

CASE NOTES

In this issue, in Case Notes, there is a report of the seminar held to honour the work of Miss Joyce Grant, Senior Psychiatric Social Worker, Royal Children's Hospital, Melbourne, Australia. The seminar was held on the occasion of Miss Grant's retirement in October, 1983. The seminar was chaired by Ms. Valerie McLaine, Social Worker, Royal Children's Hospital.

This report includes Miss Grant's valedictory address, and the papers presented by Professor Isabel Stamm and Margarita Frederico. The Director of Child Psychiatry, Dr. Winston Rickards, paid tribute to Miss Grant and her tremendous influence on the development of the Department of Child Psychiatry and the development of knowledge and practice in her work with

children and families.

In her introductory remarks, Valerie McLaine mentioned that Joyce Grant had been President of the Australian Association of Social Workers (Vic.) and was a founding member of the Association. She worked actively on the Education Committee and had input to a number of enquiries regarding child welfare. Miss Grant is currently looking at services for disturbed children. In 1974, at the International Association of Child Psychiatry and Allied Professions Conference, Miss Grant delivered a paper entitled 'Vulnerability and Incest'. Ms. McLaine commented that the paper was ahead of its time in its understanding of the issues involved in sexual abuse.

JOYCE GRANT

VALEDICTORY ADDRESS

It's on occasions like this that I think one tends to ask oneself simple or sometimes complex questions, so today I just wanted to ask myself two questions and hope that you would bear with me if I tried to tease out some of the answers.

The questions I had in mind were, 'How is it that I have come to this point?' And I guess what I really mean there is 'What are some of the aspects behind career choice, an individual's particular career choice?' That's my first question.

The second one I'm asking myself is, 'Would I have wished it otherwise, if so, how?' So, if you will bear with me, I would like to think aloud a little on some aspects of this.

I think that in those early days of social work we were struggling with many of the issues that we're still struggling with now, but there were several things that came to my mind very quickly, and I just wanted to mention them. First of all, we worked so hard as earnest and dedicated young people in the field to really establish an identity. But we did fight for that identity.

Another issue that I think was important in those days was we spoke of 'trained social workers' and 'untrained social workers', expressions one never hears today, and I think it was important because today we assume a social worker has got particular training and particular standards, but may well be working beside other people who too have varying sorts of trainings, and so it is, I think, a more profitable type of partnership. Even talking to the volunteers and today most volunteers have had some orientation training and some supervision, so that's a big change.

But I think one of the biggest areas is my own joy and enthusiasm and pleasure that somehow I was part of the beginnings, not the beginnings, but near the beginnings of a new profession because I think we did really, we may have taken ourselves rather too seriously, but we did try very very hard to look at knowledge base, particular professional values, and we watched very jealously the fact that our colleagues measured up and didn't let down the profession, and it was a very important thing, and I'd like to mention something of that later.

Well now, to come back to career choice, what are some of the factors? I guess it is one's own idiosyncrasies, whether they be strengths or failings, it is the family and background and influence we have grown up in, it is the people we meet in our private life or professional life, it is those so-called chance events, whether they are really chance or part of a big plan is a philosophical issue I won't get into, but somehow all these things affect some of these aspects of career choice. And last of all, but most importantly, is the times in which we live. And when I thought about this, I realised how long ago I was thinking, because as a very young adolescent, when my parents said to me, 'What do you want to do when you leave school?' I, like any adolescent, looked around for models, and there, close by, was my mother, a very practical, competent person, who cooked extremely well, who was very skilful with the needle, who loved the garden and cared for it, who ran a house supremely well, who always had a great store of knowledge in how to deal with all sorts of crises and all sorts of practical issues, and most of all was a loving wife and a very caring mother, so it was strange in these days, because my answer was, 'Well, I'd like to stay home for a

while and learn better the skills that I didn't feel I had', and my mother said to me a little sadly and a little apologetically, 'You can't do that, only children can't stay home, they've got to get out into the world'. And I think this was something that becomes important later. There is a wisdom in many families. We often see the families that don't function so well, but it is the strength and wisdom within families with which we all try to work.

So where do you look for the next model? Well, I had a father who loved books, who collected books, the sort of father who bought poetry books for his daughter before his wife was pregnant, because everyone must like books, and so the obvious choice was to be a librarian. Not just a librarian who worked in the back of a big, musty library, but a child librarian where there was all the excitement of the things, the projects from the library, and if you combine that with teaching, it's a very exciting world. And so it seemed that my career choice had been made. And I won't go into the details of that, it all to me is part of my answer, but I remember, and I'd just like to tell you about one little girl whose name was Maud. Maud was a very stubborn, determined little girl, who did not want to learn, and no way was she going to learn, and the only thing that she liked was horses. And so, one meets one's challenge. If you want to know more about horses, then you need at least to be able to read to learn all about Black Beauty and all those other modern stories. And so reading's all right. If you want to learn about the horses that range the plains of South America, well then you unexpectedly get a bit of geography with the horses. If you want to learn about the horses in the Middle Ages and the knights, you accidentally learn a little history. If you want to learn about someone who didn't like horses but liked elephants, such as Hannibal, you do learn a little bit about this. And so I guess I learned before I became a social worker one of the basic dictums of social work, 'Start where the client is'.

I then, having done the practical work and some of the academic work, it naturally led on to the University to complete the business of becoming a librarian, but slightly to my surprise I came out of the University a social worker.

Then the chance events. The first job I was offered was as a librarian social worker! I have never heard of such a position before, I have never heard of it since. But I assure you, it was a very rewarding career choice, and if you can imagine the satisfactions that a young person could get in working in a youth centre, and bringing the joy and excitement of books to children from deprived homes in the Carlton, Fitzroy and Collingwood area, the joys of storytelling groups, of story-writing groups, of debating groups and what have you and also, linked with that, being involved in the activities for pre-school children from deprived homes, because in

those days we had our kindergartens, but there were very little in the way of play groups. And then there were the activities for the after school children, which we were later to know so well as the 'latch-key children'. And then of course there were the activities for the adolescents.

So half of me functioned that way. The other half functioned in another equally interesting way, of working directly with adolescents in that area, adolescents struggling with their identity, with family problems, and with many many difficulties. It was an interesting and exciting time, but in all careers I think one can never stand still, one has to move on, one has to make choices, and ultimately I had to decide, and a social worker I became.

Then, but what sort of a social worker? There are so many interesting fields. I think with excitement of being offered a job, which would have been the first municipal social worker in Melbourne. And now I think how easily we accept, if we want to get in touch with anyone in an area, we get in touch with the municipal social worker. How big, how much things have grown. I struggled with it, but somehow direct work, case-work as we so carefully called it then, seemed the most rewarding. And then we entered the field of family work, and it is a field that was, and is, I think believed so rewarding and to have the opportunity of joining, even as a junior staff member, in a family agency, with the constant challenge of starting the day perhaps with a child abuse case, moving on to marriage counselling, moving on to finding the right setting

for granny, moving on to working out the new job opportunities for someone who is handicapped, working out foster care, joining the committee with other colleagues and working out recommendations for legislation, working out what programme one was going to plan for the student that's coming next week, working out what one was going to say to a group in the country. I guess one was, a Jack of all trades and not, perhaps, a master of too many. But it was exciting and I think it is, in fact, I believed it then and I believe it now, the absolute training ground for so many social workers.

I guess what happened then, one had made one's career choice, well I guess from there one moved next to a bigger agency with a bigger staff, more administration, challenges, more staff supervision challenges, and to a wider field, an agency that was, in fact, international, and I'm thinking of Red Cross. And it also brought one into touch with many of the more physical difficulties of some of the people and also some of the emotional areas, and again one meets with people and one can't find the answers, and they are just very briefly described, meeting with the family of Mrs. G., who no matter what I did, with all the most skilled casework I could, she went from crisis to crisis, tragedy to tragedy, and still kept producing more and more damaged children, and when it reached the point that one day she tried hard to give me a set of underwear that her husband had just given her, I thought 'I'm getting in over my head and I need more skill' and somehow that and other things automatically led

to looking for greater skills, greater understandings, and this led to psychiatric social work and the need to go overseas to learn more, because all the skilled casework one could do and all the areas of knowing community facilities didn't give one all the answers, maybe they never would, as you say Isabel, but one always hoped.

I cannot possibly in the time left mention all the things I would like to, but I've tried to give some detail of how I felt, it was step by step, leading to where I am today. I did come here, I came back with a clear vision in my mind that family work was what I wanted, that in the community is where all the action is. I had thought of working in a hospital, and put that aside, a hospital really was not for me, that setting, how one eats one's words, as our director often says, 'Dissipate the stereotype and work in a hospital'. I succeeded in doing that. Hospitals are where the action can be. I came here for two years to consolidate clinical skills in psychiatry so that one could take it back into the family agencies where I felt so much we needed more insights.

And sometimes people have said to me, 'Are you still at the Children's?' as almost as if one has got oneself into a nice quiet little rut. It never was a quiet little rut! And I think, after having been here two years, and finding a lot of rewards, I was ready then to move on as I had planned. And then something very dramatic happened. Someone called Dr. Winston Rickards came into this department, and so much so dramatically changed, from the Child Guidance Clinic, that we have spoken about, there was some very rich work going on, that it became a most exciting place, with a tremendous amount of reorganisation administratively, with all sorts of challenges in terms of new conditions that we were looking at and learning about, all the making of films, the seminars around things, the encouragement of moving these areas out into the community, and working with the community, most particularly it was the whole area of teaching. Teaching within the staff, teaching linked up with other members of hospital staff, seminars for people coming in, the various sorts of students, our own internal training, and always with this very wide link that was ever growing, not only here, not only in the State, not only in Australia, but internationally. So that it was far too exciting to ever move away, and I am so grateful to the many, many people that have greatly increased my knowledge, have stimulated me in many, many ways that have made this an exhausting, but very rewarding experience.

So I think I just want to very quickly come back to my original questions. 'How did I reach this point?' I've only been able in the briefest way to sketch out some ways of how I got here. But the second question is, 'Do I wish it was otherwise?' I think I'd like to answer this very briefly by mentioning a book that I bought for myself in London when I was but a student. I'd never heard of



DEVELOPMENTS IN PRACTICE

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INTRODUCTION

'How do we understand that which we seek to act upon?' Theory puts things which we see or know or hypothesise about into a system in order to make sense of what otherwise would be inscrutable in order to spot gaps and biases, and also to challenge the illusion that we know answers which we do not yet have. Some people become very uneasy by the fact of multiple points of view or the absence of complete agreement. They choose one point of view and they seek to destroy or denigrate all others. Or they may repudiate all concepts and use only intuition, common sense it's called. I suppose that the middle ground might be meriting our attention. I don't think that in our complex field of human relations and services to parents and children that it is very easy to simplify. You remember the comment 'There's a solution to all human problems. It's neat, and it's obvious and it's wrong'. I think we have to live with the uncertainty and the constant need to keep searching, otherwise we'll be covered with apologies all the time, and that won't get us anywhere. I propose that a too early closure on too simple a framework or a search for a too narrow focus upon practice skills and new techniques only the skills and techniques will lead to malpractice, or else it may lead to inaction. My paper will suggest briefly, the development of one of our oldest conceptual frameworks used in social work, namely psychoanalytically oriented personality theory. I want to suggest the ways that social service over the decades has used or has been influenced by this growing body of changing theory. I am speaking from a U.S. perspective.

THE BEGINNINGS

From the turn of the century, interest in children and in children's psychology became apparent at home. Compulsory education was gaining ground, laws against child labour were passed, orphanages were established, charities and corrections were organised. Mary Richmond urged knowledge about family forces and about family circumstances before the family fell into economic difficulties. After World War I social workers became involved with families 'above the poverty line'. Early Freudian psychology, then, offered insights about puzzling behaviour. It was about that time that it came into the United States. This movement led in the 20's to further establishment of some Schools of Social Work, and it led to the development of Child Guidance Clinics. The theory as developed at that time ordered assessment of inner neurotic

conflict in well developed children and work with parents and treatment aimed at conflict resolution.

MODEL OF EARLY CHILD GUIDANCE CLINICS

The original model of the child guidance clinic of its day was a trinity, the psychiatrist, the psychologist and the social worker. That became a classic, in fact in some quarters it became sacred, although in others it has been extended to include a variety of people relevant to the care and treatment of children. The young Turks, as they described themselves when they were old and grey, the young Turks of that day were working, you see, in a very innovative way, and they as Dr. Carroll described it, 'They were so full of pizzazz', they organised the association of Ortho-Psychiatry in order to provide a channel for discussion wider than the team in their own clinic and also an interchange of ideas with a wider number of people. The Association is still going on today, struggling and fighting and arguing about ideas, and also extending its range far beyond the original group. Initially, however, rigid division of labour saw in the clinic the psychologist testing the child, the psychiatrist treating the child and the social worker sharing their recommendations and giving directions to the parents. Social workers in all this were learning the value of case study findings and assessment, but they had models which they followed without much question.

It was then the child guidance movement did an about face. The pendulum swung another way, and all parents were referred for personal therapy along with their child. The parents were seen by a member of the team. It should be noted, however, that usually only mothers came to the clinic. It took a long time until the innovation of family work in the last two decades for a broad parental spectrum to show up. However, as the social workers were carrying their full share of therapeutic work with the adults, their status went up. Practice was usually supervised by psychiatrists. No insights about different modes of therapy or different goals were defined for social work. No questions seem to have been asked about service coverage, by that I mean how many clinics should there be in a community, or should new clinics be organised in places where there were none, or are these clinics accessible to the clients whom we served? It was as if the community with a great burst of lay participation managed to set up a Child Guidance Clinic, and that was the end of the action. It seems there was no effort either to move out to other agencies

the author, I'd never heard of the book. But it was one that gave me great pleasure, I never quite knew why, because it was no great literature, and just recently I think I found the answer. The book briefly was the autobiographic account of a young adolescent Scottish lad in the Lowlands who lived in that grim period about the Depression years. I guess he was facing many things that young adolescents today are facing, but he found a great, great joy. He found that he learned the joy of climbing mountains, now I don't confess that I ever wanted to climb a mountain in quite the way he did. But he wanted to, and he did it, and he loved it, but he described so beautifully how the challenge of the mountain is there, and he sets out, and it's long climbing, it's tedious, it's exhausting, it's cold, it fills him with fear, and fills him with doubt that he'll make it, and sometimes it takes a long time to get there, and on and on and on it goes, but ultimately he makes it and then he comes down. Of course, mountains you have to get down, too. And that night, when he sits back, glowing, full of achievement, there he is, he has achieved what he set out to do, he's learned something of himself on the way, and all the memories of the cold, and the fear, and the anxieties, they dim, and it's a glow of satisfaction. But, of course, you can't stay like that too long, because there's always another mountain. And the book is called, 'Always a Little Further', and suddenly I thought perhaps one of the reasons I loved it so much, it somehow reminded me of social work. That is, a desire to know more, to try and gain more knowledge, more skills, it's long and tedious, it's exhausting and often the hours are very long, one faces fear whether one will achieve it, one has doubts of oneself, and on the way one has to feel and share the pain, the anguish and distress of the people one is trying to work with. If one allows oneself to be overwhelmed with this, one is rendered helpless. If one doesn't share it at all, one is impotent. And somehow, hopefully, one gets to the top of that mountain and one sits back in a glow of satisfaction, forgetting some of the things that happened on the way up, and feeling that one has learned something more about oneself, strengths and frailties, and it's a good feeling, but you can't stay there long, there's always another mountain.

So, to me, I have no regrets I chose the path I did, slight regrets that I didn't climb more mountains, but I'm glad I climbed the ones I did. And I guess that's my answer to the two questions, and there's only a third question left, which is being asked of me, 'What's next?' Frankly, I do not know. But I know that for me and for all of us, there are always more mountains, and if they look too bad, and too steep, well I guess there's always hills, but the one thing I do feel is that to settle for just the useful, practical, trivial things is not very rewarding and to stay always on the plains is safe and comfortable, but rather dull.