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The conceptual framework of social workers

Sabrina Tosi Cambini (University of Florence – Italy) elfide@libero.it

Paper (*Extensive Abstract - full paper version will be soon available*)

Based on a long term ethnography among homeless people and social workers in Florence and in Bologna, my study tries to develop an anthropological critique of the conceptual framework of the social workers in Italy. My paper is focused on the following questions: what is the education and training background of a social worker? Which are the conceptual categories a social worker uses to provide care?

The topic of this paper is what in France is called *terrains sensibles*: spaces (ghettos, streets, camps, etc.) and social conditions (homeless, squatters, etc.) which the Institutions (Services, Law-Courts etc.) define as deviant, illegal, etc. I talk about how institutions care of (or govern?) these people. In particular, I analyse the conceptual framework of social workers in Italy.

1. Social exclusion and marginality

We begin from two huge notions, exclusion and marginality¹, so widespread in the current social work and, therefore, in the narrations of the social workers, as an “object” of their intervention: as a matter of fact, it is inside these big containers, that a great number of persons, with whom we work, all different the ones from the others, are located. Even if of age-old custom in the discourse of the sociological discipline, the second notion is nowadays often used in an exchangeable way with the first one, by the Institutions, by the mass-media and by many people who – with different roles and points of view – are committed to the social issues. We should at least remember that by “social exclusion” we indicate a process, while by “marginality” we indicate a status. The exchangeability that emerges from the documents, the articles, the project reports, etc., first of all denotes, in our opinion, a diffused confusion, by which the social phenomena are named and the tendency to crystallize the life situations of people in troubles, i.e. identifying the first ones with the second ones. The choice of using “notion” instead of “concept” to indicate the two words is done accordingly with the formulation given by Didier Fassin in his article of 1966, where he compares the words “exclusion”, “underclass” and “marginalidad” referring to them as, precisely, notions, because “besides some efforts to theorize them, these terms work, either in the common discourse or in the scientific language, as sets without a theoretic fundament” (*ibidem*: 38).

In a long debate², both of them are undoubtedly the priority references of the policies (...of contrast towards social exclusion, of contrast towards marginality, etc..) and of consequence of projects and interventions: people think to have to work with marginal and excluded persons, giving low attention to put these notions under discussion.

Either the word marginality or the one of exclusion rely on spatial metaphors, that are focused on two dichotomy couples: centre/periphery, inside/outside. The space is the social space, the space

¹ The intention is far to be a theoretic analysis of these notions (for it we refer to the studies that dealt with it largely, see next footnote), but it has as an object to draw the attention on their use which is often acritic and on their validity in social work.

² See at least studies of : Robert Castel, Pierre Rosanvallon, Serge Paugam, Jacques Donzelot.

relation spreads the power relation that is embedded, then, in the representation itself, that one has of the social space in a specific historical-cultural context³.

These dichotomies actually create two alterities in which the first one executes a power (either cultural, economic or political) on the second one, that tends to maintain the dichotomy itself: who is “inside” or “in the centre” decides for himself/herself and for those being “outside” or “in the periphery”.

If it is true that since about twenty years, we observe an increasing worsening of social inequalities (the well-known “scissors” differential), it also true that, at the same time, – obviously, the two things are closely linked – we assist to the weakening of a whole system, which made a person be somebody who was “secure”, “inside”, “in the centre” (and this is the process that mostly destabilises). The so-called “vulnerability” is by now a condition in continuous movement, in which millions of people in Europe are actually involved. People who are not related to “histories” of poverty, that we could define generational and that have been shift into a new definition (the one of “new poverties”) or fluctuate very near to them. In substance, we could imagine the poverty status as an evident point of a nebulous, in which a series of characteristics reflecting difficulties and hardships thicken and become rarefied, little by little, as we depart from it. The image should be seen in the opposite way (i.e. starting from the nebulous), bearing in mind, anyway, that the life path of people may change of direction more times: the nebulous covers currently an enormous quantity of enough different people, facing very different difficulties, changing at a certain quickness. On the contrary, either exclusion or marginality are notions that denote very different images: as a matter of fact, they outline clear borders, they act as a watershed, they create a “rupture”. Using great sharpness, Robert Castel has compared the current centrality of the increasing rate of precarious employment to the centrality of nineteenth-century pauperism in the first industrialisation dynamic⁴: “The current problem is not only the one that states the constitution of a “precarious periphery”, but also the one of the “destabilisation of the stables”. The growing phenomenon of precarious employment crosses some of the anciently-stabilised work areas. Lifted up again by this mass-vulnerability, one has observed, then, that it had been slowly averted. *There is nothing of marginal in this dynamic.(...) There is enough to set a “new social issue”, that has the same wideness and the same centrality raised by the pauperism of the first half of the nineteenth century, with the astonishment of the contemporary people*” (1999: 661-662, translation and italics by us).

Talking about marginality, saying social exclusion, at an operative level sets a great problem by now: the one of indicating nothing, and on the contrary of hiding a situation, that concerns the whole society (who is at its centre!) and the relevant processes of change. What emerges is, thus, the inability of these terms (and of the abuse that has been done of them) to account for the nowadays existing social phenomena, and, as a consequence, the impossibility of a practical use of them by those who practice a social work.

2. How social workers use the word “culture

Our attention is here focused on how much the culture term has entered in many social workers’ vocabulary and on how much, at the same time, its use takes form around a screen-notion, by which mainly an uneasiness feeling of the operator – often, in this case, a social assistant – is expressed,

³ To these dichotomised couples, Fassin adds the one of on/under which is typical of the notion of “marginalidad” (1996:38). It is important to remember that Bourdieu defined the sociology also as social topology, referring to the possibility of representing the social world as a built space on the basis of the differentiation and distribution principles (1984).

⁴ According to the author, we are in front of a new social issue: it is the failure of the salaried society to put under discussion the principles of the social cohesion and the basis of the social status.

rather than the pertaining situation of the person that one is “assisting”. Let’s explain it carefully and step by step. We know that the *welfare* as a system, and the services as people elaborating strategies and practices, since a long time, are undergoing a period, that – among many definitions and to cut things short – we could say, is “in a crisis”. If it happens at European level (but in North-America, too), in Italy the crisis’ avalanche met also a social landscape that was starting to tackle the immigration: the services found themselves, therefore, not only in front of “new users” (as well as, for instance, the so-called “new poverties”) because of whom their education staggered, but also in front of users, coming from other countries of the world and they hadn’t been given any education to deal with them. This two levels – “new” users and “immigrated” users – are closely linked, at least for two reasons: the first one is that the “immigrated” users often cross the difficulties, that are noticed for the “new” users (too expensive rents, precarious work, etc); the second one is that the approach to the social work, that they require for the effectiveness of answers, is very similar. This second aspect seems to us very disregarded: in the re-examination of the social work, of its modalities, of its organisational systems, of its rationale, still now – as we saw – one thinks a lot for categories, but most of all, to say it by Maria Grazia Giannichedda’ words, “there are many factors that contribute to the social exclusion, one of these is our university education. At the university, the students are taught that it is scientifically correct to face the problems in terms of related facing-up strategies, ignoring the subject, like if he/she wouldn’t be the active part of the issue” (2006:1). This means also that, if the service can not face up the problem, something is wrong with it, and this “something” is often outside the service, it has to do with the user: it is the user who makes it “brake” (as we say), because – it is said – “he/she is not willing to do anything”, or because “he/she does not comply with the appointments”, i.e. because the person “says that he/she needs a work, we fix an appointment, but then he/she doesn’t go” etc. In case the user has another nationality, a more effective formula⁵ has been found, which is omni-comprehensive and shorter: the user belongs to a different culture and therefore, “the problem is cultural”⁶. This own “culture” would prevent the user, first of all, from understanding. Understanding how the service works, which are the *benefits* that can be requested or not, understanding why he/she is required to do a certain exam etc. The wished solution is then the cultural mediator, to whom the service can delegate all its difficulties, concerning the interactions with the foreign user. Obviously, entering the service system requires a greater effort for a person coming from a country, which is different from the one who produced that system, but what does it happen then? The mother – according to the social assistant – denies the situation; the pregnant young woman, even if having been told by the operator about where to go for the echography, does not go; the explanation is always and anyway Cultural, with a C in capital letter that separates, drives away, sets the situation beyond any critic point of view: the C is so big, that can not put under discussion the service, but at maximum it can deem that it would be necessary to dispose not of an on-call mediator but of a permanent one. People scarcely wonder about their way of operating, but they hide their uneasiness for not being able to interact effectively with the “users”, in a container that makes loose the situation specificity, by projecting it in a highly generalised dimension, that has no capacity to “mean” what it is happening. So, culture becomes a term not only abused, but also manipulated: it is used to denote a situation that the service does not neither understand (entirely or partially) nor manage (entirely or partially), that allows, at the same time, to concentrate the responsibility of this inability on the user, allowing the service to avoid any reflection about itself and about a concrete opening to the change (that, obviously, does not only foresee the request for a mediator). As Marco Aime writes (2004), they are not the cultures to meet or to clash, but people, and – if they are thought as an absolute datum – cultures become an insurmountable barrier. The operation that is made when the social operator gives an explanation in the above-mentioned terms, is exactly this one: to create an absolute datum; so that, starting from the obvious fact that the absolute does not give operative

⁵ From formal and informal conversation with social assistants and operators.

⁶ The mechanism is very subtle: the culture “emerges” where there is something that creates the problem or where it is a stereotype.

possibilities, a parenthesis is applied and one operates as usual (and the parenthesis can be eventually filled by the mediator). Here we are at the convergence point with the “new” users: to operate “as usual”, anyway, is not effective (or it is so in a limitative way).

3. *The dominant medicalizing discourse.*

By working in the social field – by different roles and with different organisations – we could note that in our territorial context (the town of Florence and its metropolitan area), but also random in other national contexts, from the meetings among operators, coming from other Provinces (Pisa) and from other Regions, re-emerges, what we would call, the “psychiatric warning”. In other words, it seems to be the tendency to denote many people who are users of services, in particular at a low threshold, as the “psychiatric” ones. This happens also when there has not been a psychiatric examination. Usually, these persons belong to those who – as we use to say – make a service break, i.e. practically those persons with whom the service has tried all kind of intervention and does not know anymore what to do with them (to paraphrase some expressions used by the social assistants). But, pay attention, they often belong to another “group”, too: the one of the so-called “multi-problematical” people. Let’s pause here for a moment. Besides the typical categorizing way of the classic *welfare*, at least from the Nineties, we assisted to a progressive fragmentation of the services, corresponding to a body control (Bergamaschi, Fassin etc.). Among the elements at the base of that mechanism, there was certainly the one of reductionism, too: the reduction of the person to the own “hardships”, somehow “diagnosticable”, like to say a “social diagnosis” (together with a medical-sanitary one) or also a socio-sanitary one (such as in the case of drug-addicted persons). If the medicine reduces the patient’s body to its “corporeity”, the social assistance acts in the same way: disconnects the person from his/her socio-cultural *milieu*, till the point of ignoring his/her reality of social person (cfr. Collière 1992), making him/her to coincide with his/her “hardships” represented by a social problem, corresponding to a series of possible services. As we can see, there are several slippings. Now, facing a *metamorphosis of the social issue* (as the title of the famous Castel’s work), a complexity that requires a long-range vision of the elements that contribute to define a vulnerability situation, the mechanism of the fragmentation and the person/user= (social) problem equation, reveal all their incoherence with the reality. But at this point, people who, more than others, show those “symptoms” (here is the medical language: the symptomatic uneasiness and a- symptomatic...) that can be reconducted to already determined “social problems” are called as “multi-problematic”. This is like to say: a sort of body section has been operated, because so, it seemed to work better with them (and of course to control them better), then when it becomes totally impossible to continue to practice it, one does not go to the heart of the problem – i.e. that this fragmentation is so scarcely effective, either for the representative dimension or for the operative one – but one defines the user-person as “multi-problematic” and it is felt mandatory to compare to the other services that intervene on an other single problem. The interpretation inside the pathological order – most of all psychological and psychiatric – is often used in paths and practices to which we do not compare, inside which we often do not know how to find a sense, and therefore, we end to find a certain support in the medical-psychiatric categories.

Pierre Aïach sets a phenomenon to the base of it, that is historically and sociologically relevant and that refers to all the industrialized countries: the medicalization. He identifies four forms of expression of it, among which we highlight some aspects of interest:

- The extension of the medicine’s competence field, and of everything related to it, that nowadays relies on the formidable scientific legitimacy, by which it benefits; the health integrating elements of the social field that, since that point, were escaping, offers to the medical *expertise* new dominations of activity.

- The propensity –highly interiorised – to declare, at first, light symptoms, health and disease problems. This phenomenon can be analysed as a product of many factors that are translated in a modification of the problems and symptoms perception threshold.

The medicalization is a dynamic phenomenon - Aïach explains – that marks our society in depth, that orientates the economic development, the social practices, the expectations and the satisfactions/dissatisfactions starting from the objectives and purposes about the health if understood as supreme value. The use of the medical-psychiatric categories to reflect on the more different social situations is not only accepted, but it is also considered aprioristically legitimate. Finally, the dominant languages and practices at both levels of policies and social work produce a hegemonic process, which reinforces a pathological interpretation (individualized disorder) and fails to connect the individual condition to the systemic inequities and to the structural violence.