
Eileen Gambrill

Abstract
Social work is a profession that draws (or should draw) on available knowledge in the disciplines as well as other sources including other professions in the pursuit of “the betterment of life conditions of individuals, groups, and communities.” An historical perspective illustrates opportunities taken and lost to harvest knowledge in pursuit of this aim. This, combined with a sociological view, suggests how we can make use of history in creating new futures including minimizing avoidable suffering. An agenda for forwarding a science-informed social work is suggested based on this perspective.

Keywords
ethics, science, professions, suffering, problem solving

Tracing the history of ideas in social work, like all histories, is a challenging task. The threads of influence are many, the pieces missing frequent—even unknown, and the opportunities for misunderstanding rife, in part because of the varied framing lens and different meanings of the same words over time, and different degrees of access to the resources required to leave records. To different degrees, some avoidable, some not, we cast our gaze toward the past as well as the future with eyes influenced by the present. Literature exploring the relationship between social work and science goes back decades (e.g., Kirk & Reid, 2002). Contributions differ in their clarity, accuracy of presentation of perspectives, the extent to which content outside of social work is drawn on, and the clarity and cogency of recommendations for integration. Scholars still argue about what the enlightenment was and what modernity is and when they started and ended (e.g., Israel, 2006).

Tracing the history of ideas is especially difficult in a helping profession such as social work in which knowledge from many disciplines as well as other professions can be drawn on to pursue value-laden goals such as “the betterment of life conditions of individuals, groups and communities” (Soydan, 2011). Betterment for some may mean less for others in a resource-limited world. The value-laden nature of our profession, and the wide range of social problems addressed (or not), perhaps more so than any other helping profession, draws fire from those with opposing goals and values. Consider different views of “the poor” over time and places as well as different views of troubled and troubling behaviors (Szasz, 1987). Sen (2009) argues that usual measures of poverty omit attention to different burdens of disability requiring more income to address and that the former reflects conceptual conservatism. This is but one of many instances in which views differ in their attention to context. The very existence of social work affirms Soydan’s appeal to our interest in helping others. Indeed, limited opportunities to help others in our competitive, individualized society with its focus of the self (Cushman, 1995; Illouz, 2008) may be related to the troubles in our world (De Waal, 2009)—too few opportunities to minimize the avoidable suffering of others.

Clients have real-life problems or inflict them on others. What obstacles stand in the way of helping clients solve their problems—attain related hoped-for outcomes? What can we learn from the past? We can ask: what have we learned? How can we learn more? Do we link the personal to the contextual? Are we mired in the problem framing of others such as biomedical psychiatry (e.g., LaCasse & Gomory, 2003)? What problems have we helped to reveal? We have an obligation as a profession dedicated to helping clients, to identify, document, expose avoidable suffering, and advocate for its decrease. It is here where the differences between a profession and a discipline become marked because of our ethical obligations to clients. For example, we have an obligation to embrace problem framings that expand rather than shrink clients’ capabilities (Sen, 2009). What percentage of professional discourse has contributed to helping clients? We can explore for example whether the work of Pinkston and Linak (1984) helped, harmed, or had no effect in families caring for an elderly relative. Did this work help families to continue caring for elderly relatives rather than institutionalizing them while also

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Table 1. Examples of Vulnerabilities and Protective Factors Related to Lost Opportunities to Help Clients

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<th>Vulnerabilities</th>
<th>Protective Factors</th>
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<td>The allure of status</td>
<td>Careful evaluation of practice</td>
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<td>The allure of paternalism</td>
<td>Critical appraisal of claims</td>
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<td>Excessive need for approval</td>
<td>Accurate description of alternative well-argued views</td>
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<td>Fear of failure</td>
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<td>Environments that support all of the above</td>
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maintaining family quality of life? As with the personal history of an individual, we can purse the history of a profession to identify risks and vulnerabilities as well as protective influences in the pursuit of chosen aims (e.g., to increase social justice, to minimize avoidable suffering), but given the unknowns, only with humility (see Table 1). The history of social work, similar to the history of any other profession, illustrates opportunities taken and lost to tilt toward offering clients the benefits of available knowledge and away from deceit, pseudoscience, scientism, and authority-based practice.

The Focus on Sociology: An Apt Choice

Professor Soydan has made an apt choice in basing his article on the chapter on sociology in his book *Understanding Social Work in the History of Ideas* (1999). This is one of many chapters in this book, others being devoted for example, to psychology. The choice is apt because the vision of sociology is broad and a broad view can help us to forward a science-informed social work—one which draws on science (guessing and testing) to help clients enhance the quality of their lives. A broad view requires that we explore other professions as well as disciplines in seeking a path toward a science-informed social work. Social work should draw on any source that offers tips for how to help clients solve problems, including other professions. We need a broad view to identify false paths and avoidable lapses. As Professor Soydan suggests, social work involves a spirit of helping—an interest in solving social problems drawing on human sociability and mutual aid in a “spirit of human progress.” This broad view is faithful to the vision of many in the history of social work including Jane Adams and Mary Richmond, both of whom emphasized the importance of understanding the environments in which personal and social problems developed, existed and festered. Yes, their view of the environment was different, but neither fell into the biomedical reductionism so prevalent today in the helping professions, including social work.

The broad view of sociology emphasizes the relationship between personal and social issues as illustrated in Mills (1959), *The Sociological Imagination*. It has yielded an invaluable literature describing the social construction of problems and the play of political, social, and economic factors in this construction (e.g., Conrad & Schneider, 1992; Loeske, 1999). It is this tradition that forward critiques of the medicalization of life (e.g., Conrad, 2007). Sociologists as well as epidemiologists help us to identify environmental health risks and health disparities (Deaton, 2011). It helps us to understand the creation of the helping professions as reflected in the writings of Abbott (1988), Friedson (1986), and Larson (1977). It helps us to understand the origins of religion, as seen in the work of Durkheim (1965, c 1915). It contributes to our understanding of bogus claims in professional discourse and related influences (e.g., Bornmann, 2008). This broad view encourages us to draw on other disciplines and to create new ones such as social psychology to understand lives and their circumstances. Surely we in social work are blessed with this richness of theory and related research. But have we used it to best advantage?

Consider also anthropology. Here too what riches await that can be used to help us to understand clients and their circumstances and to help clients enhance the quality of their lives, including the study of cultural differences. The book *Subjectivity* (Biehl, Good, & Kleinman, 2007) illustrates how our personal experiences are shaped by our environments and that only if we understand a person’s unique circumstances can we understand clients’ unique subjectivities. Anthropologists such as Appelbaum (2009) are making valuable contributions to help us understand how the global biomedical industrial complex affects personal lives (see also Petryna, Lakoff, & Kleinman, 2006). Psychology also has much to offer a science-informed social work including the study of behavior and how it is influenced by the environment (Thyer, 2005) and the study of biases in decision making (e.g., Gigerenzer & Gray, 2011). As Popper (1992) suggests, “Psychology is a social science since our thoughts and actions largely depend upon social conditions . . . Thus psychology presupposes social concepts” (p. 78). Psychologists have taken a leading role in documenting the importance of common elements in helping such as the alliance and blowing the whistle on excessive claims regarding “evidence-based practices” (e.g., Imel, Wampold, Miller, & Fleming, 2008; Wampold, 2010; Wampold, Imel, & Miller, 2009). Consider also the recent report by Goldfried (2011), which describes practitioners’ experiences with using a particular intervention. This is good example of how practice can inform research. Owen and Imel (2008) describe the value of client completed brief rating scales practitioners can use to check on the therapeutic alliance and the helpfulness of each session so problems can be identified at an early point. This offers immediate feedback to practitioners regarding the alliance, so related to outcome (Norcross, 2011). Political science and economics are other areas that contribute to a science-informed social work (e.g., Kristof, 2011). So too, public health (e.g., Edwards & Di Ruggiero, 2011).

History as an Imperfect Guide to the Future

Certainly one benefit of studying the history of ideas in encouraging a science-informed social work is getting good ideas about how we can to this—what to do, what not to do, and what may get in the way and why, such as conflicts of interests
related to pursuit of political, economic, and/or social gains. The latter includes efforts to block new ideas including their distortion and censorship. The history of science and just about all other enterprises shows such attempts. History shows the prevalence of deception such as inflated claims of effectiveness and “disinformation” disseminated in order to make money to our detriment and/or to promote certain political agendas. Consider selective reporting of antidepressant trials and hiding of adverse effects of drugs (e.g., Turner, Matthews, Linardatos, Tell, & Rosenthal, 2008). How many people are aware that Portugal decriminalized all drugs in 2001 (Hughes & Stevens, 2010)?

Reveal the Promotion of Avoidable Ignorance

What knowledge has social work drawn on? What has it ignored? A review of the past (as well as current discourse) will reveal avoidable ignorance including confusions among scientism, pseudoscience, and science. The history of ideas in social work as well as current writings shows that science is often misunderstood or deliberately misrepresented (see also above section). The social work literature abounds with distortions of science. Science as we know it today (guessing as well as testing rather than guessing and guessing again) is often misrepresented as logical positivism, discarded long ago. The term scienticism refers to the assumption that science should have authority over all other views of life—the tendency to “ape the methods in the natural sciences” (Hayek, 1955). “Scienticism dogmatically asserts the authority of scientific knowledge” (Popper, 1992, p. 6). It reflects a “dogmatic belief in the authority of the method of the natural sciences and its results” (1992, p. 41). Serge Lang (1998) critiqued favoring quantitative methods simply because they are quantitative and gives examples. Because of our tendency to be impressed with authority (e.g., of science and scientists) scientific material can easily fool us. The term pseudoscience refers to material that makes science-like claims but provides no evidence for them (Bunge, 1984). Pseudoscience is characterized by a casual approach to evidence (weak evidence is accepted as readily as strong evidence). Criticisms are dismissed. Pseudoscientists make use of the trappings of science without the substance. The essence of science is guessing and testing—identifying problems and trying to solve (answer) them in a way that offers accurate information about whether a conjecture (a guess or theory) is correct. Popper (1972) suggests that it is a process for solving problems in which we learn from our mistakes. Science rejects a reliance on authority, for example, pronouncements by officials or professors, as a route to knowledge. Authority and science are clashing views of how knowledge can be gained (Popper, 1994). This view of science, critical rationalism, is one in which the theory-laden nature of observation is assumed (i.e., our assumptions influence what we observe) and rational criticism is viewed as the essence of science (Phillips, 2000; Popper, 1972). “There is no pure, disinterested, theory-free observation” (Popper, 1994, p. 8). Concepts are assumed to have meaning and value even though they are unobservable. By testing our guesses, we eliminate false theories and may learn more about our problems; corrective feedback from the physical world allows us to test our guesses about what is true or false. But knowledge is always tentative and open to new criticism. “What we call scientific objectivity is nothing else than the fact that no scientific theory is accepted as a dogma, and that all theories are tentative and are open all the time to severe criticism—to a rational, critical discussion aiming at the elimination of errors” (Popper, 1994, p. 160). Basic to objectivity is the critical discussion of theories (eliminating errors through criticism).

I suspect that the frequent misrepresentation of science in the social work literature is due to four interrelated factors:

Reveal Conflicts of Interest That Harm Clients and Limit Progress

Conflicts of interests, including those propelled by an intent to “do good,” result in creation of some of the missing pieces in the puzzle of any history of ideas. Recent literature has documented the extent of conflicts of interest between academic researchers and Big Pharma, often with harmful consequences for clients (e.g., Lo & Field, 2009). Conflicts of interest may make it difficult to even see what an idea is (Bauer, 2004). There is nothing more dangerous than a new idea that is viewed as a threat to reigning ones. Such an idea may be at first ignored, and if this does not do the trick, then distorted and attacked.
(1) the enormous amount of scientism and pseudoscience in social work and other sources—science look-a-likes; (2) reactions to this resulting in discarding the baby (science) with the bath water (scientism and pseudoscience); (3) lack of sound education in the philosophy of science; and (4) failure to focus on helping clients solve problems. Negative reactions to scientism in social work are understandable. For example, such material distorts and hides unique meanings of clients’ lives and circumstances. The essence of science is criticism of ideas and I am not sure we do a very good job of encouraging students to welcome such criticism as the route to knowledge and or ignorance. This problem goes back to Veblen’s concerns about placing professional schools in universities. One important decision we must make concerns how we view science. Popper suggests that ideas should (and do) come from anywhere and that what is important is what happens to them; are they subject to critical tests of their accuracy. Should we search for confirmation of our views or, as Popper suggests, try as hard as we can to falsify them? Mary Richmond (1917) encouraged us to distinguish between inferences and facts. Will we view life itself as problem solving and the essence of science as problem solving in which, if we are lucky, we may understand a bit more about the nature of a problem if we critically test our assumptions? Will we discard the view of knowledge as certain as Popper advises or continue to use words and phrases such as well-established and proven?

Perusal of past (as well as current) discourse shows the steady misrepresentation of certain points of view. Tensions between different views of evidence are aggravated by avoidable misrepresentations (e.g., Gonzales, Ringeisen, & Chambers, 2002; Hess & Lacasse, 2011). A historical view will reveal avoidable obstacles such as misrepresenting perspectives. Consider this: “some like behaviorists, do not acknowledge the importance or ‘reality’ of an internal, mental life” (Longhofer & Floersch, 2011). This inaccurate statement confuses methodological behaviorism with radical behaviorism, a confusion easily avoided by reading any number of original sources.

A behavioristic analysis does not question the practical uselessness of reports of the inner world that is felt and introspectively observed. They are clues (1) to past behavior and the conditions affecting it; (2) to current behavior and the conditions affecting it, and (3) to conditions related to future behavior... (Skinner, 1974, p. 33)

Misrepresenting the views of others harms clients if related methods can help them. (See the extensive literature on applied behavior analysis in working with individuals, families, communities, and institutions.) It detracts rather than forward problem solving. The striking thing about such distortions is that original material is readily available.

Reveal the Plethora of Scientism and Pseudoscience and Suggest How We Can Minimize Them

History shows the importance of critically appraising the strategies used to promote professions such as inflated claims of effectiveness and accoutrements such as accrediting organizations (Stoesz, Karger, & Carrillo, 2010). In Science and Pseudoscience in Social Work, Thyer and Pignotti (in press) describe examples of pseudoscience and quackery engaged in by social workers. (See also Pignotti & Thyer, 2009.) Does this help clients? (See also Lilienfeld, Lynn, & Lohr, 2003.)

Reveal Avoidable Harming in the Name of Helping

Perhaps, the most compelling use of history is illustrating harming in the name of helping by ignoring evidentiary status in selecting and promoting assessment, intervention, and evaluation methods. Many social workers have become the handmaids of psychiatry, ignoring environmental causes of personal predicaments, and related calls for social reform. Like other professions, social workers should draw on material in all areas that can guide doing good and avoiding harm. Just as helping a client may require reframing a problem, so too with a profession.

Illustrate the Importance of Critical Discussion

A science-informed social work calls on us to accept Walton’s (2008) pragmatic view of arguments in which questions are never out of place when the goal of a discussion is to arrive at the “truth” and in which fallacies (such as distortion of other points-of-view) are illicit efforts to block critical appraisal—discussions in which each participant is committed to understand the views of others and demonstrates this commitment. Rather than fearing criticism we should embrace it as an opportunity to learn more about how to help clients and avoid harm. The scientific tradition is the tradition of criticism (Popper, 1994, p. 42). “I hold that orthodoxy is the death of knowledge, since the growth of knowledge depends entirely on the existence of disagreement” (Popper, 1994, p. 34). Critical appraisal of clashing points of view is essential to move forward, and the more effective the criticism the better in terms of minimizing mistakes, although there will always be unintended consequences.

Reveal Propaganda in the Guise of Scholarship

Propaganda is designed to encourage beliefs and actions with the least thought possible (Elull, 1965). This contrasts with critical thinking—arriving at well-reasoned decisions (Gambrill, 2010). Brekke (2011) included the following statement of the American Psychiatric Association in the Aaron Rosen lecture presented at the annual conference of the Society for Social Work Research: “member driven, science based, patient focused.” That sounds good. But an analysis of the activities of the American Psychiatric Association suggests the following statement: “pharmaceutical company driven, authority based, and status focused.” Fifty-six percent of the 170 DSM-IV panel members had financial associations with companies in the pharmaceutical industry (Cosgrove, Krimsky, Vijayaraghavan, & Schneider, 2006). Propaganda promotes misleading beliefs about what is true and what is false; there is an emphasis on
conclusions (claims) and a “deemphasis on developed reasons” (Sproule, 1994, p. 6, Chap. 1). Related claims may involve false assertions about risks, accuracy of tests, alleged causes, and effectiveness of interventions. It promotes false ignorance as well as false knowledge. Inflated claims couched in science-like language are a key ploy (e.g., Coyne, Thombs, & Hagedoorn, 2010; Gandhi, Murphy-Graham, Petrosino, Chrismer, & Weiss, 2007; Gorman, 2008; Gorman & Huber, 2009; Mayor, 2010). Propagandists take advantage of our gullibility and hope for “cures” as well as a lack of education regarding different “ways of knowing” and their likelihood of yielding accurate information. We need less marketing and more scholarship (Gambrill, 1995).

**Reveal the Importance of Understanding the Effects of Technology**

Ellul (1965) emphasizes the enormous influence of technologies in our lives, ever more present as these technologies “colonize” ever more venues including our very moods now often regulated by prescribed medications. A science of social work would encourage a critical appraisal of all technologies: Do they do more good than harm? Have they assumed a life of their own in which we no longer question their effects? A historical view will reveal a naiveté regarding unintended effects of technology (Margolin, 1997). As always throughout history, some have more access than do others to resources to create records, promote views, and to censor others. Some more than others, even today, have greater access to venues to promote their ideas. Some are more skilled than others in doing so. In the past, voices, such as those of the poor who did not have access to the resources needed to create permanent products, may not even be audible (Popper, 1994). In social work, we have records from agencies and from conferences. We have the writings of academics and practitioners. We have narratives of clients, but all too few (e.g., Kenyon, Bohlmeijer, & Randall, 2011). We have agency reports, perhaps all too many and most too vague (Altheide & Johnson, 1980). We have governmental reports. We have descriptions of community efforts such as The Women’s Institute. We even have some writings on the use of public relations strategies to promote social work values such as the traveling exhibit of Mrs. Do Care and Mrs. Don’t Care (Tice, 1998). And now we have new technologies available to almost all people such as the computer and the Internet.

Anthropologists bring to our attention the role of global Big Pharma in seeking new routes to new markets (Appelbaum, 2009). It is not only clients who are influenced by related technologies and those who advance them but we ourselves. “The two worlds of American academic clinical oncology—the therapeutic and the scientific—provide vivid examples of how patients and their clinicians, embrace even as they are embraced by, biotechnology and how American medical literature generates enthusiasm for experimental clinical science and ‘medicine on the edge’” (Good, 2007, p. 367). We could argue the same for social work. In Technology as Magic, Stivers (2001) suggests that technology has become so ever-present that we no view use of a new technology (e.g., a new management system) as the indicator of success.

**Reveal Lost Opportunities to Expose and Reduce Avoidable Suffering**

In the list of items under “Domains of a science of social work” in Brekke’s (2011) presentation, there is no mention of suffering. Marginalization may or may not create suffering. It may create growth and other positive experiences. Disenfranchisement may create opportunities for growth as well as avoidable suffering. Focusing on avoidable suffering is compatible with the offering of help emphasized by Soydan (2011). Attending to consequences (suffering) encourages us to never forget the philosophical and humanistic dimensions of helping. Popper (1992) argues that we do not know how to make people happy. But he suggests that there would be general agreement on avoidable suffering in life. People have problems. They don’t have enough food. They have nowhere to live. They are being assaulted by their partner. Children are being bullied in their school. Elderly people die of hypothermia because they have no heat in cold months or die in hot months because they cannot open their windows. Youth with no legitimate routes to employment may take up selling drugs and then be arrested and sent to prison (Wacquant, 2009). We can use knowledge garnered to work toward a science of avoidable suffering. That is what we could use what we have discovered about how to reduce avoidable suffering to create the next iteration of theories which, as always would be tested in real-life situations by the thousands of efforts to help clients solve problems. The sociology of suffering is a growing area of inquiry (e.g., Wilkinson, 2005).

**Help Us to Understand Our Own Context**

The professional literature is shaped by the requirements of funding organizations, editorial policies of journals, requirements of universities for advancement, and agendas of publishing companies (e.g., to make money). It is shaped by conflicts of interests (Lo & Field, 2009), which may be transparent or hidden. Some argue that the increased collaboration between industry and universities impedes transparency of what is done and encourages censorship of dissenting views. Bauer (2004) contends that science is dominated today by research cartels and knowledge monopolies. The need to publish and do research for one’s very livelihood encourages bogus claims of “what has been found.” It encourages a dismissal of other views—even a distortion to make one’s own views appear sound and original. Citation analysis shows that many are bogus (Abbott, 2010; Greenberg, 2009). Scheff (1995) suggests that we may also be affected by academic gangs.

**Reveal the Importance of Increasing Client Involvement**

Examples of the barely audible in many scientific journals include the subjective meanings of symptoms viewed as signs
of mental disorder that, within a contextual view are often creative adaptations to difficult circumstances and, almost always “make sense” (e.g., Layng, 2009). Yes, these voices may be dominant in other venues (e.g., other journals and books) but this splitting of the subjective and the objective creates a tendency to ignore unique meanings and complexities of lives and encourages scientific discourse. Clients’ environments often remain unknown in an emphasis on psychiatric maladies and behavior during interviews. This is so antithetical to the social in social work (e.g., Marsh, 2002). We cannot create a science informed social work without client involvement. Central to working with clients is understanding their unique characteristics and circumstances in the here and now, including their unique subjectivities (Biehl et al., 2007) and involving them in planning and evaluating service outcome. How often do we involve clients in all stages of research? How often do we help them to form effective advocacy groups? Moinihan (2011) suggests creating a new and informed citizens movement to enhance health care. Should not we form a new and informed clients’ movement to help clients enhance the quality of social work services available? How often do we place computers in waiting rooms to inform clients about the evidentiary status of services offered by an agency including those they are coerced to visit? How often do we inform clients about The myth of the chemical cure (Moncrieff, 2008)? (See also Morone, 1997.) How often do we gain their feedback about agency services? How often do we involve them in helping other clients?

Our Privileged and Challenging Position as a Profession

We, like medicine, dentistry and nursing (for example), are professions. We are more than science. We are more than a practice. We are more than an art. We are all these enterprises. I suspect that this is why many of us are in this profession. We value harnessing science in the service of helping others. Although I agree that social work is a practice, as Professor Soydan suggests, I am not sure it is a scientific discipline. I think it is a profession which draws on science from many areas as well as knowledge from other professions and, in carrying out its obligation to help clients, itself contributes to scientific knowledge. Why have just a part when we can have the entire basket? The struggle to honestly and effectively handle uncertainty is particularly challenging because of our obligation to do good and avoid harm (e.g., Chalmers, 2004). We are a privileged profession because we are given many opportunities to do some good in the world, for example, to decrease avoidable suffering. In doing so, we have an opportunity and an obligation to draw on a wide variety of sources including other professions and the disciplines to search for valuable tips.

Our call to help people solve problems means that we are obligated to use socially valid methods—they help clients achieve outcomes they value. Does this tell us that our services were responsible? Usually not. Will this help us to determine the causes of problems? Often, no. Helping clients solve problems comes first and, as revealed in medicine, we often can be of help even though we do not know the cause of a problem or how a remedy works. We are in a challenging position because exploration of what may help us to help our clients requires looking broadly and translating across disciplines and other professions. This requires an open mind and taking the time to understand diverse perspectives. And, social work often deals with complex social problems requiring political and legislative solutions as well as provision of help to individuals, families, and communities in the everyday world of practice. All helping professions struggle with melding the caring with the scientific. Here, is another area in which we can learn from other professions. Do we help social workers to be honest with clients about the evidentiary status of recommended interventions (as required by our code of ethics) as well as supportive? As in medicine, social workers conduct their work under uncertainty—some avoidable, some not.

I suggest that the quest to make social work a discipline rather than viewing it as a profession—a quite different and much broader enterprise—has been a distraction from helping clients solve life-affecting problems. I suggest that it is a major source of distracting discourse. Social work is a profession dedicated to helping clients (Soydan, 2011). This means that helping clients is key. Do we help or do we not and to what extent? Clients are the ones who must judge this. Do subjective reports correlate with objective indicators? Clients have varied problems-in-living. This diversity of problems and related hoped-for-outcomes renders social work and social welfare a complex enterprise. But because there are real problems from the client’s point of view (and/or their significant others), we are in the fortunate situation of having a criterion (a gold standard) to determine whether we do more good than harm. Clients may need housing or medical care. They may need help in dealing with an aggressive teenager or an elderly person for whom they care. They need respite from such care. A woman may need help to escape from an abusive partner. An elementary school child may need protection from bullies at school. We are a profession and perhaps the most complex one in dealing with an array of problems and related hoped-for outcomes thrown up in a society. Soydan (2011) suggests that “shaping a science of social work involves competition between social work and sociology” (p. 29). I do not think so since we are not a discipline. We are a profession that draws on knowledge from any source that can help us to help clients and we create new knowledge, often as a result of the very fact that we are a profession, which gives us unique responsibilities and access to problems and attempted solutions. (See Soydan’s discussion of the “action for social change.”)

Our obligations to help clients solve problems and to gather their feedback as to whether we do so is a different priority than gathering information about what is the cause of “x.” This is why pre-post tests and ongoing monitoring of progress
Identify, Document, and Expose Avoidable Miseries, and Advocate for Their Decrease

We should be far more proactive in identifying, documenting, exposing, and advocating for the decrease in avoidable suffering. Why is it that journalists usually take this on? Certainly, some social workers contribute to this, but too few. We should construct a scale of avoidable suffering. One purpose of such a scale would be to highlight the various kinds of avoidable suffering. This would help us to listen in the silences of past neglect to expose avoidable miseries. Transparency International created a scale of corruption in health care. Creating a scale of avoidable suffering would help to bring the many forms of suffering to the attention of others and function as one indicator to determine if we are making any progress. Social work’s mission to help people places the avoidable suffering of individuals, families, groups and communities front, and center. We are obligated to try to decrease avoidable suffering, and if we cannot, we are obligated to identify obstacles to achieving this outcome and to try to remove them. The latter will require work at many levels including patterns of service organization, policy, and related legislation. We are obligated to identify, document, expose, and advocate for reduction in avoidable miseries. We do far too little of this in a systematic manner. Such descriptions must include capture of the subjectivities of those involved—the unique kinds and meanings of experiences rather than be couched in distancing, scientific framing of “experts” such as psychiatric labels (e.g., Biehl et al., 2007).

Focus on Solving Social and Personal Problems

As Soydan (2011) emphasizes, social work has an interest in “the betterment of life conditions of individuals, groups, and communities.” So we can ask what are these conditions? How can we find out if they are better? Reducing avoidable miseries is related to “the betterment of life.” A focus on solving problems requires clear description so that we can judiciously select useful strategies and candidly evaluate degree of success. “What problem is a practice, policy, or institution designed to solve?” What problems has social work solved? Any? What criteria should we use to determine if a problem has been solved? What problems languish unrecognized creating avoidable miseries? Even though our efforts to solve problems result in less than hoped-for success, or even complete failure, we may find out a bit more about the problem we try to solve as Popper (1994) suggests: P1 → TT → E → P2. (Problem 1, testing a theory about how to solve it, errors discovered via testing, perhaps a better understanding of the problem). Theory development would emerge from trying to solve real-life problems. Soydan (2011) suggests that “a purposeful and planned action for social change aims at altering what is regarded as undesirable and a social problem.” He notes that both sociology and social work have an interest “in the study of social problems” and in “social change and action for social change.” He suggests that “the aim of social work practice is to solve social
problems” (p. 12). I would also add personal problems, however the focus on social problems is well taken because of the close connection between the personal and the social (Mills, 1959; Popper, 1992, pp. 78–79).

**Clearly Describe Problems**

Clear description of problems and related hoped-for outcomes is important and sociologists have been very interested in this endeavor. Exactly what problems are we trying to solve? “There will, legitimately, be differences of opinion about what the problems are. So a lot of time and trouble and thought and work needs to go into the identification and formulation of problems before one attempts to move forward from that position” (Magee, 1995, p. 262).

**Pay Attention to Problem Framing**

Sociologists have been in the forefront of attending to the way problems are framed—noting that problems are socially constructed; different problems receive different attention at different times and are defined differently at different times (Gusfield, 2003). As Szasz (1987) notes, although troubled, troubling and very dependent behaviors have always been of concern, the way they are framed has varied greatly (e.g., as sins, crimes, and now mental illnesses). Now we live in an era of the biomedicalization of life propelled by the biomedical industrial complex, a global enterprise of increasing influence—transforming problems-in-living into psychiatric disorders such as “social anxiety disorder,” a diagnosis created by Cohn and Wolfe, a public relations firm hired by a pharmaceutical company (Moyinhan & Cassels, 2005). Yes, there is anxiety in social situations, but is this a “mental disorder” (Gambrill & Reiman, 2011)? Is misbehavior of children due to a mental illness? Or, is this a classic case of the medicalization of deviance (Conrad, 2011)? Are hallucinations a sign of psychosis? Could they be a creative yet high-cost way to deal with a difficult problem such as not getting enough attention from a partner (Layng, 2009)? How could we know unless we understand the unique meanings/functions of behaviors/thoughts/feelings to an individual?

**Clearly Describe Variations in Practices and Their Effects**

In applied behavior analysis social validity of this kind is key (Baer, Wolfe, & Risley, 1968). That is, both subjective and objective indicators are used; effects achieved must be viewed as successful by clients and significant others (the latter include all those affected by or who could affect a program including neighbors of a group home). Here again, we have the advantage of being in a profession in which professionals try to help clients attain hoped-for outcomes in real-life circumstances. We can (and should) take advantage of the feedback from the thousands of such efforts via for example ongoing feedback regarding degree of change (or its lack), which is also vital to making informed next guesses about what to do (using for example single case designs). Uncertainty abounds in these real-life circumstances as do sources of bias that encourage inaccurate estimates of outcome (e.g., confirmation biases, the hello–goodbye effect to name but two of many; Gambrill, 2012).

**Identification of Obstacles to Problem Solving to Reduce Avoidable Suffering**

We should look in all corners for obstacles to a science-informed social work including funding patterns for research and the nature of agency environments. Sociologists have played a major role in identifying obstacles to minimizing avoidable suffering, including policies that create and maintain suffering and related-special interests (e.g., Wacquant, 2009). Once institutions are created, even though they no longer contribute to solving any particular problem—or indeed ever did, they often remain and even grow in size, siphoning off much needed resources that could be used “for the betterment of life conditions” (Soydan, 2011). Sociologists bring to our attention the role of technology and its uses and abuses, and the related press toward ever greater efficiency and standardization which may create avoidable miseries (Ellul, 1965). There are many related abuses in all helping professions as can be seen by the flowering of criticism of oversold technologies including bogus diagnostics for manufactured problems (e.g., see Welch, Schwartz, & Woloshin, 2011).

**Conclusion**

It is the broad view revealing links between the personal and the social that can help us to minimize avoidable ignorance such as oversimplifications. It is the broad view that we can use to understand How Superstition Won and Science Lost (Burnham, 1987) in many venues, why pseudoscience occurs in social work as alarmingly illustrated in Science and Pseudoscience in Social Work by Thyre and Pignotti (in press), why propaganda flourishes in a technological society (Ellul, 1965) including the helping professions (Gambrill, 2010), and why distortions and misrepresentation of certain views, including science and evidence-based practice, are so common. It is the broad view that reveals values disguised as scientific findings. The broad view can help us to determine what view of science will facilitate helping clients, how we can avoid harming clients; how we have harmed clients, what knowledge has been neglected, and how we can minimize avoidable ignorance.

A science-informed social work encourages us to seek the best (the theory of most utility in solving problems and empirical data generated by good matches between questions raised and methods used to test them), and leave the rest. It encourages us to focus on solving problems clients confront and involving them as participants in discovering how we do and how we can do better in the future. As Soydan (2011) notes, “there is currently an aspiration in many layers of the profession worldwide to strengthen its scientific base to advance its practice for the benefit of clients. This is the dedication of the profession to evidence-based interventions and
programs" (p. 9). And, as he points out referring to Popper (1972), "knowledge is never 100 percent" (p. 9).

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