—that the worker be free of any personal need to be coercive or dictatorial. A worker must be "oriented towards the client rather than towards self"."³

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¹S.A. Szurek, "Emotional Factors in the Use of Authority", Public Health is People, (New York: Commonwealth Fund, 1950), p.212 ff

²Ibid, p.212 ff

³Ruth T. Koehler, loc. cit., p.158
2. Fifty-eight per cent of the references consulted stressed that, as well, the worker must be free of any unresolved conflicts about authority because this can often lead to uncertain, rigid or irrational behavior which may be very destructive to the client. Dale Hardman wrote "...the degree to which a worker can be helpful to a client with authority conflict is a function of firstly, the degree to which the worker understands and accepts his own feelings around authority, and secondly, the skill with which he uses his delegated role. Authority need not be associated with hostility, punishment or rejection except as these traits inhere in the personality of the worker".¹ Heckler commented that very often a worker is unable to administer limits or be authoritative without feeling an uncomfortable sense of separation from the client, without feeling "stiff",² guilty, or that there is something wrong in what he is doing. This anxiety and uneasiness may be conveyed to the client, and the therapeutic effects of employing such a technique are therefore destroyed. As well, Lucas mentioned that an incompetent worker is sometimes unable to tolerate the hostility from the client which often accompanies authoritative activity. However, adequate training may


serve to help the worker recognize and control his feelings about authority which, as stressed in the literature, is essential for its therapeutic use.

3. Another point, repeatedly emphasized in the readings, was that authority must always be exercised with the support of an adequate diagnosis. Here, as E. Wasser noted, is where the training and the knowledge of the worker protects the client. This diagnosis in turn can be strengthened through consultation and supervision which act as additional safeguards against a destructive use of authoritative measures.

4. Despite the use of authority, many authors maintained that a client should always be encouraged to be as self determining as possible. Swithun Bowers and Kenneth Pray in particular remarked - "there shall still be room, there shall still be an obligation and opportunity for the individual...to exercise freedom, to make really vital choices of his own, to face his own problems and to accept responsibility for dealing with it. This combination of freedom and authority is the very essence of democratic life for all of us".¹

5. A few authors, notably Schmideberg and Finkelstein, made the observation that some basic principles have to be reinterpreted when using authority. For example, when dealing with a client in the correctional setting, the worker

must be accepting of the client and his behavior. However, this acceptance does not always necessarily involve a neutral, non-judgmental response to the client who breaks rules or acts unacceptably. One of the most effective ways the client may learn to alter his behavior patterns is through the expressed approval or disapproval of the worker, providing a positive relationship exists. Schmideberg goes so far as to suggest that it is the task of the worker to make the client aware that his behavior is "bad",¹ to evoke anxiety and guilt, but to utilize this guilt for the constructive purpose of motivating him to behave socially.²

Finkelstein considered the question of the principle of confidentiality when using authority. Theoretically a client having entered into a casework relationship is entitled to unconditional confidentiality. However, especially within an agency which is dealing with the law offender, the worker is often faced with a dilemma. This dilemma is between the degree of confidentiality to which the client in treatment is entitled and without which therapy cannot proceed, and the worker's responsibility to the agency and ultimately to society to maintain some kind of control over the behavior of its clients. Finkelstein concluded, and others agreed, that it is at times necessary

²Ibid., p.261
to "compromise the 'complete' confidentiality said to be the sine qua non of treatment. The criterion for doing this is the potential destructiveness of the behavior in which the client may be involved or which he may be contemplating".\(^1\) This, then, determines how much confidentiality can safely be used in the best interests of the client.

These, then, as revealed in the literature studied, are some of the conditions and safeguards which ensure a constructive use of authority - capability and assurance of the worker in relation to authority, proper diagnosis and appropriate use of basic casework principles. The authoritative relationship is dependent on these.

E. THE VARIABLES, CLIENT AND WORKER, WHICH INFLUENCE THE WORKER'S USE OF AUTHORITY

The following material applies to the use of authority in both the correctional and family agency. Again, the answers given in the literature to this question were not significantly different to necessitate dealing with them separately.

1. CLIENT

In the literature, the variable influencing the use of authority in casework, which was stressed by most authors, is "the degree of personality disturbance"\(^2\) or the self


determining capacity of the client. W.J. Reid, in particular, showed very clearly in his study, that the type of activity (authoritativeness included), preferred by the worker, is greatly determined by the degree of disturbance of the client. This is a general theme which emerged from the readings.

2. **WORKER**

Only 3 per cent of the writers consulted were directly concerned with the question of worker variables which influence the use of authority. Reid studied as well the affect of the level of training of the worker on his preference for certain types of responses in practice (authoritativeness included). The study revealed that the level of training is a determining factor in the type of casework activity chosen.

In addition, Koepp conducted a research program to detect if there is any relationship between the degree of authoritativeness in the personality of the worker and his performance in practice. More particularly, he measured the degree of authoritativeness of the workers in the correctional setting. These were compared with groups of psychiatric social workers. The results indicated that those interested in corrections were not more authoritative

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1Ibid, p.588-590

2Ibid, p.591
than those in other areas of social work. He also concluded that "the fact that one uses authority during performance of job duties as a social worker in no way justifies that this is a direct expression of authoritarian personality".  

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2 Ibid, p.41
CHAPTER IV
DISCUSSION AND IMPLICATIONS

A. DISCUSSION OF FINDINGS

As mentioned in the introduction to Chapter III, the investigator found considerably more material on authority in the correctional than in the family agency. Furthermore, it seemed that this discussion, research, and clarification on the use of authority in corrections has served to make the caseworker feel less uneasy being part of such an agency. Workers now, it seemed, are much more sure of their position in this field. The investigator contends that the worker, representing and having to conform to the policy of the agency, feels less personally directive. Therefore, one of the basic assumptions on which this study was based was not fully borne out in the literature. It was found that caseworkers are less uncomfortable exercising authority in the correctional field than the investigator originally surmised.

However, the investigator wondered what the lack of material on authority in the family agency indicates. Does it mean that workers are quite comfortable and sure of the use of authority in this setting and therefore don't feel the need to investigate or write about this subject? Or does it indicate, because of uncertainty and confusion, a reluctance to explore the issue thoroughly? Aware of the similarity to the techniques of old, and adhering to the
principle of self determination, have caseworkers so far been unwilling to bring this subject into the open? This question arose from the readings and was not adequately answered by them.

Section A answered the question - what is the rationale for the use of authority in both agencies, correctional and family. The investigator contends that this may be the most important question in the study. As John Dewey has said, "we are not educated until we see the relationship between the principle and the act, between the means and the end, that is, until it has meaning for us". If, then, caseworkers understand the reasoning behind the use of authority, their comfort in employing it in practice will be increased considerably.

Although not stated explicitly in the literature, it became apparent to the investigator that there are two significant factors which justify the use of authority in casework - the need or pathology of the client, and the responsibility of the agency to society. In the correctional agency, authority may be used, firstly, because the client's diagnosis indicates it. Secondly, being a functioning member of an agency, the worker has an obligation to society to maintain some kind of control over its clients. In the family agency, by comparison, the use of authority

is based mainly on the needs of the client. If therapeutically indicated for the individual, the worker has the right and responsibility to exercise his authority.

Section B answered the question - what diagnostic categories indicate the use of authority? Although not formulated in these comparative terms in the literature, it became evident that, in terms of the psychic structure, authority is, at times, appropriate both with the client who suffers from a weak super ego or a weak ego. The character disorder, found mainly in the correctional agency, generally is the victim of an underdeveloped super ego. The skilled use of authority may be very effective and even essential with him. On the other hand, very often the client seeking help at a family agency may suffer from a weak or damaged ego. Once again, in this situation, the use of authority, well-timed and properly implemented, may prove to be quite therapeutic.

Section C answered the question - what are the techniques used to implement authority? Limit setting was one answer given by writers in the correctional field. But the use of limits in the family agency was not discussed in the readings which were surveyed. However, the investigator is well aware that this technique is not restricted to treatment with the client in the correctional
agency. A worker in a family setting may often deem it appropriate to set limits with, for example, a married couple seeking counselling or a disorganized family. Setting limits in these situations may take the form of specifying certain requirements, if the worker is going to continue with them, or simply insisting that a client, repeatedly late for his appointments, arrive on time and comply with the rules of the agency. As well, although the writings of the functional school were not considered for this study, it is recognized that the use of limits plays a very important part in functional casework. Currently, it seems that this type of activity is coming more and more into all family agencies, but caseworkers do not appear to be writing extensively about it.

Section D answered the question - what are the conditions and safeguards which ensure a therapeutic use of authority? The point arising from this discussion which seemed most significant to the investigator was that basic casework principles must be used differentially when authority is part of a treatment program. Comparatively, this theme did not receive as much attention as others. However, the investigator contends that a worker must have enough confidence in the principles that they are not adhered to inappropriately. Rigid application of a principle, when the policy in the agency and the pathology of the client indicates otherwise, can indeed be very destructive.
A skilled caseworker accepts and fully internalizes the principles of social work, but uses them sensitively in the best interests of the client.

Section E answered the question - what are the variables which affect the worker's use of authority? Another factor, not included in the findings, which affects the degree of authoritativeness in practice is the policy or function of the agency. This was never spelled out in the literature as a variable, although it was implied in a lot of the material. Some agencies, particularly the correctional, encompass as part of their policy a certain amount of authoritativeness with its clients. The worker is obliged to comply with this policy and hence this is a determining variable in his treatment procedure. However, stated as such, this theme did not receive attention in the readings consulted.

B. IMPLICATIONS FOR FURTHER RESEARCH

The investigator has drawn from Section E, of Chapter III, for the implications for research.

Firstly, in reference to the point made above, it might be interesting and helpful to conduct a study which would determine a number of factors about the influence of agency policy on the practice of the worker. How much is the worker aware of the policy of the agency (particularly in regard to the use of authority), and to what extent is he bound to this?
Other aspects of worker variables, as well, need further investigation. For example, it may be that the length of time a worker has practiced is a determining variable in the degree of authoritativeness employed by him. The investigator found in the literature no research which had tested this, and it is felt that area is definitely in need of scientific investigation.

Furthermore, although Koepp has done some work on the following, more conclusive investigation of the relation between the degree of authoritativeness in the worker's personality and his practice might be very valuable. A more extensive survey of the literature might have revealed more material on this than the study disclosed. If not, the investigator contends that this is a very challenging and important aspect of the use of authority.
CHAPTER V
SUMMARY AND CONCLUSIONS

This study explored some aspects of the use of authority in casework practice. Its purpose was to clarify some controversial and confused areas in relation to this problem, in order that caseworkers might use authority more comfortably and therefore proceed with more assurance in practice. A number of questions about authority in casework were formulated and answers to these were sought in already published material.

All questions, except part of the last one, were answered quite adequately in the literature. The readings revealed that the use of authority in practice is based on the need of the client and the responsibility of the agency to society. The main diagnostic categories and situations which indicate its use are the character disorder, the severely damaged personality and the client in crisis. The main techniques which are used to implement authority, with varying results, were found to be limit setting and advice giving. Several safeguards and conditions which were stressed as essential for the therapeutic use of authority are - the worker's freedom from the need to be authoritarian and from unresolved conflicts about authority; proper diagnosis; and differential use of casework principles, particularly self determination. The variables which affect
the worker's use of authority, as revealed in the literature, are the degree of client disturbance, the level of training of the worker, and the policy of the agency. However, as stated, the question of worker variables was not fully answered in the literature, and particular aspects were identified which necessitate further research.

It can be generally concluded that caseworkers are using authority more comfortably in the correctional agency than the investigator initially assumed. However, it cannot be similarly deduced from the literature surveyed that, as yet, authority is being used confidently in the family agency.
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