CHAPTER I
BEGINNINGS

THOUGH the social worker has won a degree of recognition as being engaged in an occupation useful to the community, he is handicapped by the fact that his public is not alive to the difference between going through the motions of doing things and actually getting them done. “Doing good” was the old phrase for social service. It begged the question, as do also the newer terms, “social service” and “social work”—unless society is really served. We should welcome, therefore, the evident desire of social workers to abandon claims to respect based upon good intentions alone; we should meet halfway their earnest endeavors to subject the processes of their task to critical analysis; and should encourage them to measure their work by the best standards supplied by experience—standards which, imperfect now, are being advanced to a point where they can be called professional.

The social workers of the United States form a large occupational group. A majority of them are engaged in case work\(^1\)—in work, that is, which has for its immediate aim the betterment of individuals or families, one by one, as distinguished from their betterment in the mass. Mass betterment and individual betterment are interdependent, however, social reform and social case work of necessity progressing together. This fundamental truth will appear repeatedly as the present discussion of social diagnosis advances.

\(^{1}\)Thus, a study made of the social workers in New York City, which does not include those in public departments or public institutions, shows that the private agencies of New York were employing in salaried positions 3,068 social workers in 1915. Of this number, 501 were engaged in “community movements—research and propaganda.” The city is headquarters for a large majority of the national social reform movements, which fact accounts for the size of this second figure; in any other city it would be a smaller proportion of the total. All the other social workers counted were dealing with individuals, but some of these—in settlements and recreational activities, for example—were giving an unknown proportion of their time to dealing with individuals in groups. Deducting these also, therefore, approximately 2,200, the number remaining, were in social agencies doing case work. See Devine, Edward T., and Van Kleeck, Mary: Positions in Social Work. Pamphlet of the New York School of Philanthropy, 1916.
SOCIAL DIAGNOSIS

Since social case work is too large a subject to be covered in one volume, its initial process alone will be the subject of this book.

When a human being, whatever his economic status, develops some marked form of social difficulty and social need, what do we have to know about him and about his difficulty (or more often difficulties) before we can arrive at a way of meeting his need? The problem may be one of childhood or old age, of sickness, of exploitation, or of wasted opportunity, but in so far as it concerns some one individual in his social relationships it is not alien to social work as here understood. The effort to get the essential facts bearing upon a man's social difficulties has commonly been called "an investigation," but the term here adopted as a substitute—social diagnosis—has the advantage that from the first step it fixes the mind of the case worker upon the end in view. The primary purpose of the writer, in attempting an examination of the initial process of social case work, is to make some advance toward a professional standard. The volume, then, is addressed first to social workers.

But another audience has been kept in view in its preparation. Much of the process herein described is undoubtedly applicable, with modification, to human situations which do not come within the purview of social work as now organized. The special field of social diagnosis lies in social case work. It is destined in addition to become an adjunct in the fields of medicine, education, juris-

1 The word social has many meanings. Its use throughout this book assumes that wherever there are two individuals instead of one, human association or society begins. As relations among human beings become groupal, they continue to be social even in groups too large for personal contact, provided the groupal relation continues to influence the minds of the units which compose the group. The more or less arbitrary groupings of human beings in which no such influence is apparent (into dependents or delinquents, for example) are often described as social too, but they do not here concern us. When Dr. James J. Putnam said, in the passage which is one of the motives of this volume, "It is in each man's social relations that his mental history is mainly written, and it is in his social relations likewise that the causes of the disorders that threaten his happiness and his effectiveness and the means for securing his recovery are to be mainly sought," he was writing of the patients of a neurologist; but we may safely assume that he was thinking not only of the intimate personal relationships of these patients, but of their occupations, recreations, and total of social contacts. For there is a very real sense in which the mind of man is the sum of these contacts. Consideration of the bearing of this concept upon our subject is reserved for the end of Part II. (See Chapter XIX, The Underlying Philosophy.)

2 See the definitions of Chapter III, and the much fuller discussion of Chapter XVIII, Comparison and Interpretation.
BEGINNINGS

prudence, and industry. While knowledge from these fields is being applied to social case work, the latter has developed methods that will be useful in return.

In this new discipline, as in each of the others, discoveries that were made with pain and difficulty by the pioneers of one generation have become commonplaces of our thinking in the next. There is a half century of hard social endeavor between Edward Denison's despairing exclamation—"Every shilling I give away does fourpence worth of good by helping to keep their [his beneficiaries'] miserable bodies alive, and eightpence worth of harm by helping to destroy their miserable souls"—and the request made by a physician in an American city a few years ago. This physician, who had seen in his hospital practice the excellent service given by the trained social workers of the hospital in unravelling the social complications of its patients, asked their leader to let him engage one of them to render like service to a private patient of his—a patient abundantly able to pay, and unlikely to be benefited medically without social treatment. The social service department of the hospital was unable to spare a worker from its staff, but recommended one with the requisite qualifications from the staff of a relief society.

The point to be noted is that the skilful methods which made this undertaking possible had been built up laboriously by those who had shared Denison's questionings and later by several case work groups which struggled forward independently. Important contributions have been made to social diagnosis by at least three of these groups—those identified with the charity organization, the children's court, and the medical-social movements. In the first of these movements interest in diagnosis shows two divergent impulses—one toward emphasis upon economic status to the exclusion of other equally important aspects of human affairs; the other toward a broader conception, which led its advocates from the very beginning—though without training and with few resources—to take the whole man into consideration. In the children's court movement some of the methods of experimental psychology have

been adapted to the needs of social inquiry. The medical-social movement is modifying in a striking way both medical and social practice.

I. THE ECONOMIC AND THE MORE COMPREHENSIVE APPROACH

1. The Forerunners. In some ways it was unfortunate that the first attempts to introduce investigation into the charitable treatment of dependency (for it was in this field that social diagnosis had its beginnings) were made by social reformers who were primarily economists, or who took their cue from the economists. This came about from the fact that the beginnings of social diagnosis were in England, where, after the rise of sentimentality interrupted by spasms of severity which had passed for statesmanship in the treatment of distress from the time of Elizabeth, charitable reforms attempted in the first quarter of the nineteenth century gave rise to the phrase "a thorough investigation." Thomas Chalmers used it in Glasgow as early as 1823 in connection with his parish work, and later it was used by the systematizers of German poor relief at Elberfeld. On the other hand, the Poor Law reformers of 1834 turned their backs upon the idea, counting upon

1 See Charles R. Henderson's edition of The Christian and Civic Economy of Large Towns by Thomas Chalmers, p. 261, for a passage on individual inquiry. The reformers of poor relief in Elberfeld, Germany, in 1852, quoted Chalmers, but neither then nor later does his fine spirit seem to have been made manifest to them. At least, in an undated pamphlet which bears internal evidence of belonging to the early '70's, Andrew Doyle, an English Poor Law inspector, could introduce a description of the methods of inquiry in use in Elberfeld—methods which he admired—in these terms:

"It was assumed by the framers of the English Poor Law, and is still assumed by those who continue to take any interest in administering it upon the principle upon which it was founded, that no real test of destitution can be devised except the test of the workhouse. As the application of that test is as yet no part of the Elberfeld system, it will be asked—what is the substitute for it?

"In the first place the applicant for relief is subjected to an examination so close and searching, so absolutely inquisitorial, that no man who could possibly escape from it would submit to it. He is not one of several hundreds who can tell his own story to an overworked relieving officer, but one of a very few, never exceeding four—frequently the single applicant—who is bound by law to answer every one of that long string of questions that his interrogrator is bound by law to put to him. One of the peculiar merits claimed, and I believe rightly claimed, for this system is that before a man can obtain relief it must be shown that he cannot exist without it."—

The Poor Law System of Elberfeld, p. xv.

Doyle gives a long list of minute questions which each applicant must answer. All of these have a direct relation to economic status with the exception of "religious profession," "the state of health of each member of his family," and "whether or not the children are sent to school."
willingness to enter the workhouse as a test of destitution and upon
the workhouse itself as a deterrent that would render individualized
inquiry unnecessary. Often the advocates of inquiry in those
earlier days had nothing but the economic aspects of a given human
situation in mind, and, when called upon to explain their phrase,
“a thorough investigation,” emphasized no resources save those of
income, no obligations save those that were liabilities of relatives
for support or repayment. The treatment they contemplated,
therefore, looked to the repression of unnecessary demands upon
public bounty rather than to the release of energy, the regenerating
of character, or the multiplication of health opportunities, opportu-
nities for training, and the like.

No general statement such as this can be entirely fair. Chalmers
himself was a man of genius and vision who saw the need of liberat-
ing the powers of self-help and mutual help within the people
themselves, and who realized the part that personal service might
play in this task. But he had not then at hand most of the materials
out of which modern social diagnosis and social treatment are now
in process of being built. For every one thing that could then be
done about a man’s attitude toward his life and his social relations,
about his health, housing, work, and recreation, there are now a
dozen things to do. The power to analyze a human situation
closely, as distinguished from the old method of falling back upon
a few general classifications, grows with the consciousness of power
to get things done.

2. Charity Organization Beginnings. The London Charity
Organization Society, heir to Chalmers’ ideas and student of the
Elberfeld system, included in its membership from the beginning
a small group of social reformers who, while impressed with the
necessity for regulating relief-giving, especially concerned them-
selves with efforts to place distressed people above the need of
relief and, in doing this, to study and release their latent possi-
bilities. As early as 1869, the year in which the London society
was founded, Miss Octavia Hill had given, before the Social Science
Association, the first description that we have been able to find
of inquiry with social reinstatement as its motive and aim. It is
the first passage in which the human being himself, in his social as
distinguished from his economic environment, seems to emerge:
SOCIAL DIAGNOSIS

By knowledge of character more is meant than whether a man is a drunkard or a woman is dishonest; it means knowledge of the passions, hopes, and history of people; where the temptation will touch them, what is the little scheme they have made of their lives, or would make, if they had encouragement; what training long past phases of their lives may have afforded; how to move, touch, teach them. Our memories and our hopes are more truly factors of our lives than we often remember.¹

From that day to this the struggle in the charity organization movement between what may be termed the comprehensive method of inquiry and of treatment and the exclusively economic one has gone on. Conditions in this country made it possible for Miss Hill's ideas to bear fruit here more promptly than in England. Her essays made a profound impression. In New York, the State Charities Aid Association reprinted Homes of the London Poor in 1875, while in Boston the system of "volunteer visiting" owed its impulse in large part to her writings. So lasting is the impress of beginnings that even today it is possible to recognize signs of Miss Hill's influence and of the spirit of her 1869 statement in the current case records of certain of the American charity organization societies.

In a number of the American societies, however, the economic program of inquiry was for a long time the more usual one. Some of the earlier documents actually describe investigation as repressive.² In fact, no one can understand the diversity in the charity organization societies of today who does not realize that in this country the early movement had several independent beginnings, and that, in one of these, Miss Hill's work in London and her occasional essays were the shaping influence, while in some of the others inquiry and treatment centered around questions of relief or no relief.

3. First Attempts to Establish Standards. It is to the credit of the societies identified with the broadest of these initial impulses that they have been dissatisfied with their own work. Although they have failed again and again to make their inquiries into individual situations skilful and effective, they have been aware of

¹ Life of Octavia Hill, C. E. Maurice, p. 238.
² See especially S. Humphreys Gurteen's Handbook of Charity Organization, published by the author in Buffalo in 1882. While in some passages another note is struck, on p. 146 he expressly refers to investigation as repressive. Some American leaders of the movement were doing the same as late as 1904.
such shortcomings and have applied themselves to achieving a greater measure of success. Both in England and here they have attempted to formulate experience. The American leaders have protested, moreover, in no uncertain terms against regarding investigation as an end in itself, without reference to the use to which the information obtained may be put. This was notably true of Mrs. Josephine Shaw Lowell, founder of the New York society, who wrote:

We had in New York, in the hard times of 1893 and 1894, a most painful experience in this regard. The very word "investigation" seemed then to have been made a sort of shibboleth by the newspapers, and in too many cases, by the ministers also. To every remonstrance against methods of relief-giving which were injurious to the character of those who were supposed to be helped by them, and cruel in their entire disregard of their comfort, happiness, and moral and physical well-being, it seemed to be considered a sufficient answer to say: "All the cases have been thoroughly investigated," and it was evidently thought that this answer ought to be entirely satisfactory to charity organizationists, even though the investigations were made, not for the purpose of furnishing guidance and knowledge for a long course of "treatment" by which weak wills might be strengthened, bad habits be cured, and independence developed, but in order that a ticket might be given by means of which, after a long, weary waiting in the street in the midst of a crowd of miserable people, whose poverty and beggary were published to every passerby, some old clothes or some groceries might be got.²

The year before this was written (1897), Edward T. Devine, secretary of the New York society, made a strong plea for improvement in the personnel of the investigators, for their training, and for a clearer definition of the end which investigation has in view. In the following year he organized the summer course of training which was to develop later into the New York School of Philanthropy, the first of the training schools for social workers established in this country. The opening of these schools gave a strong impetus to developments already under way in social agencies. It became more apparent than ever, for example, that investigation was not merely a notion of the charity organization societies, that

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1 See, for example, the early English statement of C. J. Ribton-Turner: Suggestions for Systematic Inquiry, 1872; and "How to Take Down a Case" in the 1896 Occasional Papers of the London Charity Organization Society. The Boston Associated Charities has given us Miss M. L. Birtwell's all too brief "Investigation" (Charities Review, January, 1895, pp. 129-137).
2 See "The Evils of Investigation and Relief" in Charities, June, 1898.
3 Under the directorship of Philip W. Ayres.
SOCIAL DIAGNOSIS

this process was essential wherever the reinstatement of a human being was to be attempted. On the other hand, practical instruction in social diagnosis and treatment was made possible for the school students by the case work opportunities (analogous to the "bedside opportunities" in medical instruction) offered to them from the beginning by the charity organization societies and later by other agencies. Case work cannot be mastered from books or from class room instruction alone, though both have their place in its mastery.

If social case work is indebted to the schools and the social agencies jointly for their encouragement of a technique in common, it must look to social reform to make possible a technique that is varied and flexible. New methods of social treatment have been developed by the charity organization campaigns for better housing and for the prevention of tuberculosis; by the long struggle of another group of social reformers to secure diagnosis and care of the feeble-minded; by child labor reform, by industrial legislation, by the recreation movement, the mental hygiene movement, and a host of other social reforms. The significance of these reforms here is that, after they had achieved a measure of success, case work treatment had at its command more varied resources, adaptable to individual situations, and that therefore the diagnosis of those situations assumed fresh importance.

Summing up the main facts of the relation of charity organization to social diagnosis, it may be said, First, that the movement developed and fought for the beginnings of this process. Second, that some of its earliest leaders had grasped the idea of the sympathetic study of the individual in his social environment. Third, that this conception, imperfectly realized, was often thrust aside by belief in the commanding importance of economic data. Fourth, that progress in diagnosis necessarily awaited the development of varied methods of treatment, there being at first no accepted program of treatment other than the giving or withholding of relief. Fifth, that the promotion of preventive measures which made varied treatment possible, notably of those looking to the better

1 Here and there individuals and agencies had broader conceptions of what could be done, but in the earlier days these were carried out with difficulty against the main current of charitable activity, which ran strongly toward dole-giving.
housing and health of the people, became an important part of charity organization work.

II. THE APPROACH BY WAY OF CHILD STUDY

Movements more or less independent in origin may act and react upon one another in such a way as to make it difficult to unravel their beginnings. The idea of juvenile probation, for example, goes back to the '60's. The Boston Children's Aid Society and later (1869) a state visiting agency which was established in Massachusetts interested themselves in probation. In addition, the Boston Municipal Court began to hold separate hearings of children's cases. It was not until 1899, however, when representatives of the women's clubs, the children's agencies, and the social settlements in Chicago were able to secure the passage of a juvenile court law, combining the ideas of probation, separate hearings, and the specialized judge, that the first juvenile court was organized.

The contribution of the children's court movement to social diagnosis deserves more than passing mention. It drew upon the family agencies, and upon the children's agencies even more largely, for its technique; but it developed a point of view of its own, as is shown by the following passage in which Judge Harvey H. Baker of the Boston Juvenile Court describes the duty of the judge:

In determining the disposition to be made of the case the procedure of the physician is very closely followed. The probation officer investigates the case and reports to the judge all available information about the family and other features of the environment of the boy, the boy's personal history at home, in school, at work, and on the street, and the circumstances attending the particular outbreak which got him into court. The boy himself is scrutinized for indications of feeble-mindedness or physical defects, such as poor eyesight, deafness, adenoids. The judge and probation officer consider together, like a physician and his junior, whether the outbreak which resulted in the arrest of the child was largely accidental, or whether it is habitual or likely to be so; whether it is due chiefly to some inherent physical or moral defect of the child, or whether some feature of his environment is an important factor; and then they address themselves to the question of how permanently to prevent the recurrence.1

Two years before this was written, the judge of the Chicago Juvenile Court had begun to urge the importance of procuring, in

1 The Survey, February 5, 1910, p. 649.
addition to family histories, thorough physical and mental examinations for all court children.¹ This court was the first social agency to utilize to the full applied psychology—a source of insight the use of which had been developed in the psychological clinic only a few years before the Chicago court was organized.² A Psychopathic Institute was organized in connection with the court in 1909.

This institute has been from the first under the direction of Dr. William Healy, whose three books—The Individual Delinquent, Pathological Lying, and Honesty—embody the results of his institute studies of juvenile court children. Social case workers read these books with more interest than they do any others relating to child study. Although The Individual Delinquent is “a text-book of diagnosis and prognosis for all concerned in understanding offenders,” its discussion of method contained in the first third of the book makes it a text-book for all engaged in the study of human beings. In his simpler statement, Honesty, intended for teachers and parents, Dr. Healy holds a similar point of view regarding the influences to be brought to bear upon character to that developed nearly fifty years before from a different angle and with a different equipment by Miss Octavia Hill. He believes that stealing is usually a symptom, not a disease, and that the physical, mental, and social facts behind that symptom must be grasped and interpreted if we are to effect a cure.

III. THE MEDICAL APPROACH

In the earlier days of the charity organization movement in this country, physicians used to appeal to the societies to advocate the adoption of some form of inquiry by hospitals and dispensaries to prevent the fraudulent use of free medical charities by those who could afford to pay. This is another instance of that inadequate conception, already mentioned, of a problem which presents aspects

¹ See Judge Julian W. Mack’s address in Proceedings of National Conference of Charities and Correction for 1908 (Richmond, Va.), p. 374.

² As early as 1866 Lightner Witmer of the University of Pennsylvania had opened such a clinic and had begun to receive children for examination from schools and children’s agencies; later he did examining also for the juvenile court. The examinations as now made at the University of Pennsylvania’s clinic are physical and social as well as mental. Ten years later (1906) Henry H. Goddard began his work for the feeble-minded at Vineland, N. J., and developed the use of the Binet-Simon measuring scale.
of greater significance for social treatment than the exclusively economic.

Doctors and charity organization workers co-operated to better purpose when the New York Charity Organization Society began in 1902, through a special committee on tuberculosis, its first campaign for the prevention of disease. Other movements for improving public health soon followed, some initiated by the medical profession and some by social workers. Although each one of these has influenced social diagnosis, the most direct influence exerted upon this process by the medical profession comes from the medical-social service movement.

Medical-social service owes its origin to Dr. Richard C. Cabot, who in 1905 organized the first social service department in the out-patient department of the Massachusetts General Hospital. It was "conceived by a physician who, in seeking the improvement of dispensary practice, found in the social worker a potent means for more accurate diagnosis and more effective treatment." What Dr. Cabot had in mind in bringing trained social workers into the dispensary and later into its separate clinics was not a mixture of medical and social work but their chemical union. The fuller development of this idea in recent years is best described in his own words:

In our own case work in the social service department of the Massachusetts General Hospital we are accustomed to sum up our cases in monthly reports from the case records by asking about each case four questions: What is the physical state of this patient? What is the mental state of this patient? What is his physical environment? What is his mental and spiritual environment? The doctor is apt to know a good deal about the first of those four things, the physical state, and a little about the second, the mental, but about the other two almost nothing. The expert social worker comes with those four points in mind to every case. It is of interest to notice that this fourfold knowledge is not the goal of the social worker merely; it is the goal of every intelligent human being who wants to understand another human being. Suppose a man was about to be married to a member of your family and you wanted to know whether he deserved this great promotion. You would want to know just those four things the social worker needs to know: ... (a) his physical condition, (b) his character, (c) the physical condition under which he has been brought up and lives, and (d) the mental and spiritual influences under which he has grown up and now lives. It would be the same if you were studying candidates for a paying teller’s position, for a governor’s position.

1 From Social Work in Hospitals, by Ida M. Cannon, p. 15 sq.
SOCIAL DIAGNOSIS

for the headship of a college, or for president of the United States. Social work, as I see it, takes no special point of view; it takes the total human point of view, and that is just what it has to teach doctors who by reason of their training are disposed to take a much narrower point of view. They can safely and profitably continue that narrow outlook only in case they have a social worker at their elbow, as they should have, to help them. Each of us has his proper field, but we should not work separately, for the human beings who are our charges cannot be cut in two.¹

The half of the senior class of medical students at Harvard who take their clinical work at the Massachusetts General Hospital also take a course there in medical-social work under its chief of social service, and some of the medical colleges in other cities give similar instruction. Even more directly related to our subject is the systematic instruction in medical matters which this Boston medical-social department now gives to non-medical social workers. Indeed, the medical-social movement has had a marked influence upon the daily work of other social agencies by giving them a clearer notion of the bearing of health upon the social welfare of the individual.

All of these streams of experience—the judicial, the psychological, and the medical—are modifying social case work profoundly, and as indicated earlier are being modified by it in turn. A tendency to drift away from effective standards is sometimes noticeable, however, in the social work connected with court or clinic. The explanation of this lies in the fact that long established professions cast a long shadow. They have their traditions, their routine of procedure, their terminology, their sense of professional solidarity. Social work has few of these things. When, therefore, the doctor or judge receives social workers as an adjunct to his clinic or court, he may have but a dim idea of the distinctive contribution of authenticated and interpreted social fact which they should bring to his professional work. In this case, he tends to fit them into the traditions of his own calling, and to ignore the characteristics of theirs. The judge has been known to use them for detective work; the physician, accustomed to implicit obedience from nurses, may use them for errands to patients or for semi-clerical service. One unfortunate result, apart from the waste of opportunity, is that if any social observations are

¹ Proceedings of the National Conference of Charities and Correction for 1915 (Baltimore), p. 220 sq.
possible and if any social statements are taken, they are accepted at their face value by professional men who are accustomed in their own field to apply rigid tests, but who fail to recognize the need or the possibility of testing social evidence. The nature of social evidence and the tests which social experience and the principles of reasoning should enable us to apply to it will be the theme of the next four chapters.