

Social Casework Practice during the “Psychiatric Deluge”

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This article examines the prevalent assumption that intellectual histories of social casework accurately reflect the history of social casework practice by exploring the belief that a “psychiatric deluge” swept casework practice after World War I. Although psychodynamic formulations began to appear in the casework literature about 1918, the systematic analysis of case records, personnel reports, and annual reports at a presumably representative agency unearthed virtually no trace of psychodynamic influence before 1939, and in 1949, the last year studied, psychodynamic theory had yet to be integrated into the agency’s practice. Further, the agency’s adoption of psychodynamic formulations occurred slowly and unevenly rather than as a sudden “deluge.”

Although the social work profession has subjected its assumptions and practices to ever more rigorous and critical scrutiny, a number of powerful but untested assumptions continue to influence professional formulations and practices. Two such significant and pervasive assumptions are: first, that the profession’s histories accurately chronicle the history of social casework practice even though they are histories of ideas only—that is, they are histories of trends in the published literature and of the thoughts of the professions’ leaders and do not include the systematic examination of historical case records; and, second, that a “psychiatric deluge”¹ began during World War I and thoroughly inundated casework theory and practice by 1930.

This article takes a preliminary look at these assumptions by examining the fit between the conclusion of many social casework histori-

ans that there was a "psychiatric deluge" in social casework after World War I and actual, mainstream practice as recorded in the archives of a presumably representative agency.²

An example of the "psychiatric deluge" version of social casework history is found in the following statement by Nathan Cohen: "At the annual conference of social work in 1919, Mary Jarrett presented a paper on 'The Psychiatric Thread Running through all Social Case Work.' Soon casework, which had not yet fully acquired a method and philosophy, was embracing without discrimination the new developments in psychiatry and psychoanalysis."³

One index to the power of the consensus about the "psychiatric deluge" is the often reiterated lament that the psychiatric wave forced social casework away from its appropriate concern with social issues toward an inappropriate preoccupation with mental phenomena.⁴ For example, in *Social Work: The Unloved Profession*, Richan and Mendelsohn conclude that "Freudianism became a near-fatal diversion, siphoning away the field's creative energies from people in desperate need of social service—the poor and the disadvantaged."⁵

Almost all historians of social work have assumed that the history of theory and the history of practice are one and the same—that is, that the literature of the time mirrors the practice of the time.⁶ There have been no systematic attempts to test whether the intellectual history of the casework literature of a particular period reflects contemporary, mainstream practice.⁷ However, professional historians have argued that many factors inhibit intellectual movements sparked by a few theorists from revolutionizing the practice in a given field.⁸ The noted historiographer John Higham has distinguished two separate endeavors of intellectual history. He terms the first the internal history of ideas, or "the internal relations between what some men write or say and what other men write or say," while he says the second and primary task of intellectual history is what Crane Brinton has called the "uncovering of relations between what a few men write or say and what many men actually do."⁹ This second endeavor is the focus of this study.

The research strategy is to assess psychodynamic influences on the casework literature and to compare this assessment with actual practice as revealed by the study of pre-1950 case records and personnel files at a midwestern child placing agency, the Illinois Children's Home and Aid Society (ICH&A). The plan for presenting the study is (1) to define terms which have been given specialized meanings for the purposes of this effort; (2) to describe and assess the "psychiatric deluge" as it appeared in the casework literature during the period selected; (3) to summarize the research methodology used to study the policies and practices of the representative agency; and (4) to present the findings suggesting the extent to which the agency's practice reflected the contemporary literature.

Definitions

The study encompasses the years 1917–49. Thus the dividing line between primary and secondary sources is 1950. The choice of 1917 as the opening year of the study was dictated by the consensus of many social casework historians that the “psychiatric deluge” began during the First World War. Two considerations suggested 1949 as the end point. First, by 1949 a dominant concern in clinically oriented casework had become how and whether to differentiate the caseworker from the psychotherapist. Many authors thought that psychodynamic knowledge and technique had been so thoroughly assimilated into practice that social casework had been thrown into an identity crisis that would be difficult if not impossible to resolve.¹⁰ Second, if, in fact, psychodynamic theory had not been fully integrated into the casework practice at ICH&A by 1930, there would be twenty years’ margin to follow the process of that influence.

Casework theory and practice not yet influenced by psychodynamic psychology are here labeled “nonpsychodynamic casework.” The term “psychodynamic casework” is used to denote casework theory or practice that incorporated the psychodynamic psychology of dynamic psychiatry and psychoanalysis. Many primary-source authors thought nonpsychodynamic casework was characterized by a philosophy of moral, economic, sociological, or biological determinism, by interventions that focused on the individual in a social context, and by techniques of environmental manipulation and the mobilization of community resources in the service of the client.¹¹ The choice of the term “psychodynamic casework” should not imply that all primary-source authors thought casework had abandoned social reality, but emphasizes the frequently iterated belief that psychodynamic theory had become an integral part of all casework. As Mary Jarrett put it in 1919, “By the psychiatric point of view I mean the habitual recognition of mental causes of conduct, together with some knowledge of the nature of the mental processes that may cause conduct disorder.”¹² The term “psychodynamic,” of course, refers to that approach to human psychology, ultimately derived from Freud’s theories, that assumes the existence both of a dynamic (repressed) unconscious and also of psychic determinism, the assumption that “no mental act is fortuitous, it has its adequate mental explanation.”¹³

Historians of social casework are often imprecise in their use of the terms “psychiatric,” “psychoanalytic,” “Freudian,” and “mental hygiene,” with the result that the “psychiatric deluge” has had inconsistent and usually unspecified meanings for different authors. Many do not seem to recognize that because of the close association of psychoanalysis and medicine in the United States, most psychoanalysts were

also psychiatrists, and that both dynamic psychiatry and psychoanalysis share a psychodynamic psychology and differ mainly in their practice theories.¹⁴ Although the psychoanalytic movement in this country was fragmented by schisms that developed when Jung, Adler, and Rank broke with Freud and gained adherents to their idiosyncratic versions of psychoanalysis, and by the individualistic way in which psychiatrists such as William White, Adolf Meyer, or E. E. Southard assimilated parts of Freud’s theories into their own theory and practice,¹⁵ all of these variant approaches were psychodynamic.¹⁶ Some historians who question the timing of the “psychiatric deluge” muddy their discussion by restricting the meaning of “psychiatric” to primary-source authors’ concrete references to Freudian theory.¹⁷ In fact, primary-source authors’ acquaintance with psychodynamic theory probably resulted less from their direct reading of Freud than from their indirect contacts with psychodynamically oriented psychiatrists and psychoanalysts in the mental hygiene movement, government service during World War I, classrooms of schools of social work, psychiatric presentations at national social work meetings, mental hospitals, child guidance clinics, social agencies, and personal analyses.¹⁸

The “Psychiatric Deluge” of the Casework Literature¹⁹

Because secondary-source authors rely mainly on selected primary-source descriptions of casework theory and practice to fashion their version of social casework history, it is not surprising that primary- and secondary-source versions of the “psychiatric deluge” are often identical: one is based on the other; both largely ignore the nonpsychodynamic casework literature,²⁰ as well as the few qualifications by primary-source authors of the assumption that theory and practice were proceeding apace;²¹ and neither utilizes the systematic study of case records.²²

Even the influence of psychodynamic theory on the pre-1930 casework literature has probably been overstated. Much of the periodical literature,²³ some treatises on social work,²⁴ and numerous published case records,²⁵ reflect little or no psychodynamic understanding or technique. Not only do historians rely heavily on the casework literature for their generalizations about practice, but they are also generally very selective in their choice of the authors on whom they base their conclusions.

There seems to be a consensus among those casework historians and primary-source authors who think that psychodynamic theory dramat-

ically affected casework in the years after World War I²⁶ that in the 1920s the psychodynamic wave washed away the emphasis on moral, economic, sociological, religious, or biological explanations of human behavior and motivation and substituted a psychological and nonmoralistic view of the individual.²⁷ Normality and psychopathology were seen as part of a spectrum rather than sharply distinguished by the walls of mental hospitals.²⁸

From distinguishing worthy from unworthy poor, investigation became a fact-finding process under Mary Richmond and inseparable from the treatment process in the writings of psychodynamically oriented caseworkers,²⁹ who focused on the subjective experience and dynamics of the client rather than on "objective" facts gleaned from friends and relations.³⁰ Also, as heredity decreasingly seemed an important determinant of personality, case histories tended to spotlight the immediate family, whose influence was seen as an emotional rather than a hereditary determinant.³¹

The discovery of the power of unconscious mental processes made psychodynamic authors aware of the phenomena of transference and countertransference.³² Transference was considered potentially dangerous, and for a while many authors believed that it could be avoided.³³ By the 1940s, however, it was often said that transference was a ubiquitous phenomenon in casework and that the only choice the worker had was whether to make constructive use of it.³⁴ When Jessie Taft and others recognized that their own irrational impulses (countertransferences) could interfere with their ability to help their clients, the distinction between client and worker was blurred considerably from the lady-bountiful days.³⁵ Grace Marcus subsequently questioned whether supervisors should not help workers become aware of their own emotional blind spots.³⁶

It is worth emphasizing that subtle differences in therapeutic techniques championed by advocates of attitude therapy,³⁷ a passive approach to treatment,³⁸ and relationship therapy,³⁹ and the issues involved in the functional-diagnostic rent in the casework fabric,⁴⁰ can be identified by the modifications of and additions to Freud's work made by individuals such as Otto Rank, Frederick Allen, or David Levy. All these variants, therefore, were united under the banner of psychodynamic psychology.⁴¹

Some historians say that the only psychodynamic transformation that casework underwent after 1930 was the assimilation of ego psychology, which was said to have been absorbed into practice immediately after its elaboration in *The Ego and the Mechanisms of Defense* in 1936.⁴² It is often said that ego psychology served casework by opening a window back to social reality and away from casework's interior preoccupation with unconscious forces.⁴³

Like other social casework historians, historians of child placing theory and practice⁴⁴ base their conclusions mainly on the writings of

selected primary-source authors. They generally agree that psychodynamic theory had a revolutionary effect on child placing agencies through psychodynamically oriented books and articles, child guidance clinics, psychiatric social workers, psychiatric consultants and authors, and publications and White House conferences sponsored by the U.S. Children's Bureau.

The new specialty of psychiatric social work is one avenue by which psychodynamic concepts are said to have reached social work agencies in general and child placing agencies in particular.⁴⁵ After 1905, forward-looking psychiatrists such as James Putnam, E. E. Southard, and Adolph Meyer increasingly involved social workers in the aftercare of hospitalized mental patients. By 1918 Mary Jarrett, who headed the social service department at the Boston Psychopathic Hospital, had obtained funds from the National Committee on Mental Hygiene to begin a training school for psychiatric social work at Smith College. Social workers were taught by psychiatrists, such as Southard, who themselves had absorbed psychodynamic concepts. Jarrett first employed the term "psychiatric social work" about 1918 and said, "The term was conceived to express the special preparation required for a social worker who was to work in association with a psychiatrist in the study and care of persons with psychiatric difficulties."⁴⁶ Psychiatric social workers supposedly brought their psychodynamic knowledge to child placing agencies by working for them and by consulting with them as members of child guidance clinics.

Both as a forum for the dissemination of psychodynamic concepts to their psychiatric social workers, many of whom later joined child placing agencies, and as purveyors of special diagnostic, consultative, educational, and therapeutic services, which workers in children's agencies used and learned from, the interdisciplinary child guidance clinics are considered to have been a major stimulus to the "psychiatric deluge." For example, Lubove says that "child guidance demonstrated the value of psychiatry and psychology in casework,"⁴⁷ and that "the clinic became the agency through which the psychiatric social worker achieved her preeminent position in the 1920's and impressed upon any skeptical colleagues the fact that social casework was a form of therapy."⁴⁸

David Levy places the origins of the child guidance movement in Chicago at the founding of the Juvenile Psychopathic Institute in 1909.⁴⁹ The institute's first director, William Healy, is thought to have been instrumental in transmitting psychodynamic concepts to child placing agencies and social casework in general. Lubove, for example, asserts that "Healy's work in Chicago and Boston . . . greatly influenced children's and family casework"⁵⁰ and was "probably more familiar to social workers than any other practical experiment. Through Healy, in large measure, the principles of social psychiatry entered the mainstream of social work thought."⁵¹ Healy advanced the then revolutionary concept that unconscious mental processes had more to do

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with the causation of delinquency than heredity: "It is clearly improbable that peculiar palates . . . or queerly-shaped heads will ever be found in any such close relationship to delinquency as are the mental phenomena we discuss."⁵²

In the period after World War I, some authors concerned with child placing began to incorporate the new, psychodynamic approach to children into their writings, and, like many of the historians who followed, they assumed that their views were accurate reflections of prevailing practice. For example, Elizabeth McCord claimed in 1928: "It is undoubtedly true that most children's case workers of today possess in greater or less degree some measure of a psychiatric approach. . . . Perhaps no other branch of social work has been more affected than work with children by the joining of the forces of psychiatry and social work."⁵³

In the nineteenth century the child had been considered a sort of miniature and unimpressionable adult.⁵⁴ Nonpsychodynamic authors thought children, like adults, capable of moral choice and, consequently, judged their behavior in moral terms and responded to it with punishment or persuasion.⁵⁵ Psychodynamic theorists like William A. White followed Freud in emphasizing that, since childhood experiences live on in the unconscious and affect behavior, they are crucial to the development of adult personality.⁵⁶ Psychodynamic authors came to see the child's antisocial behavior as expressions of pain caused by an internalized neurotic conflict,⁵⁷ the stress of an unresponsive or hostile environment,⁵⁸ or temporary stress accompanying significant life changes.⁵⁹ Psychodynamic psychology's emphasis on developmental phases also made authors aware that the baby was involved with its mother and sensitive to change at an earlier age than previously realized.⁶⁰

Psychodynamic theory revolutionized much of the literature on foster home placements. In the nineteenth and early twentieth centuries authors believed that children always benefited from removal from homes with "bad" influences and placement with "good" foster parents, usually in the country away from the noxious influence of the cities.⁶¹ A new home was thought sufficient to make a child whole: "Where a good home has been discovered, philanthropy has no further duty; the ordinary social forces take charge of the case. The old sad history is forgotten; with a new home begin new memories and a new career."⁶² In 1909 the White House Conference on Children emphasized that children should not be removed from their homes for reasons of poverty, and psychodynamic authors subsequently taught that harmful psychological effects accompanied both the deprivations inherent in the reasons for placement and also the separation experience itself.⁶³ After 1915 psychodynamic authors increasingly believed that the child should not be removed from his family until all other mea-

asures had been exhausted⁶⁴ and that children in foster home placements were not "saved," but instead suffered from some degree of emotional disturbance.⁶⁵

This new awareness of the power of childhood experiences forced psychodynamic authors to recognize that heredity could not be used to absolve agencies from the responsibility for bad placement results.⁶⁶ They also realized that if a child were sufficiently traumatized by early experiences, he might develop an internalized neurotic conflict and require psychotherapy in order to thrive in any new home, no matter how nurturing its psychological climate.⁶⁷

Psychodynamic authors increasingly considered replacements of children (moving the child subsequent to his first placement away from his natural family) as traumatic experiences to be prevented by better evaluations of foster homes and the provision of casework services for the child and his foster parents.⁶⁸ They correspondingly advocated radically different techniques of placement and replacement. In nonpsychodynamic replacements, if the child cried, he was distracted or shamed; if he made no protest, workers assumed the change was going well. When the child arrived at the new home, workers forbade both discussion of the old home and contact with former parents or foster parents. With the recognition that traumatic experiences live on in the unconscious, psychodynamic authors recommended that the child be carefully prepared for the move, encouraged to discuss it, and allowed to remain in contact with his previous home.⁶⁹

In summary, an analysis of the casework literature indicates that, although there does not seem to have been as profound a "psychiatric deluge" in the casework literature as some historians have implied, after 1915 psychodynamic theory did in fact exert an increasingly significant influence on many child placing and other casework authors, and a number of primary- and secondary-source authors assume that a corresponding transformation occurred in casework practice. If historians of social work have been correct in holding up social casework literature as a mirror for social work practice, then the psychodynamic tenets of the primary-source literature on child placing should be reflected in the specific theory and techniques applied to child placements at ICH&A before 1930.

Data Collection and Analysis

Selection of the Agency and Sources of Data

The Illinois Children's Home and Aid Society was chosen for intensive study because it is neither in one of the eastern centers purported to be

in the forefront of psychodynamic knowledge and teaching nor confined to a rural backwater, but instead serves a midwestern state that contains a large metropolitan area. Therefore ICH&A may be considered representative of mainstream casework practice.⁷⁰

Case records.—Files that closed after 1938 are complete, but those closed earlier have been destroyed. Nevertheless, because the records are organized by closing date, some extant records begin as early as 1915. The records of 300 families were randomly selected from the approximately 5,500 files that closed between 1938 and 1949.⁷¹ Because each file represented an entire family, the sample included 416 children.

There were two basic sources of the quantified data collected about each case. Information from the intake sheets yielded demographic statistics about the children and their parents⁷² as well as indicators of nonpsychodynamic or psychodynamic practice. Information from the case notes encompassed referrals, placements, and outcomes. Non-quantified data were also gathered to supplement and illustrate the trends found in the quantified data.

Personnel files.—Although the agency reportedly destroyed all pre-1942 personnel files, forty-two of these (23 percent of the total)⁷³ survived through filing errors. Every available file on professional staff who terminated before 1954,⁷⁴ a total of 212, contributed to the analysis of the personal characteristics, training, professional status, and associations of agency caseworkers and supervisors.

Annual reports.—The annual reports were mined for quantitative information about agency finances, staff-client ratios, numbers of children served, and kinds and frequencies of agency services, in order both to identify trends and also to provide some data on the impact of variables such as the Depression, World War II, and child welfare legislation on agency practice.

Analysis of the Data

The analysis of the data was designed to fulfill a dual purpose: first, to compare population and financial data across years to ascertain the effect of variables other than psychodynamic influence on agency practice, and, second, to provide a description and chronology of psychodynamic influence on ICH&A. The primary-source casework literature was used to generate guidelines for distinguishing between a psychodynamic and a nonpsychodynamic approach. Conclusions about the timing and nature of the assimilation of psychodynamic theory into the practice of this children's agency were compared with the generally accepted view of the impact of psychodynamic psychology on social casework to determine whether this study of practice would support the existence of a "psychiatric deluge."

The Agency

Founded in 1893 by the Reverend Martin Van Buren Van Arsdale, the Illinois Children's Home and Aid Society is the oldest child placing agency outside the Northeast and was the first statewide agency to place children. The agency has always enjoyed an excellent reputation, and three of its early superintendents, Hastings Hart, Henry Thurston, and Wilfred Reynolds, were nationally recognized experts in the children's field.⁷⁵ Nonetheless, before 1938 the society's magazine, *Homelife for Children*, showed scant evidence of psychodynamic influence, and agency staff or administrators produced few publications, none of which was psychodynamic in orientation. Difficult children were occasionally referred outside the agency for psychiatric consultations, most often to a child guidance clinic, the Institute for Juvenile Research (IJR). As was indicated earlier, under its first director, William Healy, the institute adopted a psychodynamic orientation. It worked cooperatively with ICH&A, and its annual reports indicate that it hoped to convert child placing agencies to a psychodynamic approach.⁷⁶

In 1938 the agency appointed a new superintendent, Mabbett Reckord, who brought in psychodynamically oriented staff members by appointing a psychiatric social worker from IJR as director of casework and making a well-respected child psychoanalyst, Margaret Gerard, the agency's first psychiatric consultant.

When the director of casework resigned in 1944, Reckord appointed Lois Wildy, the head of the student unit from the University of Chicago's School of Social Service Administration (SSA), to replace her. As a result of Reckord's hiring practices, a number of other psychodynamically oriented women were hired and placed in key clinical positions.⁷⁷

Findings from the Case Records

The Study Population

Many characteristics of the children under the agency's care remained stable from 1915 to 1949. For example, throughout the years studied, the agency cared for the same number of girls as boys. The religious affiliation of the families remained overwhelmingly Protestant. However, the average age of the children at the time their cases opened dropped from six years in the 1920s to 2½ in 1944-49.⁷⁸ The younger population indicates that the agency was increasingly providing adop-

tion services. The birth status of the children reflects and may even understate this trend, since in later years the birth status of the child was often not asked: the percentage of illegitimate children steadily increased from 21 percent in the 1920s to 57 percent between 1944 and 1949.⁷⁹ There was also a striking trend away from parent loss as an accompaniment to placement: between 1921 and 1930, 51 percent of the families had lost one or both parents, whereas between 1944 and 1949 this was true of only 5 percent of the families.

Trends in the Intake Information Requested by the Agency

The most dramatic alteration in the intake information requested by the agency occurred immediately after the new superintendent arrived in 1938. Until then, the intake sheets asked the worker to state whether a parent was “morally defective”—a striking example of nonpsychodynamic practice. Seventy-five percent of the parents whose moral status was given were found morally defective. The most frequent reasons given for a finding of moral defect were use of alcohol and sexual misconduct. Caseworkers often based their judgments on rumors. One mother was found morally defective in 1928 because “rumors say she immorally lives with a boarder,” and another had a “poor reputation” (1935). Sometimes caseworkers defined moral defect in global terms such as “very bad in every respect” (1922) or “shiftless and ignorant” (1932). In 1926 a worker found a father morally defective because “he drank after his wife’s death and went to pieces generally.”

Two frequent responses to the intake category “cause of dependency” (the agency’s reason for removing the child from its family) were clear indicators of nonpsychodynamic practice—namely, poverty and parents’ moral defectiveness. One caseworker described the problem with a child’s family as: “Father dead. Mother immoral and unwilling to work sufficiently hard to provide for children. I believe she could care for the children if she would.” Although every ICH&A superintendent in this century denounced the practice of removing children from their families because of poverty, agency workers gave poverty as a justification for placing children in 14 percent of the cases opening between 1921 and 1939, the year the dependency category was omitted. They cited parental immorality in 17 percent of the dependency statements recorded between 1921 and 1930 and in 12 percent of those recorded between 1931 and 1937.

Trends in the Case Process

As mentioned above, before 1935 a few children who manifested severe behavior disorders were referred to IJR. Between 1935 and 1938 a few cases, always conducted or supervised by the director of casework or the head of the student unit, were handled in accordance with psychody-

namic principles. However, other agency workers appear to have maintained a nonpsychodynamic orientation until at least 1939.

Nonpsychodynamic practitioners thought unwanted behavior was willed and hence amenable to punishment, inducement, or reasoning. Agency workers employed punishments to curb habits like enuresis or thumb sucking. As late as 1940 a worker took no action when a foster mother said she was handling a two-year-old who "rolls around when he sleeps" by trying "every means to break this habit, even telling him she will 'cut his ears off' or that 'he will be bald.'"

Prior to 1939 ICH&A workers did not apply psychodynamic principles to the process of replacements. Believing that children would adopt a more positive attitude and make a better adjustment if they were stopped from expressing pain, workers would alert the child to the move at the last minute, distract or shame him if he were upset, and discourage his attempts to mourn the change by forbidding contact with the old family. In one example from 1937, a worker removed a two-year-old from a foster family she had lived with for over a year to put the child in an adoptive home with another sibling. The worker disapproved of the current foster father because, when he came home for the noon meal, "he had not washed either hands or face, for they were black with dirt." She moved the child without warning and noted that she had done everything possible to "divert" her from talking or thinking about the change. Even in 1942, a four-year-old who was to be removed from the family with whom she had lived since birth was told by the worker and the current foster mother that she was going to visit her sister. Not until the child was in the car did the worker tell her she was going to a new home.

The psychodynamic child placing literature emphasized that agencies must carefully select and prepare foster homes so that children would not have to endure the trauma of leaving one home only to experience the second trauma of being rejected by their new parents. However, before 1950, 15 percent of all placement changes at ICH&A were made because the foster parents decided they simply did not like the child, and, before 1937, 15 percent of the foster parents who insisted a child be moved said their reason was that the child was ugly. One boy who had lived in an orphanage for the first ten years of his life was removed by the worker from his foster home because the foster mother complained that he had blown his nose in the bedsheet.

Workers also placed children with parents whose motives for wanting a child would have been rejected by authors advocating psychodynamic child placing.⁸⁰ In 1937 a caseworker placed a preteen girl with a woman whose avowed reason for taking a child was to thank God for the arrival of her menopause. In addition, until the late 1940s ICH&A workers seem rarely to have moved children because their foster homes

were psychologically deficient. Before 1930 this reason was given less than 1 percent of the time; between 1931 and 1943, only 2 percent of the time. From 1944 to 1949, however, the psychological inadequacy of the home comprised 8 percent of all reasons given for removing a child from placement.

Interestingly, the reasons foster parents gave for returning children indicate that the incidence of severely disturbed children at ICH&A did not increase in later years. Between 1930 and 1949 children were returned in approximately equal numbers for stealing (9 percent), killing and harming animals (2 percent), bizarre behavior (9 percent), and aggressive or perverted sexual acts. Before 1930 disturbed behaviors were often lumped together in foster parents' complaints that the child was "disobedient," which comprised nearly half of their reasons for disliking and wanting to return children (and may have reflected the nonpsychodynamic belief that unwanted behavior was willed). The percentage of complaints that a child was disobedient dropped to 17 percent between 1930 and 1949.

Before 1938 ICH&A workers seemed entirely unaffected by psychodynamic authors' conceptualizations of unwanted behavior as symptomatic of underlying, unconscious conflicts. A worker wrote in 1937 that a child whose father had deserted her at the age of eleven and then suddenly reappeared at her foster home for a visit when she was seventeen "has never shown a great deal of interest in her father and at one time, when he was visiting, failed to show him common decency." Children who misbehaved were frequently called tricky, selfish, unpleasant, deceitful, or stubborn.

Although sensitive to manifestations of physical illness, workers rarely discerned signs of mental disturbance in the children they supervised. Only children who exhibited the grossest abnormalities, such as killing or maiming animals, delinquent behavior, or intercourse with siblings or very young children were referred for psychiatric examination, and even these referrals were not automatic. No children were referred for psychotherapy before 1930.

The ICH&A adoption policy showed few if any signs of psychodynamic influence before the 1940s. Although older children were removed from their natural families with little agency resistance, agency workers tried to persuade mothers of small infants to keep them. Agency workers were also concerned with the effects of heredity on the adoptive child's personality long after the psychodynamic child placing literature had deemphasized the role of heredity in character formation. Although psychodynamic authors had described the child's need to experience a sense of permanence and belonging, before 1939 only a little more than half of all legally adoptable children were adopted. This percentage was not affected by controlling for the age of the adoptable child.

dren, and it did not increase significantly until 1944-49, when 93 percent of these children were adopted. ICH&A also appeared slow to adopt the precept of early adoption. Only one child in the entire study sample was adopted before the age of one, and even between 1944 and 1949, fewer than one-fourth of the children were adopted before age two. Also, agency children were replaced more often before adoption in later years than in earlier ones. Of 101 adopted children, only four had been placed solely with their adoptive families, and three of these four adoptions occurred before 1939. ICH&A increasingly kept adoptable children in boarding homes so that they could be given psychological tests before being permanently placed.

Although after 1938 many workers continued to evidence a nonpsychodynamic orientation, the case records indicate that between 1938 and 1949 (the last year studied) some agency staff had been affected by psychodynamic theory. However, many workers either had not understood the new approach or had intermingled the new understanding with other attitudes. Psychodynamic terms are frequently used in a judgmental context. In one 1938 case a young woman approached the agency determined to give up her illegitimate child for adoption because she had no husband and did not feel able to support the child. The worker told the mother that she was "compensating for her guilt" by relinquishing the child and that she had enough money if she would save it. The mother replied that she felt "moody" and went to four or five shows a week. The worker responded that "perhaps the shows are more important than the baby to her." When the mother insisted that she cared for the child, the worker asked her "if she really had such an excellent reputation in the community as she had led worker to believe."

A 1939 closing summary indicates that recognizing that children identify with their parents did not necessarily imply that a worker would not take a moralistic attitude toward a child who had adopted her mother's behavior patterns: "We found the mother not only untruthful, but demanding, difficult to please, emotionally unstable and lacking in common sense. As a result, the child was also untruthful and well trained in the arts of deception." Other records suggest that some workers simultaneously took nonpsychodynamic and psychodynamic approaches to various aspects of the same case, or seemed unable to internalize or follow the recommendations of the agency's psychiatric consultants.

Until 1935 (and until 1938 if the few cases supervised by the director of casework and the head of the student unit are excluded) the case records contain virtually no psychodynamic terminology. After 1937 the terms "psychiatric" and "psychological" first appeared on agency forms, and words like "neurotic" and "repressed" began to crop up,

albeit imprecisely, in workers' reports. Case examples indicated that psychodynamic concepts such as transference, identification, and ego were gradually informing workers' thinking.

In the 1940s some workers noted that emotional distress could be manifested in physical symptoms. They also recognized that certain behaviors formerly considered pathological were actually appropriate to psychodynamic developmental phases. Most important, in the 1940s workers and supervisors began to assume some responsibilities previously delegated to the psychiatric consultants. After 1940 some caseworkers provided children with psychotherapy. These cases were supervised by the agency's psychiatric consultant until 1949, when some agency supervisors began to oversee them. Those few workers who provided psychotherapy services appear to have had a good grasp of psychodynamic theory. A few even seem to have felt comfortable interpreting dreams. However, despite psychodynamic authors' emphasis on countertransference feelings, before 1950 only one worker discussed her own unconscious motivation.

In the 1940s the agency's approach to custody sporadically began to approximate the recommendations of the psychodynamic literature. Workers now tried to keep children with their natural parents. Before 1940, when boarding parents complained about the intrusiveness of natural parents, the worker frequently removed the child without giving the natural parents his new address or strongly discouraged the natural parents from "interfering." Subsequently some workers told boarding parents that natural parents and children must be encouraged to remain involved with each other because the society's goal was to rehabilitate natural homes. Casework services were occasionally provided to foster parents and natural parents. Concomitantly, in the 1940s workers were decreasingly judgmental in their assessment of the natural parents.

After 1944 workers occasionally handled placements and replacements in accordance with the recommendations advocates of psychodynamic child placing had made since the 1920s. They insisted children be prepared for a move and be allowed and even encouraged to express their pain and to visit their former families. Some workers recognized that placement entailed regression and began preparing foster parents for the child's "reversion to babyish behavior." The agency became more aware that frequent replacements led to emotional disturbance.

Workers increasingly focused on the emotional rather than the physical environment of the foster home. If a child showed signs of disturbance, his foster parents, rather than his heredity, were seen as the most important cause. As workers began to recognize the extent to which their handling of a case affected the child's development, evaluations of agency practice began to appear in the case records. Many of these

commented that children had been adversely affected by numerous replacements and by the agency's poor choice of foster homes.

Some aspects of agency adoption practice showed signs of psychodynamic influence after 1938. The adoption committee no longer weighed the church attendance of prospective parents when determining parental fitness. Adoptive parents were told that they did not need to know much about the natural parents because the child's current and future environment would be a more powerful force than heredity in shaping his personality.

In summary, ICH&A case records indicate that prior to 1935 agency workers were unaffected by psychodynamic formulations. With the exception of a part-time psychiatric social worker on loan from IJR and students from the University of Chicago's field unit, workers maintained this nonpsychodynamic orientation until 1938. Between 1938 and 1949 psychodynamic influences became increasingly evident in the practice of ICH&A workers, but workers often used psychodynamic concepts in nonpsychodynamic ways or simultaneously took nonpsychodynamic and psychodynamic approaches to different aspects of the same case. In 1949, the last year studied, instances of nonpsychodynamic casework could still be found, but some workers handled cases in a consistently psychodynamic manner and a few provided psychotherapy services to children, natural parents, and foster parents.

The case records radically contradict those authors who believe that a psychodynamic wave had inundated casework agencies by 1930. There is no indication that psychodynamic theory either began to influence ICH&A practice before the mid-1930s or appeared as a tidal wave that immediately swept all traces of nonpsychodynamic thinking from the minds of agency workers.

It must be emphasized that these findings do not cast post hoc aspersions on the nonpsychodynamic practices of ICH&A workers. There are few practices in any era that future professionals could not criticize, and, in addition, many nonpsychodynamic principles and practices are still considered perfectly sound. The aim here is not to evaluate the efficacy of different approaches to practice, but rather to enhance our understanding of the history of psychodynamic theory's influence on social casework. Almost uniformly, ICH&A workers seemed to be well-meaning individuals who, while swamped with heavy caseloads, tried to help children and parents in accordance with what they believed to be effective casework principles. These principles were rarely articulated and, perhaps in part because of the workers' lack of professional training, seemed to reflect moral and religious precepts as well as the persistence of codified nonpsychodynamic child placing practices. When workers perceived that children were physically ill or in unclean or unkempt surroundings, they usually took immediate action. However, they often handled behavior disorders in accordance with moral

or religious precepts based on the assumption that the minds of children as well as adults were governed by conscious choice.

Findings from the Personnel Files

Throughout the years studied, the typical agency worker was female, white, Protestant, and unmarried. Only one staff member hired before 1930 had a graduate degree, compared with 35 percent of those hired after 1930. Perhaps because the new director of casework made an effort to eliminate staff who had not kept abreast of psychodynamic casework trends, 75 percent of those who were either fired or urged to resign left between 1944 and 1954.

Two-thirds of the personnel files contain evaluations of the staff member by a supervisor or administrator. By providing a glimpse of the approach taken by ICH&A supervisors, the evaluations yield informative insights into the ways in which psychodynamic theory affected ICH&A practice. Consistent with the other findings indicating that ICH&A practice before 1938 was almost entirely devoid of psychodynamic influence, no supervisors of workers who terminated before that year used psychodynamic criteria in assessing a worker's job performance, while evaluations of 40 percent of the workers who left the agency between 1938 and 1943 and 64 percent of those who terminated between 1950 and 1954 used such criteria. Graduate training seemed to be strongly associated with evaluations praising a worker for psychodynamic skills. Evaluations indicate that even after 1938, when psychodynamically sophisticated supervisors were trained or hired, they were not representative of the casework staff generally.

Files often contain early evaluations that find no fault with a worker, while subsequent supervisors criticize her lack of psychodynamic awareness. In nearly every instance, the abrupt change from positive to critical evaluations occurred after 1944, the year the new director of casework began to infuse the agency with psychodynamically oriented supervisors. Sometimes it was clear that a worker received a later, negative evaluation because she was unable to meet the agency's new expectations—particularly that the staff provide psychotherapy services when necessary. Sometimes evaluations of workers became negative because a more psychodynamically oriented supervisor spotted an emotional problem that earlier supervisors had not recognized; after 1944 supervisors often scrutinized the intrapsychic dynamics of the worker as well as the client. A caseworker who had been evaluated in 1938 as "one of the outstanding caseworkers in this organization" was described in 1946 as "prone to use the defenses of being pleasant and

outwardly conforming and cooperative, which were sometimes deceptive." Supervisors increasingly attributed workers' failures to emotional factors and not to lack of intelligence, knowledge, or determination and, accordingly, occasionally suggested that workers obtain psychiatric help.

Even when agency supervisors finally adopted a psychodynamic stance in the 1940s, caseworkers were often very slow to change. Supervisors frequently complained that workers would not unlearn old attitudes and techniques and embrace the psychodynamic approach that the administration was attempting to promulgate. In one instance from 1943, a worker was criticized because she "failed to take advantage of our psychiatric service, saying she has no 'problems' in her case load." Workers found it difficult to abandon moralistic attitudes in favor of the neutral, psychological posture that supervisors were advocating by the mid-1940s. A worker hired in 1945 without graduate training was faulted because "she categorizes by social groups, for example, Christian Scientists see no evil and she will use these statements to refute supervisor's suggestion that there could be some psycho-emotional basis for an applicant's reaction."

Thus the evaluations make clear that even when administrative and supervisory staff adopted an increasingly psychodynamic approach in the 1940s and attempted to require the line staff to follow suit, the transition occurred as a painful, slow, creaky process of wresting workers away from longstanding habits of practice, rather than as a sudden "deluge." Even when repeated evaluations made clear that their jobs depended on their ability to adopt the new approach, many workers could not change and had to go.

Discussion of the Findings

The data collected from ICH&A's magazine, case records, and personnel files overwhelmingly indicate that until the mid-1930s ICH&A was virtually untouched by the psychodynamic influences seen in some of the casework literature. Even then, the agency's acquisition of the new approach was gradual and uneven. Cases that received consistently psychodynamic handling could not be discerned until the late 1940s, and a psychodynamic approach was still entirely absent from some cases that closed in 1949, the last year studied.

The social upheavals caused by the Depression and World War II presumably affected all social agencies, and there was no indication that this agency was unusually affected by them. Changes in the population served by the agency do not seem to account either for the ab-

sence of psychodynamic practice in earlier years or for the subsequent increase in psychodynamic services in later ones.

How, then, is it possible that, despite the effects psychodynamic theory had on the casework literature, the development of psychiatric social work, the child guidance movement, national social work conferences, and the practice in certain East Coast agencies, ICH&A practice remained fundamentally innocent of psychodynamic influence until the mid-1930s and had not yet substantially integrated psychodynamic theory by 1950? When all the evidence is considered, the most important factor in the agency's acquisition of a psychodynamic approach appears to have been the personal contacts between agency workers and psychodynamically trained supervisors and consultants. The appointment of a new superintendent in 1938 and his subsequent hiring of a part-time psychiatric consultant and a psychiatric social worker as director of casework seemed to be the decisive events that ushered in the gradual transition to a psychodynamic approach.

The personnel evaluations give dramatic testimony to the struggle workers went through in their attempts to adopt a psychodynamic outlook. If it was so difficult to abandon old ways of thinking about child placing even under the direct tutelage of supervisors and psychiatric consultants, it is perhaps not surprising that occasional consultations with one child guidance clinic (IJR) were not sufficient to change workers' approaches to practice in the years before the administration of the agency formally adopted psychodynamic principles. The crucial role played by personal contacts may also explain why the psychodynamic casework literature does not appear to have influenced more workers.

Historians have described important trends in the social casework literature, but have erred in their assumption that these histories of ideas chronicle the history of casework practice. Certainly, to the extent that a "psychiatric deluge" hit the casework literature, it did not correspond to the impact of psychodynamic theory on child placing practice in one mainstream agency, nor do some authors' characterizations of the onset of this influence as a "deluge" match the slow, uneven process by which the new approach was absorbed by the agency's workers.

These findings are congruent with the findings of social scientists who have studied the dissemination of new ideas and concluded that "mass communication is more likely to reinforce existing opinions than to change them"⁸¹ and that "personal influence seems to be generally more persuasive than is mass communication."⁸²

Other studies have shown that the spread of new ideas characteristically occurs not as a sudden deluge, but as a cumulative process characterized by a slow takeoff during which "adopters are usually concentrated in a small cluster or a small set of clusters."⁸³ The rate of adoption is significantly affected by the "degree to which an innova-

tion is consistent with existing values and past experiences of the adopters. An idea that is not compatible with the cultural norms of a social system will not be adopted so rapidly as an idea that is compatible."⁸⁴ Psychodynamic theory, of course, implied not only new helping techniques, but also a wholesale change in attitudes and values on the part of the helper.

This study's findings suggest the need both to determine whether there are current discrepancies between what a few social work leaders write or say and what many practitioners actually do, and also to study and expedite the processes by which significant discoveries are disseminated. In spite of the extensive literature indicating that group and personal influences are more powerful change agents than impersonal communications, our profession still relies mainly on the written or formally spoken word to communicate its innovations. Social work must be concerned not only with developing new and better theoretical models, but also with ensuring that all of its members harvest the fruits of these conceptual advances.

Notes

The study reported in this article is more fully described in an unpublished doctoral dissertation submitted to the University of Chicago's School of Social Service Administration, 1979.

1. Grace Marcus used this phrase in a 1935 article ("The Status of Social Case Work Today," *Compass* 16 [1935]: 8), and social casework historians such as Kathleen Woodroffe (*From Charity to Social Work in England and the United States* [Toronto: University of Toronto Press, 1962], p. 119) and Scott Briar and Henry Miller (*Problems and Issues in Social Casework* [New York: Columbia University Press, 1971], p. 9) subsequently adopted it.

2. See Selection of the Agency and Sources of Data for the rationale for choosing this agency. Obviously, a randomly selected sample of historical case material from a number of agencies across the country would yield more conclusive evidence about practice after World War I, but such a large sample was beyond the scope of this study.

3. Nathan Cohen, *Social Work in the American Tradition* (New York: Holt, Rinehart & Winston, 1958), p. 134.

4. Examples are Grete Bibring, "Psychiatry and Social Work," *Journal of Social Casework* 28 (1947): 203-4; Herman Borenzweig, "Social Work and Psychoanalytic Theory: A Historical Analysis," *Social Work* 16 (1971): 7; Cohen, pp. 142, 321; Roy Lubove, *The Professional Altruist: The Emergence of Social Work as a Career, 1880, 1930* (Cambridge, Mass.: Harvard University Press, 1965), p. 117; Floyd Matson, "Social Welfare and Personal Liberty: The Problem of Casework," *Social Research* 22 (1955): 258-59; and Woodroffe, pp. 146-47. See also Leslie Alexander's summary of this criticism ("Social Work's Freudian Deluge: Myth or Reality," *Social Service Review* 46 [1972]: 518-22). A few historians of social work do not think casework's assimilation of psychodynamic theory was so incompatible with its involvement with social reform (see Walter Trattner, *From Poor Law to Welfare State: A History of Social Welfare in America* [New York: Free Press, 1974], pp. 160-78).

5. Willard Richan and Allan Mendelsohn, *Social Work: The Unloved Profession* (New York: New Viewpoints, 1973), pp. 103-4.

6. The literature of the time includes papers given at national conferences and subsequently published. Some of the most important and representative historians who have assumed the identity of theory and practice are Nathan Cohen (*Social Work in the American Tradition*), Kathleen Woodroffe (*From Charity to Social Work in England and the United States*), Roy Lubove (*The Professional Altruist*), Scott Briar and Henry Miller (*Problems and Issues in Social Casework*), William Trattner (*From Poor Law to Welfare State*), and James Leiby (*A History of Social Welfare and Social Work in the United States* [New York: Columbia University Press, 1978]). With the exception of an occasional mild and unpursued caveat (Briar and Miller, p. 15, note; Lubove, pp. 104-5; Leiby, p. 184) about relying on so few sources, historians of social work all rely heavily and unquestioningly on selected thinkers of the period under study for their generalizations about practice. A few authors, such as Gordon Hamilton ("A Theory of Personality: Freud's Contribution to Social Work," in *Ego Psychology and Dynamic Casework*, ed. Howard Parad [New York: Family Service Association, 1958], p. 17), Helen Perlman ("Freud's Contribution to Social Welfare," *Social Service Review* 31 [1957]: 196), and Bertha Reynolds ("A Changing Psychology in Social Case Work," *Family* 2 [1931]: 111-14), do draw on their own experiences to question whether practice stayed abreast of published theory, but their qualifications have been mostly ignored by other secondary-source authors. Perlman said, for example, that when she went to the New York School for the first time in 1933-34, "psychoanalytic theory was practically unknown in social casework *except* in the New York-Philadelphia-Boston circuit" (Mary Gottesfeld and Mary Pharis, *Profiles in Social Work* [New York: Human Sciences Press, 1977] p. 111).

7. The need for such a study has been noted. See Alexander, pp. 517-38, and Lois Hartman, "Casework in Crisis, 1932-1941" (Ph.D. diss., Columbia University, 1972), pp. 22-23.

8. Franklin Baumer, for example, argues that generalizations about the dissemination of ideas must take into account both cultural lag and "space differential" (differences between geographically distant areas) ("Intellectual History and Its Problems," *Journal of Modern History* 21 [1949]: 191-203).

9. John Higham, "Intellectual History and Its Neighbors," *Journal of the History of Ideas* 15 (1954): 340-41.

10. See, for example, Lucille Austin, "Trends in Differential Treatment in Social Casework," *Social Casework* 29 (1948): 204; Annette Garrett, "Historical Survey of the Evolution of Casework," *Social Casework* 30 (1949): 229; Gordon Hamilton, "Areas of Social Case Work Treatment: Psychoanalytically Oriented Casework and Its Relation to Psychotherapy," *American Journal of Orthopsychiatry* 19 (1949): 209-15; Charlotte Henry, "Growing Pains in Psychiatric Social Work," *Journal of Psychiatric Social Work* 16 (1947): 90; Grace Marcus, "A Further Consideration of Psychiatric Social Work," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1947), pp. 338-41; Joseph Michaels and Eleanor Gay, "Psychiatric Case Work and Its Relationship to Psychotherapy," *Journal of Psychiatric Social Work* 17 (1948): 126-29; Helen Ross and Adelaide Johnson, "The Growing Science of Casework," in *Principles and Techniques in Social Casework*, ed. Cora Kasius (New York: Family Service Association of America, 1950), pp. 34-47; and Ruth Smalley, "Psychiatric Social Worker or Psychotherapist?" *Journal of Psychiatric Social Work* 16 (1947): 107.

11. For examples, see Porter Lee, *Vocational Aspects of Psychiatric Social Work* (New York: American Association of Social Workers, 1925), p. 37; Grace Marcus, "How Case Work Training May Be Adapted to Meet the Worker's Personal Problems," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1927), p. 388; Elizabeth McCord, "Child Guidance Clinics and Child Caring Agencies: The Value of the Psychiatric Approach for All Children's Caseworkers," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1928), p. 111; Jessie Taft, "The Spirit of Social Work," *Family* 9 (1928): 105; Virginia Robinson, *A Changing Psychology in Social Case Work* (Chapel Hill: University of North Carolina Press, 1930), p. xiv; Ethel Ginsburg, "Freud's Contribution to the Philosophy and Practice of Social Work," *American Journal of Orthopsychiatry* 10 (1940): 877; Garrett, p. 220.

12. Mary Jarrett, "The Psychiatric Thread Running through All Social Case Work," in *Proceedings of the National Council of Social Work* (Chicago: Rogers & Hall, 1919), p. 591.

13. William A. White, *Outlines of Psychiatry* (New York: Journal of Nervous and Mental Disease Publishing Co., 1911), p. 11.

14. An example is Alexander's statement that "by 1930 some psychiatric influence was directly infiltrating the family agencies. . . . However, whether this influence was psychoanalytic or not was not clear" (n. 4 above, pp. 528-29). See also Hartman (n. 7 above), p. 164.

15. See, for example, Ann Shyne, "The Contribution of Alfred Adler to the Development of Dynamic Psychology," *American Journal of Orthopsychiatry* 12 (1942): 352.

16. Woodroffe exemplifies this confusion when she says that the "psychiatric deluge" was "eclectic" at first and became an era of "frenzied Freudianism" in the 1930s (n. 1 above, p. 130). See also Briar and Miller (n. 1 above), p. 11.

17. Shirley Hellenbrand, for example, tries to distinguish "Freudian psychiatry" from Adlerian psychology and the psychology of Adolf Meyer; but both Adler and Meyer were heavily influenced by Freud and psychodynamic in orientation. Thus, while she says that "Freudian psychology was not the theoretical source for casework during the greater part of the 1918-1928 period" ("Main Currents in Social Casework: 1918-1936," p. 74), she goes on to talk about the influence of Meyer and Adler in that period (pp. 76-79). Alexander substitutes "Freudian Deluge" for "psychiatric deluge" and pays insufficient attention to the indirect but significant byways by which psychodynamic theory reached social work (n. 4 above, pp. 517-38).

18. Hartman (n. 7 above), p. 161.

19. The literature survey focused primarily on secondary-source histories of casework and psychoanalysis and primary-source (pre-1950) books and articles by casework authors or by psychodynamic psychiatrists or psychoanalysts writing for caseworkers or often quoted by them.

20. See nn. 29, 30, and 31, below.

21. Jessie Taft ("The Social Worker's Opportunity," *Family* 3 [1922]: 150-51), Grace Marcus (*Some Aspects of Relief in Family Casework* [New York: Charity Organization Society of New York, 1929], p. 92), and Reynolds (n. 6 above, p. 50), among others, all on occasion remarked before 1950 that there existed a gap between theory and practice. However, all three also perpetuated the idea of a "psychiatric deluge" by asserting elsewhere that practice had been transformed by psychodynamic theory (see Taft, "The Relation of Psychiatry to Social Work," *Family* 7 [1926]: 201; Marcus, "The Status of Social Case Work Today" [n. 1 above], p. 8; and Reynolds, "Re-Thinking Social Case Work," *Social Work Today* 5 [1938]: 8). Helen Myrick, an author with firsthand knowledge of practice outside of the Northeast, did say in 1928 that she thought the majority of social workers were not equipped to practice psychodynamically oriented casework, although she also believed they were knowledgeable about psychodynamic theory ("Psychiatric Social Work, Its Nurture and Nature," *Mental Hygiene* 1 [1928]: 509).

22. Then, as now, there were few studies of the infiltration of theory into practice. Maurice Karpf, director of the Jewish Training School for Social Work in New York, studied case records in the twenties and concluded that workers were not using social, psychological, or biological sciences systematically (*The Scientific Basis of Social Work: A Study in Family Case Work* [New York: Columbia University Press, 1931]). Helen Witmer studied agencies in seven cities in a one-shot inquiry in the mid-1930s. She did not evaluate whether workers were utilizing psychodynamic concepts, but based her conclusion that their practice was psychodynamically unsophisticated on the fact that they were not doing "direct treatment" ("Current Practices in Intake and Service in Family Welfare Organizations: A Study of the Experience of Eight Agencies in 1934-35," *Smith College Studies in Social Work* 6 [1935]: 190).

23. Alexander, Hartman, and Hellenbrand all point out that much of the 1920s social work literature was nonpsychodynamic in content. However, as discussed above, they somewhat overstate this argument because of their tendency to narrow the definition of "psychiatric" to authors, direct references to psychoanalysis and/or Freud, whereas in fact all dynamic psychiatrists and all psychoanalysts were Freudian (in the sense of psychodynamic) in orientation.

24. See, for example, L. A. Halbert, *What Is Professional Social Work?* (Kansas City: Pratcher Printing Co., 1923), and Karl De Schweinitz, *The Art of Helping People out of Trouble* (Boston: Houghton Mifflin Co., 1924). Also, the Milford Conference's summation of the state of casework in 1930 reflected little psychodynamic influence (American Association of Social Workers, *Vocational Aspects of Psychiatric Social Work* [New York: American Association of Social Workers, 1930], p. 10).

York: American Association of Social Workers, 1925]).

25. See, for example, American Association of Hospital Social Workers, "Medical Social Case Records: Submitted in the 1927 Case Competition of the American Association of Hospital Social Workers," *Social Service Monograph*, vol. 3 (1928).

26. See n. 6. Also, see Lucille Austin, "The Evolution of Our Social Case Work Concepts," *Family* 20 (1939): 48; Frank Bruno, "Twenty-five Years of Schools of Social Work," *Social Service Review* 18 (1944): 162, and *Trends in Social Work as Reflected in the Proceedings of the National Conference of Social Work, 1874-1946* (New York: Columbia University Press, 1948), p. 187; Mary Glenn, "The Growth of Social Case Work in the United States," in *Readings in Social Case Work, 1920-1938*, ed. Fern Lowry (New York: Columbia University Press, 1939), p. 77; Ginsburg (n. 11 above), p. 878; Mary Jarrett, "The Educational Value of Psychiatric Social Work," *Mental Hygiene* 5 (1921): 515; June Lyday, "The Development of Psychiatric Social Service," *Hospital Social Service* 9 (1924): 153; Mildred Scoville, "An Inquiry into the Status of Psychiatric Social Work," *American Journal of Orthopsychiatry* 1 (1931): 145-49; Frances Taussig, "The Place of Psychiatric Work in a Family Case-Work Organization," *Mental Hygiene* 8 (1924): 961; and Miriam Van Waters, "Philosophical Trends in Modern Social Work," in *Readings in Social Case Work, 1920-1938*, ed. Lowry, pp. 42-43.

27. See n. 11 above. Also see Gordon Hamilton, "Basic Concepts in Social Case Work," in *Readings in Social Case Work, 1920-1938*, ed. Lowry, p. 160, and "A Theory of Personality" (n. 6 above), pp. 3, 16; Beatrice Levey, "New Trends in Psychiatric Social Treatment in the Family Agency," *Mental Hygiene* 13 (1929): 130; Betsey Libbey, "The Art of Helping by Changing Habit," in *Proceedings of the National Council on Social Work* (Chicago: University of Chicago Press, 1925), pp. 278-83; Malcolm Nichols, "New Emphases in Family Social Work," *Family* 9 (1928): 190; and Woodroffe (n. 1 above), p. 132.

28. See Sandor Ferenczi, "Freud's Importance for the Mental-Hygiene Movement," *Mental Hygiene* 10 (1926): 675-76; and Jessie Taft, "The Placing of Children Who Are Difficult to Adjust," *Family* 4 (1923): 46.

29. For example, see Charlotte Towle, "Symposium: The Treatment of Behavior and Personality Problems in Children, the Social Worker," *American Journal of Orthopsychiatry* 1 (1930): 21.

30. See Briar and Miller (n. 1 above), p. 13; Marjorie Boggs, "Present Trends in the Case Worker's Role in Treatment," *Family* 13 (1932): 158; Annette Garrett (n. 11 above), p. 220; Florence Hollis, "Some Contributions of Therapy to Generalized Case Work Practice," *Family* 15 (1935): 333; and Robinson (n. 11 above), pp. 95-97.

31. See Virginia Robinson, "Psychoanalytical Contributions to Social Case-Work Treatment," *Mental Hygiene* 15 (1931): 487; and Myrtle Mink, *Suggested Outline for the Psychiatric Social Study of Children with Behavior Difficulties* (Chicago: Institute for Juvenile Research, 1935), p. 12.

32. Transference was introduced into social work thought as early as 1924 in Jessie Taft's "The Use of the Transfer within the Limits of the Office Interview" (*Family* 5 [1924]:143-46). See also Libbey, p. 283, and Towle, p. 36. In her 1924 article, Taft also discussed countertransference, in a series of statements about the necessity for the worker to understand herself (p. 146). In the 1920s countertransference was often referred to as uncontrolled identification (Elizabeth Dexter, "The Social Case Worker's Attitude and Problems as They Affect Her Work," *Family* 7 [1926]: 179; Alice Leahy, "1926 Emphases in Psychiatric Social Case Work," *Mental Hygiene* 10 [1926]: 743).

33. For example, see Marion Rannels, "The Psychiatric Social Worker's Technique in Meeting Resistance," *Mental Hygiene* 11 (1927): 95.

34. For example, see Elizabeth McCormick, Dorothy Mueller, and Phebe Rich, "Management of the Transference," *Social Casework* 27 (1946): 212.

35. See Dexter, pp. 177-79; Leahy, pp. 743-45; Jessie Taft, "Function as the Basis of Development in Social Work Processes," *Newsletter of the American Association of Psychiatric Social Work* 9 (1939): 4; and Annette Garrett, *Interviewing: Its Principles and Methods* (New York: Family Welfare Association of America, 1942), p. 21.

36. "How Case Work Training May Be Adapted to Meet the Worker's Personal Problems" (n. 11 above), p. 386.

37. See M. Moore et al. "A Symposium on Attitude Therapy," *News-Letter of the American Association of Psychiatric Social Workers* 5 (1935): 1-14; and Lois French, *Psychiatric Social Work* (New York: Commonwealth Fund, 1940), p. 222.

38. See Elizabeth Dexter, "Activity in the Case Work Relationship," *Family* 14 (1933): 203; Grace Marcus, "The Individual and His Family Relationships: Some Newer Concepts in Social Case-Work," *Mental Hygiene* 17 (1933): 364-65; French, p. 220; and Hartman (n. 7 above), pp. 167-69.

39. See Frederick Allen, "Therapeutic Work with Children: A Statement of a Point of View," *American Journal of Orthopsychiatry* 4 (1934): 193-202.

40. The functional-diagnostic split is extensively discussed in Lubove (n. 4 above) and Hartman (n. 7 above).

41. Lubove said of the functional-diagnostic dispute: "Both groups . . . were committed to casework in which psychiatry played a dominant role" (p. 116).

42. Anna Freud, *The Ego and the Mechanisms of Defense* (London: Hogarth Press, 1936).

43. For example, see Grace Marcus, "The Generic and Specific in Social Case Work: Recent Developments in Our Thinking," *American Association of Psychiatric Social Workers News Letter* 8 (1938): 7; Gordon Hamilton, *Theory and Practice of Social Casework* (New York: Columbia University Press, 1940), p. 21; Austin, "Trends in Differential Treatment in Social Casework" (n. 10 above), p. 204; and Briar and Miller (n. 1 above), p. 19.

44. This discussion includes the consideration of some psychiatric and psychoanalytic writings. Because child placing in this century has been almost entirely within the province of the social work profession, psychiatrists and psychoanalysts interested in child placing contributed to journals read by social workers and served as consultants to child placing agencies.

45. See Edith Bain, "The Psychiatric Social Worker as Consultant in a Social Agency," *Mental Hygiene* 13 (1929): 118; French (n. 37 above), p. 28; and Tessie Berkman, "The Contribution of Psychiatric Social Work to the Field of Social Work," *Journal of Psychiatric Social Work* 22 (1953): 202.

46. Mary Jarrett, "The Psychiatric Social Worker in Relation to Mental Hygiene," *American Review* 1 (1923): 416.

47. Lubove (n. 4 above), p. 96.

48. *Ibid.*, p. 89.

49. David Levy, "Beginnings of the Child Guidance Movement," *American Journal of Orthopsychiatry* 38 (1968): 799-804.

50. Lubove, p. 45.

51. *Ibid.*, p. 64.

52. William Healy, *The Individual Delinquent* (Boston: Little, Brown & Co., 1915), p. 29.

53. McCord (n. 11 above), p. 110. See also Lyday (n. 26 above), p. 154; and Edith Baylor and Elio Monachesi, *The Rehabilitation of Children: The Theory and Practice of Child Placement* (New York: Harper & Bros., 1939), p. 265. There were a few references to the need to integrate psychodynamic theory more fully into the practice of the average children's worker. For example, see C. C. Carstens, director of the Child Welfare League of America, "Present Provision for Training of Children's Workers in the United States," *Social Service Review* 1 (1927): 236; and Ruth Brenner, "The Selection of Adoptive Parents: A Casework Responsibility," *Child Welfare League of America Bulletin* 25 (1946): 1.

54. See Simon Tulchin, "History of the Child Study Movement," *Welfare* 17 (1926): 14.

55. See, for example, Ira Wile, "Mental Hygiene of Younger Children," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1924), pp. 457-59; McCord, p. 111; and Ruth Gartland, "Current Practices in the Treatment of Children," *News-Letter of the American Association of Psychiatric Social Workers* 6 (1937): 3.

56. William A. White, "Childhood: The Golden Period for Mental Hygiene," *Mental Hygiene* 4 (1920): 257-59. See also C. Macfie Campbell, "The Experiences of the Child: How They Affect Character and Behavior," *Mental Hygiene* 4 (1920): 313-15; Helen Wooley, "The Social Consequences of the Neglect of Mental Hygiene in Young Childhood," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1924), pp. 459-60; David Levy, "Freud and Child Psychiatry," *American Journal of Orthopsychiatry* 10 (1940): 861; Roberta Crutcher, "Child Psychiatry: A History of Its Development," *Psychiatry* 6 (1943): 199-200; and U.S. Children's Bureau, "This content downloaded from 174.124.138.193 on February 13, 2016 14:29:02 PM

Minimum Standards for Child Welfare (Washington, D.C.: Government Printing Office, 1919), p. 14.

57. For example, see Child Welfare League of America, *Standards for Children's Organizations Providing Foster Care* (New York: Child Welfare League of America, 1941), p. 12.

58. For example, see Taft, "The Social Worker's Opportunity" (n. 21 above), p. 152.

59. See Frederika Neumann, "The Effects on the Child of an Unstable Home Situation," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1928), pp. 352-53.

60. See Florence Clothier, "The Problem of Frequent Replacement of the Young Dependent Child," *Mental Hygiene* 21 (1937): 549-58.

61. Charles Loring Brace was a leading exponent of removing children from their families and sending them west to "better" environments. See Children's Aid Society, *The Crusade for Children: A Review of Child Life in New York during 75 Years, 1853-1928* (New York: Children's Aid Society, 1928), pp. 5-8; Henry Thurston, *The Dependent Child* (New York: Columbia University Press, 1930), p. 111; and Bruno, *Trends in Social Work* (n. 26 above), p. 57.

62. Quoted in Robinson, *A Changing Psychology in Social Case Work* (n. 11 above), p. 9. See also Bertha Reynolds, *An Uncharted Journey: Fifty Years of Growth in Social Work* (New York: Citadel Press, 1963), p. 47.

63. See Hamilton, "Basic Concepts in Social Case Work" (n. 27 above), pp. 114-15; Elizabeth Bissell, "The Effect of Foster Home Placement on the Personality of Children," *Family* 9 (1928): 157; Neumann (n. 59 above), p. 353; Emma Lundberg, "Research by State Welfare Departments in the Field of Child Dependency," *Social Service Review* 6 (1932): 361; and Baylor and Monachesi (n. 53 above), pp. 7-8.

64. See Neumann; Baylor and Monachesi; Homer Folks, "Socially Handicapped—Dependency and Neglect," in *White House Conference on Child Health and Protection: Addresses and Abstracts of Committee Reports* (New York: Century Co., 1931), pp. 322, 329-30; and Lundberg, pp. 366-67.

65. For example, see Charlotte Towle, "The Psychiatric Approach in Home Finding" (reprinted from *Social Worker*), Towle Papers, box 12, folder 2, p. 1, University of Chicago Library, Chicago; Child Welfare League of America (n. 57 above), p. 12.

66. For example, see Taft, "The Social Worker's Opportunity" (n. 21 above), p. 152.

67. For example, see Annette Garrett, *Case Work Treatment of a Child* (New York: Family Welfare Association of America, 1941), p. 29.

68. See Neumann (n. 59 above), pp. 352-53; Clothier (n. 60 above), pp. 549-50; Baylor and Monachesi (n. 53 above), pp. 356-57; and George Gardner, "Ambivalence as a Factor in Home Placement Failure," *American Journal of Orthopsychiatry* 12 (1942): 139.

69. See Gartland (n. 55 above), p. 6; Edwina Cowan, "Some Emotional Problems Besetting the Lives of Foster Children," *Mental Hygiene* 22 (1938): 456; Adelaide Johnson, "Children Living with Relatives," *Child Welfare League of America Bulletin* 18 (1939): 6; and Edwina Cowan and Eva Stout, "A Comparative Study of the Adjustment Made by Foster Children after Complete and Partial Breaks in Continuity of Home Environment," *American Journal of Orthopsychiatry* 9 (1939): 335-37.

70. The agency is headquartered in Chicago, which, during the period under study, was probably above average in its psychodynamic resources. The University of Chicago's medical school was the first to ask a psychoanalyst, Franz Alexander, to teach; the Institute for Juvenile Research (IJR), founded in 1909, was the forerunner of the child guidance clinics and an important psychodynamic resource for the community; and the psychoanalytic institute in Chicago was the fourth to be established in this country. A 1924 survey showed that of 244 psychiatric social workers, seventy-five were practicing in New York, forty-six in Massachusetts, and the third largest number, twenty-three, in Illinois (American Association of Social Workers, *Vocational Aspects of Psychiatric Social Work* [New York: American Association of Social Workers, 1925], p. 23).

71. For statistical purposes, it was decided to select randomly 100 cases from each of three years rather than decrease the sample size from each year by including more years. The years chosen were the first year of complete records, 1938; the last year in the study, 1949; and a middle year, 1943.

72. To determine whether the population remained roughly the same throughout the study period and to provide a profile of the recipients of agency services.

73. Including seventeen cases (8 percent) that closed before 1930.

74. This was the last year the agency wished the personnel files examined.

75. Hart had been president of the National Conference of Charities and Corrections; Thurston went from ICH&A to the New York School of Philanthropy and wrote the influential *The Dependent Child* (New York: Columbia University Press, 1930); and Reynolds participated in many national conferences.

76. Illinois Department of Public Welfare, *Annual Report* (1925-26) (Springfield, Ill., 1927), p. 62.

77. For the first time, ICH&A staff began to produce psychodynamic books and articles. For examples, see Draza Kline and Helen Mary Overstreet, "Maintaining Foster-Homes through Case-Work Skills," *Social Service Review* 22 (1948): 324-39, and Lois Wildy, "Current Trends in Foster-Parent Education," *ibid.* 16 (1942): 426-76.

78. For the purpose of comparisons with nominal data, the years of the study were grouped to reflect administrative changes. Groupings were as follows: (1) 1915-20 (the earliest case opening to the end of the Reynolds administration); (2) 1921-29 (the first half of the Williams administration); (3) 1930-37 (the second half of the Williams administration); (4) 1938-43 (the Reckord administration before the appointment of Lois Wildy as director of casework); and (5) 1944-49 (the appointment of Wildy as director of casework to the last year studied).

79. The trend toward younger children is significant. If the agency provided more psychiatric services in later years, the increase cannot be explained by a population of older and hence increasingly disturbed children.

80. See Mary Doran and Bertha Reynolds, *The Selection of Foster Homes for Children* (New York: New York School of Social Work, 1919), p. 12; Charlotte Towle, "The Evaluation of Homes in Preparation for Child Placements," *Mental Hygiene* 11 (1927): 462-63, and "How to Know a Foster Family," *Child Welfare League of America Bulletin* (1928): 2; Lawson Lowrey, "Contribution of Mental Hygiene to the Differentiated Fields of Social Work," in *Institute for Child Guidance Studies: Selected Reprints*, ed. Lawson Lowrey (New York: Commonwealth Fund, 1931), pp. 29-30.

81. Joseph Klapper, *The Effects of Mass Communication* (Glencoe, Ill.: Free Press, 1960), p. 18.

82. *Ibid.*, p. 31.

83. Robert Heine-Gedern, Torsten Hagerstrand, and Elihu Katz, "Diffusion," in *International Encyclopedia of the Social Sciences*, ed. David Sills (New York: Macmillan Co. and Free Press, 1968), p. 174.

84. Everett Rogers, *Diffusion of Innovations* (New York: Free Press, 1962), pp. 126-27.