

## **Pioneering in Professional Social Work Contribution of Mary E Richmond\*** **R R Singh\*\***

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### **Abstract**

In this lecture, I propose to cover the relevant aspects of the British and American social history highlighting relief to the poor, its impact on the life and times of Mary Richmond, her work in the family welfare society and the Russell Sage Foundation, her interactions with social case workers and friendly visitors, as also with medicine, jurisprudences and social reform initiated by the charity organisation societies, family and child welfare societies, and its culmination in the publication of social diagnosis and what is social case work? which built the foundation of professional social work. This will be followed by the application of social case work in India and the two contemporary concerns in the profession.

### **I. Introduction**

When the Department of Social Work BCM College asked me to deliver the second lecture in the Mary E Richmond Lecture Series on a topic on Mary Richmond, I chose to dwell upon 'Mary E Richmond's contribution in the professionalization of social work'.

I had thought earlier to cover the life and times of Mary E Richmond, but I was unsatisfied with it and subsequently revised it to the present one because the former would not have done justice to her seminal contribution relevant even today. As a student, I had received strong inputs in the courses on history

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and philosophy of social work in India and abroad, social case work and individual development which built a firm foundation in field work which was closely supervised in the community and medical social work setting.

As a teacher also I had to teach these subjects and supervise fieldwork. Over the years, professional social work and particularly social case work has impacted my life to a degree that I have begun to individualize human situations, family relationships, organisational work, and collegial relationships through the lens of social case work, inspite of the criticism about its inapplicability in India. Years of teaching, learning and reflection has thus led to its progressive integration, creating a fusion between the personal and professional self and continuing growth and enrichment. Selection of this theme for the Mary E Richmond Lecture Series, in a way, is also my tribute to her as well as to the profession of social work in the USA and India.

## **II. Social Welfare in British Society**

In preparing this lecture, I chose arbitrarily the period beginning from 1882-1930 for developments in social welfare, although reference to the earlier and contemporary developments have also been made which were germane encompassing the phases of repression in the Poor Houses to that of their humanisation. In the British social history, there is reference to monasteries providing relief, the enactment of Poor Law in 1601, conflicts over religious issues, expansion of British Empire, Industrial Revolution, crime and punishment and opposition of the working and lower classes to the oppressions imposed upon them. Crime and punishment were viewed in terms of status, property and interest of the elites. The form of punishment was imprisonment, execution and transportation to Australia. Trade Union Act 1871, Factory Act 1901, rise in health standards in the Victorian era, decimation of population in cholera epidemic of 1848, growth of relief organisations, birth of Salvation Army and the role of Florence Nightingale, greater rights for women, trend towards smaller families, education act, concerns for working age and matrimonial cases are notable features of those times.

Social reformers in UK were primarily economists. During the time of Elizabeth and the first quarter of 19th century, reforms in charity were attempted which emphasized “thorough investigation.” In 1823, Thomas Chalmers, in connection with his parish work, felt the need for reform because in the tests of the work houses, the approach was inquisitorial in order to find out that if a man claimed relief, it must be shown that he cannot exist without it. Relieving officers were overworked and therefore string of questions used to be put on the economic aspects under the law. Chalmers favoured liberation of the powers of self-help and mutual help within the people through personal service. In 1869 London Charity Organisation Society was formed by a group of social reformers. Octavia Hill has described it as “social reinstatement” in a lecture before the Social Science Association which showed the emergence of “social being” along with the focus on “how to move, touch and teach such an entity.”

During the mid 19th century concern was shown towards care, protection and counselling. Around 1880s two views emerged in social work. According to one view, social work seeks to provide particular group of people with the tools and resources to change the social structures that disadvantage them through Settlement Houses in the low income neighbourhoods. Those who upheld the second view believed in assisting individuals to adapt to their circumstances. The charity organisation societies considered individual’s conduct as social problem and started home visiting and record keeping with individual as focus. The Settlement House approach combined educational tasks, research on social conditions and mutual support for local people under one roof. By the middle of the 20th century, psychosocial perspective was also incorporated.

### **III. Developments in the United States: 1865-1930.**

During this period, industrialization was accompanied by immigration in the United States. After the civil war, a powerful and united nation emerged, and the process of reconstruction began. After the end of legalised slavery and segregation, modernisation, women’s right to vote and European emigration are its defining features. Black preachers, churches, associations and conven-

tions emphasized self-help and racial uplift. There was an attempt to assimilate Indian tribes along with assigned reservation. Reformers established training programmes and industrial schools. Industrialization was progressing and powerful industrialists, in a way, seem to have formed a government of the Corporation, for the Corporation and by the Corporation. The 1870s saw racial discrimination and violence. During 1887, violent labour conflicts emerged. In 1889 organization of workers' group started. Immigration continued between 1868-1918. However, Asians were not welcomed. From 1850s to 1900s, evangelical Protestantism and social activism surfaced along with social gospel movement which applied Christianity to social issues. There was expansion of Catholic Church and growth of Jewish Community. In 1900, child labour was on its peak.

Miss Octavia Hill's idea grew promptly in the USA than in England. In New York, the State Charities Aid Association reprinted *Homes of the London Poor* in 1875. In Boston, the system of volunteer visiting started which showed the impact of Octavia Hill. S. Humphy Eisten's *Handbook of Charity Organizations* was published in 1882 in Buffalo which brought out that investigation for relief was repressive. Organisationists stressed upon thorough investigation in 1893-94 which led to long weary waiting for old clothes and groceries. During 1897, Edward T Devine, Secretary, New York Charity Organization Society, pleaded for the improvement in the personnel, namely, investigators. A summer course of training also started which later developed as New York School of Philanthropy. Social case work thus is indebted to social reform, social agencies, charity organization societies, charity organization campaigns and development of new methods. Focus was on better housing, prevention of Tuberculosis, care of feeble minded, child labour reform, industrial legislation, recreation movement and mental hygiene movement which emphasized sympathetic study of individual and environment. During 1880s, Boston Children's Aid Society focused on probation and Boston Municipal Court started separate hearings in children's case. In 1899, representatives of women's club, children's agencies and social settlements in Chicago succeeded in the enactment of Law for Juvenile Court. Children's Court movement is di-

rectly connected with social diagnosis and application of Applied Psychology.

An Institute of Psychopathy was also setup and its emphasis was to prevent fraudulent use of medical charities. In 1902, the New York Charity Organization Society launched its first campaign on prevention of Tuberculosis with inputs from the medical social service department of the Massachusetts' General Hospital under Dr. Richard C. Cabot. The social information about patients was then collected as follows: Physical state, mental state, physical environment, mental and spiritual environment, and a total human view was taken. At the Harvard Medical School, students took a course in Medical Social Work. In this way, the impact of medicine, psychology and jurisprudence in case work can be seen. The approach was becoming interdisciplinary which, along with evidence-based social work is now a catch phrase in India. Social work educators using the phrase- 'evidence-based social work' do not seem to appreciate that evidence is called for at all the three phases, namely, beginning, ongoing and termination in providing a service. Evidence on outcome is also an integral part of the helping process.

Florence Hollis (1964) has presented a comparative view of the historical developments in the UK and USA. During the 16th century, Juan Wives experimented with rehabilitation. Charles Loring Base began to place children in better environment. Octavia Hill and other English Charity Organizations tried to motivate and enable people to improve their own lot. This was happening in 1870s.

In the United States, Zilpha Drew Smith and Mary E Richmond studied the problem of individual maladjustment and assisted people to overcome their difficulties. They taught friendly visitors what they had learned in practice. Mary E Richmond was the first student and writer to systematize social case work and to emphasize the necessity of having treatment based on social study and social diagnosis. Her writings from the turn of the century, prepared the ground for developing a theory of social diagnosis and social treatment.

In brief, Mary E Richmond's connection with the charity organization societies, family welfare societies, children's aid societies, Russell Sage Foundation

and similar agencies in New York, Boston, Buffalo and Chicago, as also General Hospitals, Courts and Psychiatric Clinics has impacted the development of social case work. She kept herself up-to-date in regard to developments in sociology, psychology, medicine, education, law and social reform, and applied them in her work. She was humane and compassionate in what she did.

This brief history of social welfare in UK and USA shows clearly the co-existence of human cruelty and compassion. Based on her own experiences, interactions with social case workers, fellow professionals and social reformers for about two decades or so and also research, she wrote 'Social Diagnosis' which I find relevant even today for social workers, social researchers and practitioners in diverse fields. Mary Richmond was a prolific writer whose theoretical contributions during the three decades of the 20th century deserve serious study and its application with appropriate modification. She highlighted social in social investigation which was only economic across the Atlantic for several decades.

I chose to go over the brief history of social work in the UK and USA to bring out the context in which modern social work evolved and how different experiments and ideas impacted the life and times of Mary E Richmond. She, for example, used the term social case work in 1917 and even before. Florence Hollis (1964) however has given the title to her book *Casework: A Psychosocial Therapy* where 'social' has been replaced by 'psycho-social'. Thus replacement of 'social' during the six decades marks a major shift in the theory and practice of social case work. While going through Mary Richmond's formulation on social case work with immigrants, I noted her advice that in working with immigrants one should know the history of their country for 100 years. It is indeed reassuring for me that I covered a period from 1850-1930 to understand the contribution of Mary Richmond which has been an enriching experience.

#### **IV. Mary Richmond's Contribution as seen by Fellow Professionals in Social Work**

Helen Harris Perlman (1957) has observed that Mary Richmond brought  
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science in the aid of art and has stated that in social diagnosis, coherence of thought and compassionate understanding present a model which incorporate skimmed ideas and experiences. This shows an effort on her part to order the process of case work help.

Her framework consists of the following: study of fact of the situation, a diagnosis of the nature of the problem and a permanent execution of treatment. In modern parlance, it may be criticized as too medical a model because of the use of terms diagnosis and treatment. Ignoring the prefix social and, with some modification, it can be changed to social study, social assessment and social intervention (or help). Perlman has also drawn attention to a quotation from Mary Richmond which states: "a person is only half understood when one knows how everything in him came about. Only a dead man can be explained in terms of the past: and that our examination of yesterdays and todays should be with special reference to our client's tomorrows". This is taken from her paper "Some Next Steps in Social Treatment" read at the National Conference of Social Work in 1920, which was published in *The Long View* (New York: Russel Sage Foundation, 1930). Incidentally Perlman, in her book *Social Casework: A Problem-Solving Process* (1957) has also mentioned about past-present and future configuration in problem-solving work after four decades. This implies knowledge of factors leading to the present problem, significance of the problem and efforts made, outcome of such efforts and solution which is sought and which can be offered. This shows the contemporary relevance of Mary Richmond's work.

Robert and Nee (1970) in their edited work *Theories of Social Casework* have made reference to Mary Richmond nine times in subject index and her twelve papers which she read on different occasions between 1895-1920. She was a frequent contributor to the National Conference of Charities and Corrections. She had also forged close links between the Columbia School of Social Work.

Charlotte Towle (1947) who was the foremost theoretician of social work practice and education, had this to say on Mary Richmond's Social Diagnosis: "Her outstanding contribution was the formulation of a scientific method, but

it was misinterpreted and misapplied. It negated for some years Mary Richmond's concept of case work as a democratic process. Further, she trained charity workers as case workers. In 1921 Mary Richmond was awarded an honorary M A degree by Smith College for establishing the scientific basis of a new profession. Her articles carried several quotations from William Osler, the famous John Hopkins' surgeon whom she deeply admired. As general secretary of Charity Organization Society, she considered friendly visitors as physicians (a clinical metaphor) or general practitioners of charity to heal complex conditions. Her phrase "action of mind on mind" in case work is the essence of social case work practice. Emphasis on individual and situation is based upon Mary Richmond's approach along with the art of communication in client-worker interaction, together with the use of collateral sources, as also environment.

Given the limitation of time, I was unable to browse through the library of Delhi School of Social Work. This section therefore has been completed based on the short history of UK and USA and publications on social case work in my personal library. The Department of Social Work, BCM College may like to approach the library of the Tata Institute of Social Sciences, Mumbai, the Russell Sage Foundation, New York, Social Work Year Book, Columbia School of Social Work and other agencies to enrich its library and examine her work critically in the Indian context based on the blue print given in Social Diagnosis, and What is Social Case Work? Social Diagnosis may well be used to adopt differential approach to different problems, including practice-based social work research. References may also be found in the Encyclopaedia of Social Work, USA. The content analysis of her papers and publications will shed further light on her life and times, the trajectory of her career and gradual shift, if any, in her approach.

## **V. Lasting Contributions of Mary Richmond and the Professionalization of Social Work**

This section is based on two books published by Mary Richmond, namely, Social Diagnosis and What is Social Case Work? It may be noted at the outset *Educere-BCM Journal of Social Work*



that the first book was completed over a period of several years due to interruptions by her field and organizational engagements. And the second one after a lapse of five years which is subtitled as *Introductory Description*. This is in spite of years of practice, which is generally unlike the publications on Social Work in India. *Social Diagnosis* is based on a funded study published by the Russell Sage Foundation. This therefore will be taken up first, in order to highlight the nature of interdisciplinary work done decades ago by Mary Richmond.

A few chapters were drafted on *Social Work in Families* based on illustrations and methods (pp 5-11) and methods applied in the charity organization field what seniors had found useful and which were –and should be – the same although some differential procedures can be applied in the realm of social disability, i.e. drunk, homeless, paralytic, neglected and widowed. Wide use of social evidence was made and thus social case work became a supplement to justice, healing and teaching. During 1910-1911, the task was taken up again using notes, papers, records and first interviews which were printed for limited circulation to benefit from criticism. Two social workers were engaged for this work- one in medical social work and other in family social work to study original case records in five different cities. Case Readers held several interviews with social case workers. The Russell Sage Foundation began to edit original case records and maintained confidentiality. But *Social Diagnosis* defied statistical treatment. Fifty-six agencies were covered including case workers who had changed jobs. They formed the universe. Help was sought from the Chicago School of Civics and Philanthropy and Boston School for Social Workers.

Part I: on Social Evidence covers 5 chapters: Beginnings, nature and use of Social Evidence, definitions bearing upon evidence, testimonial evidence and inferences.

Part II: The Processes leading to the diagnosis; first interview-scope and method, family group, outside sources in general, principles governing the choice of courses, relatives as sources (for and against), medical sources,

school employers and other work sources, documentary sources, neighbourhood and miscellaneous sources, social agencies as sources, letters and telephone messages, comparison and interpretations, and one may now add SMS etc.

Part III: Variations in the Processes: Social disabilities and questionnaire plan of presentation, the immigrant family, desertion and widowhood, the neglected child, the unmarried mothers, the blind, the homeless man-inebriate, the insane and the feeble minded, supervision and review. (It may be noted that some of the terms used then have been replaced by new terms now).

The book contains 28 chapters and covers 511 pages. It is well organized, logical and shows rigour. It incorporates both generic and differential approaches, and at all stages, process has been highlighted. For instance, social evidence is not a one-time effort, but is a part of the beginning, ongoing and ending process as one goes along to offer social treatment. Pros and cons of illustrations have also been given, paying due regard to exceptional social situation. According to Mary Richmond, these chapters should be treated as guidelines. Summary at the end of each chapter is quite helpful. First interview is duly stressed upon in terms of what is appropriate and what is inappropriate communication in a given situation. Social work practitioners should particularly attain mastery by perusing the rich literature on interviewing and communication, the lack of which is rather obvious. This can be seen by the social audit of such interviews or communications which do not show the difference between a professional and the lay. Social work practice is more prescriptive and less active, empathetic and anticipatory in India. It is more instrumental than expressive. In Social Diagnosis, there is no prescription for all times for work with individuals, families and neighbourhoods. The process is adaptive and ever evolving to meet human needs.

As stated, the immediate goal of casework is betterment of individuals and families, one by one, as distinguished from their mass betterment. Still, it does not subscribe to 'either – or' approach, but to that of a continuum. This is quite obvious when one goes through the work of social case workers

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and social reformers and others complementing each other to deal with social disabilities. For example, probation officers investigate and report on family, environment, home history, school, work, street and circumstances to the court. Further, whether the incident is habitual or accidental, or it is the case of inherent physical or mental defect. This calls for physical as well as mental examination, the latter to be conducted by the applied psychologist. Social evidence complements legal evidence and thereby humanizes justice. Here two cases from Delhi School of Social Work will illustrate it. A driver at the school was involved in an accident causing severe injuries. He was extremely upset and depressed. A senior member of the faculty drew the attention of his lawyer to examine the applicability of the probation of offender's act 1958 which worked in the school driver's favour. The second case was that of employment of children in the canteen by the contractor who were under 15 years of age. The matter came up in the departmental council. The school has since been exercising constant vigil. Further, one of the Heads of the School wrote to the University Grants Commission- a regulatory authority- about the child labour employed in the colleges and the universities, which brought forth a circular from the UGC to stop child labour forthwith. The indifference of authorities in the institutions of higher learning was indeed shocking who should stand for humane values. This example shows the combination of a case with a cause in practice.

Mary Richmond has given emphasis on feelings and facts, comparison and collation, interpretation and inference, reasoning and proof. She has cautioned about leading questions, and questions prompted by self-interest. One may collect more facts (Social Evidence) than necessary for effective social treatment. It is therefore better to use this book as one goes along rather than reading it only once. The volume is daunting to a reader but it is full of insights and guidance. Still it will require adaptation in practice, especially in India where caste is still important in social relations along with ethnicity.

Further, I would like to cite two cases in a textile mill where I had been invited to study low production in the Loom-shed Department. A schedule

was used separately for workers and the management. After the interview, a worker demanded that the filled-in schedule should be returned to him. Even after explaining the procedure and purpose, he repeated his demand three times. Finally, I gave the filled-in schedule to him. After about 30 minutes, he came back to return it. He then said that he got the filled-in schedule in English checked by a trade union leader, and found that there was nothing incriminating in it. He offered to supplement any information, if so required. Then he narrated how an enquiry like this was instituted against him 14 years ago, and he thought that this one was also similar. A case worker and an applied psychologist can easily discern that it was a case of transference.

When I met the General Manager, he answered the first two questions well. When asked about his education, he snatched the schedule, tore it off and threw it in the waste paper basket. There was silence for a couple of minutes before starting some conversation without a schedule.

During this conversation he revealed family details, religious belief, and worries about the marriage of his three daughters- which was not called for. Further, he invited me for dinner. Thereafter I learned from my landlord that he was only a matriculate, but a successful manager. It is hard to imagine such a reaction from a respondent on an apparently innocuous question like education. This shows that a social case worker needs to be alert about the appearance and reality in collecting social evidence. In social work, social evidence is meant for action rather than only for interpretation.

Mary Richmond has mentioned that there is no shortcut to social diagnosis. One should therefore focus both (p-376) on obvious meaning and deeper meaning. For social work with foreign group, one should take the history of their nation for 100 years and also focus on legend and folkways. Part III thus ends up, with significant guidelines for special groups, and both the appendices and bibliography, particularly the latter, shows wide reading of Mary Richmond from 1878-1915.

## **VI. What is Social Case Work? An Introductory Description**

The Social Diagnosis was brought out in 1917 after about 25 years of active  
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practice engagement in the field. The second book *What is Social Casework?* followed after a great deal of skimming of theory and practice over a period of 35 years and still it is sub-titled "An Introductory Description". I would like to paraphrase Mary Richmond about how a profession is born as given below:

"... real teaching in the world has started long before the art and science of teaching. There was social casework before social workers began to formulate a few principles and methods. There were some gifted persons who smoothed out the tangles in relations." So secular judges, ministers, physicians, case workers, are born and also made, i.e., learning by the visually challenged by touch alone (1937) to record and write and thus use "the mind and hand". This is in reference to Helen Keller (1886). Dr. Howers' new ways of releasing the imprisoned spirit... by affection and kindness unlocked many doors of working of the human mind, knowledge of resources which was an addition to loving one another. Helen Keller was six years old and was deaf and blind. Her teacher Ms. Annie Mansfield Sullivan, shared her experience in letters as to what and how teaching was done. This presented rudiments of the unconscious casework method. Keller's book *The Story of My Life* (1903), in a way, gives a glimpse of it. Ms. Sullivan was given a free hand and she won over the child. Keller's parents said that she was a blessing to her. Keller's father was so overwhelmed that he could not speak. Separation from the family for a few weeks to teach obedience and love yielded fruit. The child did not know that her father came every day. She was exposed to the farm animals, social occasions in the community... use of life itself, use of environmental resources, one by one, care without a nurse to release from dependence, using any relevant expert knowledge etc., unfolded the making of social casework process for future.

The above account shows the humility and profundity of wisdom in acknowledging the contribution of parents and significant others, thus amply brings out the what and why of social work. Social worker thus is a listener, observer, and helper in different type of cases.

Based on such experience, the casework has been defined by Mary E Rich-

mond as follows:

“Social casework consists of those processes which develop personality through adjustment consciously effected, individual by individual, between men and their social environment”. Understanding the individual and environment is the basis of direct action upon the mind, and indirect action upon the environment. Sixth sense also had a place (p.143) in it. Therefore, these actions should be seen as complementary. Richmond has emphasized that unequal things should be treated unequally which is important in social work practice. She has further pointed out in the context of school that its problems are not only educational, they are partly social. There is also an interplay between social casework, group work, social reform and social research, as well as settlement work, recreational work, club, neighbourhood work and local community work. (These have been adequately reflected upon in the book *Social Diagnosis*). She has also drawn attention to the inclusion of family both in sociology and social work but stated that family case record in social work is more useful. Further, there should be a balance between generalizing and specializing to strengthen practice. The book spells out the philosophy of casework practice at the end as given below (p251):

1. Human beings are interdependent: The art of social case work is that of discovering and assuring to the individual the best possible human relations.
2. Human beings are different: A generally democratic programme equalizes opportunities by intelligent mass action and provides at the same time inputs to administrative policy which does different things for and with different people (emphasis added).
3. Human beings are not dependents and domesticated animals: They have wills and purposes of their own. They are not fitted to play passive part. They deteriorate when they do so.

This is followed by her observations on a few methods of social work as under:

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- Social case work: effects better adjustments between individuals and their social environments.
- Group work: serves by dealing with people face to face but no longer one by one.
- Social reform: serves by effecting mass betterment through propaganda and social legislation.
- Social research: serves personality by making original discoveries and re-interpreting old facts for the use of these in other forms of social work

This shows clearly the interplay between the methods of social work for social betterment, rather than their use in isolation, being unmindful of their complementary role.

I had been taught (1958- 59) and have practiced the following principles as social work student and subsequently as educator which complement what Mary Richmond has described:

- Begin where the client is physically and emotionally
- Human behaviour is caused and meaningful: its meaning is to get pleasure, to avoid pain and to maintain balance.
- Feelings are facts and therefore clients' feelings should be properly understood with empathy to effect change.
- Individuals grow and change, and change comes from within.
- Maturity is not only related to age but the stages of human development and completion of developmental task. (Charlotte Towle has called persons who have grown up but not grown out as "child-adults").
- People do not want to face facts about themselves. (Such a self-exposure causes insecurity, and the criticism of case work method, and its inapplicability in India, may be a mechanism of defense in order to maintain balance).
- What people say, they may not always mean and what they mean, they may not always say.
- Do not condemn the person but do not condone his behaviour.

During my student days, the courses on Social Case Work and Human Development and Behaviour were taught in an integrated way to understand individuals and to work effectively with them in field work. In retrospect, it was a triad-in-action which I have followed and enlarged it to include social

work research and social policy.

Two principles which are cited by critics about applicability of western social work in India are right to self-determination and confidentiality vs. transparency. Illustrations given in this lecture prove their validity if one closely examines them. First, right to self-determination is relative and specific to a social context. It is also called self-direction. The following factors impact its application to individual by individual: law of the land, professional ethics, degree of social change in the tradition, availability of resources, and the concerned individual's or unit's (entity's) capacity to decide aided or otherwise.

Linked with this is the principle of confidentiality under which, with certain conditions, information can be shared for the purpose of education, research and the law governing privacy/confidentiality in the larger interest of society and the profession. This applies to transparency as well. For example, there are situation(s) requiring action where a decision maker (or team) is to choose one of the following options: say and do; do not say but do, do not do but say (which is unethical) and neither do nor say because no solution is in sight at that time. It is therefore shelved. Biographies of individuals or autobiographies may reveal the rationale for such actions.

After completing what Mary Richmond had said about different aspects of social casework, it will not be amiss to make a few observations.

In professional social work, there is criticism of adjustment without structural change. The structuralists continue to intellectualize structural change without demonstrating it in practice. This appears to be a social defense to assuage their guilt as academics. Mary Richmond has demonstrated through her work, experience and rigorous study the interplay of social forces and selection of appropriate method. She has brought out the relationship between social casework, settlement work, charity work, social reform, social research as also the use of discoveries in other disciplines and professions for integration. For example, a child who is mentally challenged or autistic will need individualized help, and also educational reform for effective help. Mary Rich-



mond has quoted R.M Mac Iver that individuality and sociality are the two aspects of the same reality. I have been taught and also have applied the principle that social case work individualizes and social group work socializes. Both are required in practice. In community work, for instance, one can work with a leader or leaders respectively to prepare a ground for group meeting to draw up a common minimum programme like what is frequently seen in politics, i.e. formation of coalition or minority governments. Thus a dedicated practice rather than hollow intellectualization or advocacy is the appropriate answer to such a criticism.

With regard to current popularity of evidence-based (or outcome-based) social work, it may be noted that it is as old as social diagnosis which ought to be referred to frequently. I believe that most social work educators and practitioners may not even have seen this book, let alone read it, digest it and undertake practice in any area mentioned therein. To give an example, Helen Keller's father expressing his gratitude to her teacher Miss Sullivan as "god's gift" is an evidence-based and outcome-based "unconscious practice" of social casework in its formative years. This method, like others, continues to evolve. Helen Keller's case is also a reminder that King Dhritrashtra, and Shra- van Kumar- who carried both of his blind parents into two baskets held by slings in a bamboo pole to religious shrines-could have acted differently and become self-dependent if special education techniques were available then. Social work requires painstaking and persistent work rather than short cuts which are widely prevalent. This may be taken as Mary Richmond's message to strengthen the profession of social work in India. Social Work, and for that matter, social case work, has been evolving since the late 19th century, and therefore there is no casework model for all times. Models are only different facets of the same process.

### **VII. Balancing the Personal and the Professional: Some Illustrations**

Since Mary Richmond has widely covered family social work and child development, I would like to share my work in this regard with the members of my own family since 1970.

Dr. G R Banarjee has dwelt upon personal and professional self in one of her articles published by the Tata Institute of Social Sciences in a book form. I would like to extend this discussion based on my experience of the application of social casework in my own family and with kin. They relate to child development and patient care.

- My elder brother, who was a homeopath, was suffering from cancer of oesophagus. His case record at the Tata Memorial Hospital showed that his deport was supine. We were two attendants - one being his father-in-law. At the hospital, he was fed through a tube after minor surgery. He complied with all the instructions of his doctor. His treatment continued for 13 months before he breathed his last. My role with him was psycho-social support which was appreciated by him and his father-in-law. I used to anticipate problems and assisted him to face this challenge with confidence, even planning for his peaceful death at the end which was in his knowledge. To reduce his cancer pain, even homeopathic treatment was tried which did provide relief for a week. Prayers were also offered by the family to seek cure. In all these efforts, I acted either as an observer or participant and balanced my personal and professional roles. The Social Service Department of the hospital helped only once at the time of admission by making assessment of the economic status of the patient.

- My father, who was suffering from diabetes, was obstinate and it was difficult for me to persuade him to follow the advice of doctors. Therefore, I requested his brother-in-law to brief the senior doctor about it so that he may be firm with him. The doctor told him firmly: "you have been harsh with my junior doctors and have been wrongly telling them what to do. But I cannot treat you as you like. This is not my "dharma". This yielded result. With folded hands my father told the doctor that he would follow his (doctor's) advice and undergo treatment as per his plan during hospitalization for the surgery of carbuncle on his back. I made use of collateral source here.

- My uncle, who was suffering from angina, diabetes and glaucoma, was a leading lawyer in a civil court. For his own and my aunt's treatment he de-

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pended upon me more than his other relations. He was generally unwilling for hospitalization for his cardiac trouble but finally he agreed. He returned back to his hometown for practice after recovery and lawyers in the civil court were surprised at the restoration of his health. He used to visit Delhi for regular check-up. Once he suffered stroke and he was unable to articulate properly except through gestures. I used to help him pass urine in a bed pan at night, and during the day I worked in the Delhi School of Social Work. Before meeting doctors for consultations, I used to prepare myself, like a lawyer, to report about his past treatment and present condition with the result that when he was about to be tested with an injectable medicine through endoscopy, based on my reports since 1928, the Doctor altered his plan. This built his trust more in me. He continued under my care inspite of offers for his treatment elsewhere by the relatives. Finally, he died of suspected cancer in his kidney which was left undiagnosed for medical reasons because it would have proliferated fast. My son, daughter-in law and their two children looked after him till the last. I used to consult his friend independently and even before him so that he gets reassurance that proper care was being taken with due consultation along with my aunt.

(Incidentally, my social work training has helped me in my own treatment for cardiac trouble and Pancreatitis since 2010. My latest experience in the super- specialty hospital has been helpful even to others in the family as attendant.)

- In the case of my wife, three episodes are worthy of note. She appreciated my role as attendant in the removal of her gallstone. In the operation theatre, a retired surgeon known to me through his wife- a Professor of Social Work at the Tata Institute of Social Sciences, and who had also taught the attending surgeon dealing with the case of my wife, was also present in the O.T. His presence was confidence- building to the patient and also for me. With excitement, he showed me three pieces of stones himself after the surgery for which I am grateful to him for this unusual gesture.

However, my real challenge, among others, began when my wife was diag-

nosed as one who was suffering from breast cancer in 2014. Both of us, and members of my family and relations, have been concerned since then. This is a challenge, the stress of which I am coping. In my interaction with her, I share her apprehension for catharsis. Preparations of her case for sharing with her doctor, explaining to her about different tests and results after familiarizing myself with them, hand-holding and messaging, discussions with the Radiologist (along with my two grand children who were not convinced about my decision about her radiation but agreed after a group discussion with the doctor). Coordination, building confidence on a regular basis, even sobbing with her when she breaks down, choosing the time for what should be communicated, when, how and how much has become a part of my life along with my study, reflection and participation in the conferences, to the surprise of my contemporaries and younger colleagues. I prepare plan for her care during my absence, and supervise medication, clean her tongue, apply balm to her feet and offer bed pan at night for passing urine. Since mid-March 2019, I empathize with her and reassure her during fluctuations in her health condition, and take prompt action to get her admitted into the emergency ward of the cancer or general hospital for palliative care. When needed, seek neighbours' help especially of the two doctors, who are very kind to visit even on their own, consult even a Homeopathic Physician for some relief, arrange for finance and plan with family about her, and thus balance homecare with cure. This is not only a new experience to me but it is also spiritual. Her breast cancer is in a proliferative stage. She suffers from constipation which alternates with diarrhoea, nausea, vomiting and inappetence. She is able to swallow liquid food and juice with difficulty. She is aware that her health will continue to deteriorate till she lasts. Though physically debilitated, she is still mentally alert. I draw her attention to it in particular which may be taken as strength-based social work. She has been an unassuming and nurturing home-maker with a wide circle of dependable friends. When they come to see her occasionally, she welcomes them with sobs, pointing to her present condition which is so different from her past. She thereafter exchanges information on matters of mutual interest. Such interactions are cathartic, relieving and sustaining. I am

surprised that still I get good sleep and can attend the patient for twelve hours at a stretch when needed and even offer help to neighbours who are ill. In all these cases so far I have no occasion to regret. I can now teach social case work and medical social work much better than what I did earlier. Cancer which was a dread earlier is rather a condition to be accepted and lived with.

My wife experiences episodes of regression and even mild depression due to continuing discomfort. Now she is totally dependent on family care-givers. Her physiological emaciation is marked. Her diet is only liquid and is prepared to her taste to increase the quantity of intake to arrest deterioration and dehydration. Maintenance of hygiene and sanitation, and regular observation of bed roses are part of home care. In spite of whatever I am able to do, I have deliberately not told her not to shed tears before visitors. Prompt medical consultation and procurement of medicines is re-assuring to her. In this case I am reminded constantly of Dr. Siddhartha Mukherjee's role as a person and an expert in oncology as a model even though I have taught and practised medical social work. Except the first case, all other cases have been treated at hospitals which do not have the Department of Medical Social Work.

- After sharing my experiences in the medical setting, I now come to childcare and parenting. My eldest grandson was listless in his early childhood. When he came to Delhi I got him tested by the psychologist of the School's Child Guidance Clinic. The test result showed that he would not be able to complete education beyond 8th standard. I got concerned about it and shared the same with his parents, advising them to be soft with him. But my grandson, under reference, has completed law and MBA and is a senior Manager in a Telephone Company. He still remembers the psychological test administered on him. This is a case where professional assessment failed. It did not occur to me to get a second psychological test done after sometime because the child was not staying with me and regular monitoring would not have been possible.

When parents are young and have children, they are preoccupied with their marital relations, occupational concerns, promotion, change of jobs,

housing, childcare, education and so on. They are unable to see the growth of the child with detachment and with a sense of joy. If the child suffers from abnormality, it becomes all the more burdensome. I have the good fortune that after retirement, I am occasionally or regularly observing the growing great grandchildren-one of them six years old who visits us occasionally, and the other, 15 months old who lives with us along with his parents and provides me an opportunity for regular observation of his growth.

- When the first great grandson visits us he does not want to go with his parents which shows the difference in upbringing in a nuclear, extended and joint family. He is more free with us. Since I give him freedom to play out, he enacts the way he has been treated by parents instrumentally. Instances of his new role played with me reflect his interactions with parents at home. When he was three years old, he used to direct me to leave the room which he was sharing with others. I promptly used to follow his instructions which encouraged him to open up more. He asked me once: "You don't understand things when I tell you once!" I promptly replied that "I understand when you say it twice". His parents smiled. I told them that he is enacting the way he is being treated. Please be more patient and less directive. This is an example of traditional parenting being reproduced. WhatsApp is also contributing to it, in that sometimes parents pay more attention to it than to the child. Because they spend time on phone and TV for their own recreation, the child demands a mobile, and watches scenes for children on TV, and prefers toys which are battery operated. He learnt an abuse and rude talk quickly from his uncle and repeated it exactly in the same manner. He has out-grown this habit for good after being explained about such utterances. I recycle waste to create new things for him to stimulate his creativity. Parents however expect new toys for him.

- This child had started dancing to the rhymes of songs on TV and got best award for it in a baby show. For some weeks, he used to call all the adults in the family to come to a room asking them to stand around the cot. He used to dance and our role was to clap according to his instructions. This used to

be an enjoyable experience for all of us - he as group leader and us as group members. In social work parlance, it was the most satisfying group experience in leadership development. We used to clap with smiling faces which used to totally engage him in his performance. The boundary of his performance extended spontaneously even in marriage ceremonies or festive occasions. This is an instance of individual development in a conducive home or social environment through a small contribution from social work.

A joint family living, as I said, provides me greater opportunity to observe the second great grandson. He is able to say papa, mummy, dadi, chacha and TV. He is a keen observer of adults in action and tries to reproduce them. Given an indication, he runs errands. He enjoys being in the kitchen, sweeps, waters plants, up-turns my books, disorganizes my study table, cares my wife who is bedridden, touches or picks up the bed pan, spittoons and her slippers, tries to bathe by himself, is yet to distinguish water in the bucket and commode or monkey and cat. He likes to play with utensils, vegetables and even tries to cut them. When he is being fed, he demands to eat by himself and if denied chance, he rams his head on the ground or against nearby furniture. He likes to be carried on the lap. Instinctively, he selects those who can substitute his mother or father who want to wean him away from it. Use of mobile phones has led to a new model of parenting which I call "single handed", because mobile phone is held in one hand and the child on the other side. Such distractions result in his fall frequently, followed by commotion. To me, the child is rehearsing adult roles. But for parents it is an irritation which gives rise to frequent frowns, yellings, admonitions, scolding by a string of what's and whys, and of don'ts. His mother, in particular, lashes tongue and uses choicest invectives from her rich repertory which are common in North and East India. It amuses me to hear the mother telling him, "Is it necessary for you to touch everything" (combining Hindi and English) with exasperation and fatigue. He has learnt climbing and is giving joyfully more than what he is receiving for his age.

Young parents thus are reproducing their experiences of child minding. I

interpret the meaning of child's behaviour to them after they are calm and play a moderator's role. Instead of complaining, I create and recreate new games, and encourage him to play with them. He acts spontaneously but "speed breakers" frustrate him. He is in the toilet training stage as per Eriksonian formulation. His movements are measured. While reaching out an object, he slowly moves near the object, looks up to assess the mood of the owner, touches and feels it, and finally grabs it.

Further, I remind parents about the best interest of the child, child rights and child citizen, and that the child deserves respect, and also clarify my dual role as great grandparent and as a social work professional. I remind them that if the harshness of parenting crosses the threshold of tolerance, I would align with the child due to conflicts of interest. His mother particularly expresses concern that I would either speak or write about such parenting. Here again, my role is that of a moderator, nurturer, stimulator and motivator. The above example of social case work process is related to social evidence and blending of the personal and the professional roles. Making an active child go to sleep is a great relief to parents. The child is inquisitive and senses the mood of adults by reaching them out for nearby objects. Thus my experience shows abundantly that social case work works, even though it is a foreign importation. In all these cases, focus is on the meaning of behaviour and the interface is both professional and personal. Sustained work is needed to deal with internalized patriarchal values which are hard to change. These manifest in thought, speech and action. Body language should be observed to appreciate their force. The authoritarian behaviour needs to be distinguished from that which is authoritative in such cases. The personal and professional relationship in the world of business is however different as reported to me by an entrepreneur. According to him, blending of the two is problematic whether the enterprise is owned by family, group or run in partnership. But in case of conflict between the two roles - professional, in my view, should get precedence over the personal because effective social work requires conscious adjustment on a continuing basis as all social interventions, including social work, are works in progress.



In practice therefore it becomes professionalized-personal. I have also done career planning in the case of my second grandson, but I would not like to illustrate it here.

In the case of child rearing and up-bringing, cultural and community practices play an important role. I know of two families - one which migrated from Lahore (now in Pakistan), came to Amritsar and now settled in Delhi, and the other - a bride from eastern Bihar which is now part of another family through marital ties. In both these families, either mother or grand-mother tells the child that in case of a fight, "you give a blow, and don't return home after receiving it". This has got serious implications for society faced with different forms of violence, and also the functioning of democracy. Therefore, it merits serious attention and intervention for social and sustainable development with a cultural as well as community focus.

Before closing this section, I would like to dwell upon the implications of the form of parenting in the present context and also that of enhancing creativity among children in the toddler or 'hide and seek' stage itself. I would take up the family and parenting first as a new area of social work intervention through outreach by welfare agencies, mobile services and camps. During 1994, when the International Year of the Family was celebrated by the United Nations, one of its publications described family as the nucleus of democracy, and promotion of partner families. In order to perform its multiple functions, family needs support and even anchorage due to myriad pressures and problems. These get aggravated due to present expectation of compliance with child rights, rights of senior citizens, obligations for maintenance and so on. Conflicts between the authoritarian tradition and democratic norms need to be resolved rather than reproduced through re-socialization. In several countries Adult A and B is being used for father and mother (The Times of India, February 23, 2019). Alignments, non-alignments, neutrality and power-sharing in politics is the manifestation of such dynamics in the patriarchal family. Instead of nurture and care, there is control which stymies creative potential regardless of age. Whereas wish-list is long, the performance list is short. Parents may be immature, mature, accidental and child-parent. These and

their likes deserve social work response to make a difference to the quality of life and democratic living in the family and society when interpersonal relationships are being impacted by the virtual one. Social work can engage both in problem-solving and growth enhancing and also deal with uncertainties. Mary E Richmond's thoughts on social casework and democracy are relevant in this context.

A recent report of the World Bank (The Times of India, November 15, 2019) that 55% of Indian children are suffering from learning poverty for their age. In my view, the pattern of education alone is not responsible for it which has a social dimension which Mary Richmond stressed upon. Erikson has said, "you see a child play, and it is so close to seeing an artist paint, for in play a child says things without uttering a word. You can see how he solves his problems. Young children especially have enormous creativity, (which).. rises to the surface in free play". This is what currently I am engaged in by replacing or re-using materials to make things new and to stimulate my creativity and that of the toddler which is reciprocal and joyful, and also it is changing as the child grows. Learning of skills is both motor and mental for the child.

### **VIII. Contemporary Concerns in Social Work Education And Practice In India:**

In this section, I propose to dwell upon the need for standards in social work education and practice in the context of the proliferation of institutions of social work in India. Based on my experience as an academician in the colleges and universities, and as chair and member of the Peer Team of the National Assessment Accreditation Council, I would like to join the current debate on Indianization of social work by effecting a change in the curriculum without any change in its practice base.

The Second UGC Review Committee on social work Education in India: Retrospect and Prospect(1985) has outlined minimum standards for social work institutions which is hardly being followed by most of them. How schools of social work were established in the USA has been brought out by Mary Richmond. In India, Sir Dorabji, Tata Graduate School of Social Work

(later re-designated as the Tata Institute of Social Sciences) was established in 1936 after a decade of practice in the Nagpada Neighbourhood of Bombay by an American Missionary Clifford Manshardt, who also became the first Director of the School. Community practice was the bedrock on which this institution was founded. Later, it became a Deemed to be University in 1964, adding several social science courses to supplement education and practice in social science and social work. Other schools which were established later, generally adopted this pattern with no practice base. Since 1990s, proliferation of institutions of social work without meeting the minimum requirements is posing a challenge to the profession. There are single teacher institutions of social work or those which are part of the department of sociology, which coordinates the programme with the help of guest faculty. Field work is based on observation visits, or a survey. During the Peer Team visits (NAAC), I had found that qualified teachers had been appointed just before a month of the visit and, in some cases, dismissed soon thereafter which I learnt on telephone. This shows the level of ethical standards. The new Central Universities unfortunately have organized social work under the Departments of Sociology when social work should have been given independent status. Under the circumstances one can only surmise how standards are being maintained. Commercialization seems to have overtaken ethics and standardisation. I would like to cite two instances here which are relevant to this theme.

In Nagaland, the Nagaland Gandhi Ashram, in partnership with IGNOU, started a programme of social work under my academic leadership. I used to coordinate this programme by remaining two weeks on the campus and two weeks in the Chuchuyimlong village in Nagaland. The host institution had provided rent free accommodation for teaching. Two rented buildings were used as hostels for students. Two faculty were drawn from North East and two came from Kerala. All of them were enthusiastic and braved the deprivation to make the project a success. Seventeen students were selected in the first year. (This project continued only for 3 years.) Sites for field work were selected in the natural settings as Professor P. Balagopal, an Indian settled in the USA, commented. Field work was supervised by hiring local transport. In this pro-

cess I learnt that one faculty from Kerala finished his individual conference with his students very soon. During my interaction with him, I learnt that the college where from he had graduated followed this pattern. This provided for no visits on field work days by the supervisor to allow students freedom to do social work. In the individual conference, the time allotted to each student was five minutes. This has partly changed my perception about the standards of institutions of social work in the state. As a social work educator, I made the first visit to the Rajagiri College of Social Sciences in 1968 in connection with a national seminar organized by the then Association of Schools of Social Work in India (ASSWI) on youth development which was directed by me. Now I found such a contrast between the vision and work of Mary Richmond and the reality on the ground in Kerala which is a developed state as per indicators of social and human development.

But in Nagaland, the team worked miracle. Seventeen students were admitted, mostly Nagas, in the first batch. One dropped out to join Police Service. Those who stayed, the number of girls was more. Naga students were quite unused to attending their undergraduate classes regularly and staying for the whole day. However, our programme began at 9 A M and went on till 8 P M, with lunch break, followed by individual conferences and library work. I used to meet students both individually and in group and also the faculty. My themes of lectures were related to integrated social work. My focus was on motivation through demonstration. Library had only IGNOU materials, and students occasionally read books in the library of the Gandhi Ashram. I used to carry my teaching materials every fortnight. Since two teachers had yet to clear National Eligibility Test, they used to consult me, and had purchased publications on NET. This prompted me to reach out students in the first year itself. After I broached this topic, only one student raised his hand. After discussing the pros and cons further, three agreed to prepare for NET. However, this contagion spread further and twelve students appeared for NET. Five qualified for NET and one for junior fellowship. One of our students won gold medal of the University. This has been the most satisfying experience of my life. Coordination with village council for field work along with the

agencies in the adjoining district for block placement, faculty stay (including myself) in the area, study tour and block placement in Kerala were the defining features. This illustrates how standards are established. This also shows how much work Mary Richmond had to do to evolve them. In Nagaland my study and practice of social case work as part of integrated social work was in action. Formally and informally I individualized students and they were also individualized and socialized in a group.

Of late, my second concern is about the development of Indianized curriculum for social work by a group of social work educators through regional meeting and workshops. I believe that any human service profession ought to derive benefit from the discoveries of other disciplines for the betterment of the present human condition and environment. There are no boundaries for the production and use of knowledge. This is so because human and ecological problems cannot be solved within a designated boundary. Solution to every problem of the present may also not be available in the past, and due to change in the context, even if history repeats itself, solutions may require adaptation and modification. New discoveries are first appreciated, appropriated or adapted, assimilated and also modified. Emergence of new disciplines like social biology, behavioural economics, neurology and evolutionary psychology can be ignored only at our own peril. Mary Richmond's work is an example of the exchange of knowledge and practice to improve methods and to offer social casework services. Social casework now covers such domains as social, psychological, ecological and spiritual and also knowledge and methods to deal with them. The world now is virtual. Inter-country travels, exchange programmes, inter-university partnerships and campuses of foreign universities in India are extending the existing boundaries of knowledge, ideas and action. These need to be incorporated in Indian social work with particular emphasis on its indigeneity. This is already happening with the marginalized, oppressed, discriminated and isolated groups all over the world. This closely corresponds with the Indian precept of Vasudhaivakutumbakam (the world is one family) and Vinoha's greeting (salutation) Jai Jagat (victory to the world or planet). This needs to be realized by each country independently, through internation-

al compacts, or through the United Nations. The 17 sustainable development goals provide a blueprint which member states need to follow. Even though these goals are universal, their pursuit and outcome will be differential.

Ideas are no respecters of boundaries; they have wings and they fly. The trajectory of their life is birth, growth, decay and revival. Moreover, one can understand the prefix 'Indian' before the constitution, economics, polity, medicine, technology, jurisprudence, sociology, social work, anthropology, philosophy and so on. But the prefix "Indianization" does not quite explain what it implies. Even otherwise, co-existence of opposites is the essence of Indian thought.

In fact, after reading about Indianization of social work in a vernacular newspaper in Delhi, I met a faculty associated with this project in the National Congress of Social Work in Delhi. He informed me about this initiative. When I asked him as to what will be the blue print for field work, (practice teaching and learning), he said that it has not yet been prepared, Thus, the knowledge derived from the scriptures will need to be tested in practice in terms of what, why, when, where, how and who in regard to practice. Merely inclusion of some books in the bibliography of courses will not do adequate justice.

For example, based upon his long years of meditation, Aurobindo has propounded triple change in consciousness: discovery of psychic being or immanent spirit; discovery of Nirvan (transcendent) spirit; and the discovery of central being or cosmic spirit. With regard to the planes of mind, he has mentioned five stages: ordinary mind, higher mind, illumined mind, intuitive mind and super-mind. I would place myself at the second stage. Swami Akhilanand's book *Hindu Psychology*, which describes the Indian system, does not give any reference to Aurobindo's work. Its bibliography is dominated by Western Publications. Philosophers, saints, mystics, teachers, yogis etc. have been included as psychologists. Since human service professions, including social work, address existential concerns more than transcendental, Aurobindo's formulation in the modern time, could not be practiced on a wide scale with a focus on service, technology, social sciences and humanities. Yoga and

spirituality have already been added to the courses on medicine, psychiatry, and social work to serve society better though these may not cover deeper superconscious experiences of states. I had used this book in the 1960s as a reference for my teaching a course on Human Development and Social Psychology and had lost it. I scanned it again while preparing for this lecture. It appears now that I had not realised the full importance of its relevant contents then, especially the following enunciations of Swami Vivekanand (Chap XI, P. 183) given in italics below:

“Look upon every man, woman and every one as God. You cannot help anyone; you can only serve; serve the children of the Lord, serve the Lord himself; if you have the privilege. If the Lord grants that you can help anyone of his children blessed you are, do not think too much of yourself.”

In social work, the terms ‘serve’ and ‘help’ are used synonymously. Now I think that there is a progressive shift in the spiritual field from one to the other. This enunciation has impacted my cognitive, psychosocial and spiritual domains and set me pondering over it to improve my practice. I have also a question whether atheist cannot serve or help? I leave such questions to be answered in practice and through self-realization. I am however clear that all spiritual and superconscious experiences cannot be described in words. They are beyond the pale of social evidence.

Further, social change, social development, biological, ecological and cosmic evolution are not static, Therefore focus on the past on a wide scale runs counter to the principle of change. Professions which are committed to human services earn their legitimacy by demonstration and its wide impact after trials and experimentation. In my view, social work therefore should strengthen itself by practice first, and then should develop an innovative curriculum which is practice-led and practice-research based. So far, Indian approach to improve social conditions has been moralistic, prescriptive and directive which needs to be audited in terms of democratic principles as enshrined in the Indian constitution and UN Charter. Therefore iconization and idealization as part of Indianization should be replaced by practicization. There is need to avoid retrogression, isolation and parochialization. In this context, it

is relevant to observe that the canvas on which Mary Richmond worked was wide, interdisciplinary, experimental and democratic. Charlotte Towle has said in 1944 that human needs are common. I would like to add that they need to be addressed differentially though. Ancient wisdom anywhere is based on the long years of practice (sadhana) through a systematic process. Therefore change in the curriculum of social work incorporating the wisdom without undergoing the process (practice) is rather questionable and hollow.

As in the physical domain where centripetal and centrifugal forces are continuously at work, they are also ubiquitous in the socio-political and economic domain. Not only the diaspora but also intercountry and international partnerships in diverse fields are making their impact reciprocally. Thus, societal changes in the 21st century are not confined only to the oriental or occidental domains, they are globally anthropocentric and go beyond the west which did dominate earlier. This change has to be reckoned with in any revision of curriculum, professional practice, interdisciplinary research and extension. It should also adequately address the diversity within a country and also the world system by adopting a comparative and differential approach. Several years ago, Dr Karan Singh had stressed upon the need for global citizenship in an address delivered at the University of Delhi. This needs to be pondered over and also acted upon.

In a globally linked world therefore, no country can isolate itself from the world knowledge system. There is a conscious effort now to attract foreign direct investment to boost Indian economy at the political level as a matter of policy and link it with globalmarket through ease of business. Therefore linking the economy globally and delinking society and a human service profession like social work from the world of ideas and knowledge is rather a contradiction because flow of trade and ideas go together. The field is however open to adaptation, innovation and synergy.

### **IX. Concluding Observations**

While accepting the invitation of Dr Ipe Varughese promptly, I had not realised that I would be treading on a difficult terrain, and delve into such as-



pects as philosophy, ideas, action as also existential concerns and higher level experiences which call for concentrated practice and meditation.

This exercise however has been quite worthwhile. It provided me an opportunity to reflect upon my own world view as a professional social work educator, my deep commitment to the profession and the need for interdisciplinary work and comparative and historical study. It was the test of my integrity and patience during trying times. As it has turned out, this exploration is stimulating and delightful. If there is any gap, the faculty and students of the Department of the Social Work of this college may undertake to fill it. For me, the preparation of this lecture has been stimulating, growth inducing and elevating. Mary Richmond advanced her work based on collected social evidence for social diagnosis and treatment. Illustrations given in this lecture are based on available evidence in action. They bring out that there is social evidence and social diagnosis before action, and also during and after action. The process is dynamic and dialectic. Both the aspect of social case work, problem-solving as well as growth-enhancing are covered. The latter is an expansion of the domain of social case work from its formative years when Mary Richmond was assiduously engaged in laying the foundation for professional social work and social case work.

While making observations about Mary Richmond's work, due care has been taken to relate it to the Indian situation, with special reference to health and enrichment of family functioning, with a focus on parenting and enhancing creativity among toddlers as a new area which deserves attention. It is a shift from problem-orientation to potential realisation, and from social work practice in formal settings to those in informal domainlike primary relationships in the family. Depending upon the need, psychological, social and environmental resources have been utilized as outlined by Mary Richmond. In the present context of virtual relationships, i.e. net addiction, selfies and societal narcissism, the method of social case work needs to address these new phenomena and widen its scope through experimentation and innovation along with allied professions and disciplines.

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