

#### BACKGROUND

Psychiatric social work during the early period (1910s-20s) of social work development in America:

- **Changes in Psychiatry – an “epistemological transformation”**
  - Margin (the insane) → Center (the general population)
  - Moralistic → Medical → Medical + Social
- **Emergence of the Social Work Profession**
  - Seeking “scientific basis” for the establishment of its professional credibility
- **Mary C. Jarrett**
  - Founder of psychiatric social work
  - Established the training courses → Smith College School of Social Work



Jarrett in her office, facing forward. 1916.  
Creator: Taylor, H.W. (Cambridge, Mass.)

#### METHODOLOGY

##### A Historical Study

- **Reviewed academic articles from (81+12+10):**
  - *Mental Hygiene* (1917-1922)
  - *Proceedings of the National Conference of Social Work* (1917-1922)
  - Mary C. Jarrett's academic articles (1910s-20s)
- **Method of extracting contents:**
  - Round 1: extracted all contents relevant to the topic
  - Round 2: organized contents according to six broad categories
  - Round 3: under each category, hand-coded contents and grouped them into thematic clusters

Year	Author	Title	Relevant Points	Comments	Rating
1917	Campbell, C. M.	The Subnormal Child - A Survey of the School Population in the Locust Point District of Baltimore	Children brought to a psychiatric dispensary for treatment - two kinds: <i>neurotic children</i> ; <i>subnormal children</i> - Social workers' roles: 1) for neurotic children - detailed study of the individual child and of the home environment; readjustment of home hygiene; change adverse "force of habit" to avoid neglect of medical advice - the study and readjustment of the individual patient and the home environment. 2) for subnormal children (those with mental defect) - personal and home hygiene intervention must be supplemented by a school training adapted to his special needs, need cooperation of the community (to avoid these children becoming "bad stock" in the community that bring adverse effects to normal children/adults) - not really too specific to what social worker does.	only tiny points on social workers' role for neurotic children	**
1917		Editorial (April) (p.157)	"Every social worker feels the need of identifying his particular task with the widest range of human interests. He is quite willing to do his job intensively and with all his might but at the same time he likes to see that it has some direct and important relation to the great currents of human thought and of human action. If he does not see such a relation, he may find his interest in his particular job submerged in his longing for a more direct connection with those larger things in which he has not the zest of seeing and feeling himself a participant." (p.157) - mental hygiene: an intensive field little understood - need intensive study and intensive treatment. - those who devote themselves to intensive study and intensive work in mental hygiene may well feel...that there is the opportunity to make a vital contribution to the most fundamental currents of human thought and human activity" - one underlying question: the relative importance to be attached to inherited traits and to personal development from internal factors - to the prevailing force of environmental factors, above all, that of the community life - in both research and action - mental hygiene worker is in a position to make a vital contribution to this process - accurate knowledge of unusual human phenomena -> throw	highlighted why it is fundamental for social workers to get involved in the field of mental hygiene	***
1917	Fernald, W. E.	Standardized Fields of Inquiry for Clinical Studies of Borderline Defectives	social worker - participate in the 10 Fields of Inquiry for diagnosing borderline cases - for the family and personal history "past and the social history and reactions," economic efficiency, and "moral reactions." - the 10 Fields of Inquiry as a point of departure for further lines of intensive examination of processes which seem abnormal social workers (together with other professionals such as teachers, court officials) also play of role of referral - to clinics for diagnosis, prognosis and suggestions for training and education	emphasis on assessment/diagnosis and kinds of information social workers gather the 10 Fields of Inquiry: 1) physical examination; 2) family history; 3) personal and developmental history; 4) school progress; 5) examination in school work; 6) practical knowledge and general information; 7) social history and reactions; 8) economic efficiency; 9) moral reactions; 10) mental and educational starting point: recognizing the conditions of human inequality even in democracy - advocate for better measure that taking into account innate tendencies and early environmental influences in terms of human freedom and success - emphasis on better suited educational treatments to the needs of the individual - classification of children according to their major characteristics of	**
1917	Yeates, R. M.	How may we discover the children who need special care	social worker as part of "a staff of well trained and experienced experts" (p.256) - including physician, psychologist, educator, and social work - organized to study the entire school population of some city, county, or state, by means of the best methods of physical and mental measurement available		**
1917	MacDonald, J. B.	Community value of the outpatient department of the hospital for the insane	In 1914, the State Board of Insanity voted to stimulate each hospital to "reach out... into the community and be responsible for the mental health of the community or district which it covers" - all the hospitals were urged to add to their staff after-care or social service workers who could assist in the work of the clinics - it was planned that the after-care or social worker should get in touch with the new patients when they first came to the clinics, should see the discharged cases or look them up if they did not report, and as often as possible interview members of the families of patients in the hospitals who should come to the clinics but who could not conveniently come to the hospitals. - for the prevention of mental disease in the state and the return of many who had been discharged; also, not only for medication and treatment, but also for education and for the interpretation of the function of the state hospitals.	inpatient services in mental hygiene & social workers' roles in practice	***
1917	Saady, W. C.	Care and treatment of the insane in the county institutions of Pennsylvania	"A most important phase of the care and treatment of the insane, not only to the individual patient but also to the public at large, is the prevention and after-care work. To carry on this activity, a field for social workers is required, whose duty it is to visit and advise paroled patients, and assist them in getting work, in visiting home surroundings and endeavor to devise arrangements so that patients otherwise suitable may be paroled, ascertain facts from the relatives that may be needed in determining the diagnosis and course of treatment to be instituted in obscure cases, and such other information as may be needed by the medical staff." (p.282)	institutional care - social workers' role	***

(Round One)

#### HIGHLIGHTS IN PRELIMINARY RESULTS

- **Social Workers had a wide range of functions in mental hygiene practice**
  - Social examination
  - Assisting treatment
  - Family involvement, prevention, education
  - After-care
  - Comprehensive community supportive services
  - Public prevention & education
  - Research and advocacy
  - .....
- **Collaborations between social workers and other professionals, and between hospital and community were crucial:**
  - “Natural go-between” or “great intermediate” professional
  - Practices outside the hospital wall – borderline cases, prevention, public education
  - Controversy: “trained aides to experts” OR unique expertise addressing the limits of psychiatry?

#### Psychiatric Point of View:

- Individuality, personality, mental quality as fundamental to all social work practices
- Individuality in terms of (mal)adjustment – person-in-environment
- Psychiatry as the scientific study of behavior – objective, observable
- PSW as a fundamentally different way of viewing social work, as a profession

#### Trainings and Research as Strategies of Professionalization:

- From trainings in PSW → Smith College of Social Work
- Research as the standardization of practical experience
- Research – a habit of thinking and acting – measurability & consistency

What are the **roles and concerns** of social workers when they are **simultaneously:**

- **Negotiating a space for practice in the interprofessional field of mental health**
- **Establishing a professional identity for public recognition**

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#### IMPLICATIONS

- ❖ **“Psychiatric Point of View” as a Double-Edged Sword:**
  - ❑ “Scientific basis” for social work → professional status
  - ❑ Over-emphasis on the individual personality and readjustment → the professional move towards psychotherapy and private practice (away from structural-level interventions)
- ❖ **Social Work Research, Who and How?**
  - ❑ Experienced social workers
- ❑ Accumulation, organization, and standardization of practical experiences
- ❖ **Localization, or Situated Knowledge?**