Helping, manipulation, and magic

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Understanding the primitive origins of the helping process in myth, magic, and ritual may prevent social workers from engaging in practices that negate their clients' ability to work out their own solutions to problems.

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A REEXAMINATION OF the concept of "helping" is in order at a time when manipulation, modification, and programming are popular techniques in therapy, education, and training; when major psychic and behavioral change is expected as the result of specialized experiences such as muscle relaxation, screaming, and group vilification; when the individual's emotions are exploited by entrepreneurs promising various benefits from their particular brand of experience; and when social workers are trying new techniques, using new terms and acronyms, and subscribing to new schools of thought. The wish to improve practice by broadening knowledge and considering new ideas is laudable because it forces a reevaluation of dearly held tenets and methods. There is a danger, however, that new modes of helping will be accepted uncritically, just because they appear to be similar to social work practice. Practitioners may modify deliberately or drift away unwittingly from the traditions of social work values and methods.

In this article the authors reaffirm tradition by examining the concept of helping in the light of knowledge from the field of anthropology. However, they also redefine that concept and remove its irrational elements.

ROOTS

The techniques of contemporary helping in social work and other professions are inextricable from their ancient origins. The interweaving of healing, magic, and religious practices has been described by many authors. The place of faith and ritual in contemporary medicine is currently a matter of considerable interest to physicians, psychologists, anthropologists, and sociologists.[1]

The primitive fears of the unknown that underlie rituals of healing still survive and are often played out in today's rituals for coping. They bedevil the attempts of contemporary social workers to use rational problem-solving methods that involve the client in the active, self-directed resolution of problems. Social workers and clients both are part of the myths that ascribe disparate and unequal roles to the parties in helping transactions. Through an examination of these myths, better understanding of social work's ancient cultural origins may be possible. This could result in greater awareness of the elements of magic, "witchdoctoring," and manipulation that are inherent in "helping." Efforts could then be directed toward minimizing the influence of superstition and irrationality from the past. This is not an easy task, for no one can escape the influence of a cultural belief system. Indeed, there is evidence that magical beliefs and irrational faith are necessary for any healing to take place. Some of the dimensions of this dilemma will be examined by placing the profession in its cultural context as a healing myth and ritual.

Frank analyzes contemporary psychotherapeutic intervention as a cultural myth which supports the belief that people have the ability to cope with life's stresses.[2] He identifies the therapeutic process as having four basic elements. The first is the special kind of relationship between a patient and help-giver.

> The patient has confidence in the therapist's competence and his desire to be of help. That is, the patient must feel that the therapist genuinely cares about his welfare. [P. 325.]

The second basic feature

> . . . is that their locales are designated by society as places of healing. Thus, the setting itself arouses the patient's expectations of help. [P. 326.]

The third common element is a rationale or myth that explains illness and death, deviance and normality.

> If the rationale is to combat the patient's demoralization, it must obviously imply an optimistic philosophy of human nature. [P. 327.]

According to Frank, the fourth ingredient common to all therapies is the "task or procedure prescribed by theory." [P. 328.]

The task or procedure to which Frank refers is a societal ritual of healing. Myths explaining the mysteries of life and death always accompany such rituals. According to Mer-

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riam Webster's *New Collegiate Dictionary* (1977) a myth is a story

> . . . of ostensibly historical events that serves to unfold a world view of a people or explain a practice, belief, or natural phenomenon [or is a] person or thing having only an imaginary or unverifiable existence. [P. 762.]

However, whether true or untrue, the enduring myths, such as the myth of Oedipus, express a fundamental truth or meet a pressing, often unconscious need for an explanation about fears related to human relationships, physical survival, or psychic phenomena.

The central figure in the myth of healing is the person who conducts the ritual and whom the patient believes possesses the power to cure. Such figures were endowed by dependent, frightened primitive cultures and early civilizations with the qualities of omniscience, omnipotence, authority, and godliness. Faith in medicine men, magicians, shamans, and priests was essential. These societies believed that the capacity for healing resided more in the shaman than in the patient. The shaman had the magical solutions and superior powers of insight and understanding.

Ancient magical healers are the predecessors of contemporary mental health and human service professionals, gurus, faith healers, and cult leaders. The shared primitive wish to heal and to be healed is at the core of the interactions between the healer and the patient. The deep-seated human wish for intercession by an all-powerful parent against nature's wrath and the mysteries of suffering and death is so strong that it overpowers rational understanding. Therefore, it is imperative that attention be paid to the inherent dangers in any professional helping relationship.

LITERATURE ON HELPING

In the literature, descriptions of helping often reflect the social worker's and client's unconscious need to believe in the irrational art of the healing myth—that is, that the worker is omnipotent, the client weak, and the rituals powerful. It is true that both must believe that the client's condition can be improved and both must have faith in each other's abilities to carry out effectively their prescribed responsibilities in this ritual. The truth of this statement has been demonstrated by research which has shown that a mutual sense of competence and confidence is essential even to the "scientific" healing process.[3] A review of the placebo effect demonstrates that until recently all medications were placebos. Even though the pharmacological effect of a specific drug may have been either deleterious or of little consequence to the organism, its overall effects could have been beneficial because by taking the drug the patient nevertheless felt better.[4] Fromm's conceptualization of the place of hope in life and therapy supports the need for faith in others. In addition, Fromm stresses the relationship between a person's sense of hope for the future and faith in the self as the basis for being able to take active responsibility for his or her destiny.[5]

It is the regressive wish for magic —not a sense of realistic hope—that promotes mysticism and clouds the reality of the actual work done by both parties in "healing" transactions. Contrast the following quotation from a work of popular psychology with Fromm's identification of passivity as a denial of life and growth:

> All modern psychotherapists, whether they know it or not, engage in maneuvers and manipulations that add to their power over the patient. Social influence therapy not only recognizes this very human fact, but embraces it. The social influence position stresses that the therapist should become aware of power practices and then maximize their effectiveness through increasingly refined tactics. Sometimes this means that the therapist must be increasingly subtle, even devious. At other times the best strategies are the most direct and apparent ones.
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> . . . . .
>
> Successful therapy can almost be reduced to a formula:
>
> First, the therapist attains a position of ascendancy or power over the patient.
>
> Second, he pushes his client to examine his problems in a new light.
>
> Third, he convinces his client that the therapy is definitely working, apart from any objective evidence of change.[6]

"The shared primitive wish to heal and to be healed is at the core of the interaction between the healer and the patient."

Bernstein's different statement about the client's right to self-determination is in consonance with Fromm's beliefs. He writes:

> Social workers and other professionals may enable, stimulate, impose, and even use force, but what the client feels, thinks, and values is ultimately his private affair and more within his control than that of the professional.[7]

Overton and Tinker warn that by offering help, social workers imply that they are the all-wise authority and that members of the family are incapable of helping themselves.[8] This statement in the report of the 1923 Milford Conference is in the same vein:

> In our discussion of methods we have defined participation as "the method of giving to a client the fullest possible share in the process of working out an understanding of his difficulty and a desirable plan for meeting it." [9]

Social workers of the "functional school" emphasize focus and the accomplishment of tasks within time and agency limits and believe that "only client and worker together would discover what the client could do with the help offered."[10] The current interest in task-centered casework and in the contract are restatements of earlier ideas about working agreements and focus on tasks required by clients to solve their problems.[11] Hollis wrote this about casework:

> From its inception it has stressed the value of the individual, and for the past thirty years, at least, has been quite outspoken about the right of each man to live in his own unique way, provided he does not infringe upon the rights of others. This emphasis upon the innate worth of the individual is an extremely important, fundamental characteristic of casework. It is the ingredient that makes it possible to establish the relationship of trust that is so essential for effective treatment. From it grow the two essential characteristics of the case-

worker's attitude toward his client: acceptance and belief in self-determination.[12]

Despite what the social work literature consistently has said about the importance of the client's right to self-determination, the psychodynamics of the helping relationship lend themselves to the acting out of the irrational, unconscious wishes of the worker (the helper) and the client. As Feldman wrote:

> Many years ago I met a social worker, who had her throat cut from ear to ear by a client, but who survived to tell the story. She worked for a welfare department where a man applied for help. He had a large family, was a low wage earner and she had a great deal of sympathy for his needs; therefore, she did more for him than duty required of her and she gave him the maximum grant possible. Then one day when she refused an excessive request, he took a knife and cut her throat. Later she could only explain his action by saying that the man was insane yet during several years of contact she never thought he was.[13]

What the social worker did not take into consideration was that the relationship between her and her client—between the helper and the helped—is always intimate. The client has an unconscious need to recreate old situations of infancy and childhood. An anthropological perspective sheds further light on this relationship. That is, in all primitive healing practices there is a belief that the healer is also a potential harmer. If the healer has the power to cure, he or she must also be able to use that power to destroy. Such a perception can be held today by a client who feels helpless and guilty before unreasonable, unknown, or uncontrollable forces. The client may not be wrong; his or her autonomy or sense of autonomy actually may be threatened. In the example just cited, the client who felt betrayed by the social worker lost control and was driven to a destructive act that harmed the worker as well as his own chances for rehabilitation.

To preserve the rational social work approaches quoted before, rather than fall prey to the magical or manipulative elements of helping, social workers and their clients must understand that social workers have acquired specialized knowledge and techniques with which they may help clients learn how to examine, understand, manage, and achieve mastery over their situation. It must be clear to clients that the social work relationship involves working together actively to find solutions. The solutions are not predetermined by the worker, but are worked out jointly by the worker and client according to the client's understanding and capacities. This is the true and enduring portion of the myth of helping and the one that must be nurtured.

IMPLICATIONS FOR PRACTICE

How might these theoretical perspectives influence and improve social work practice? How might they affect the worker, the client, and the process by maximizing the rational and enduring aspects of the myth and minimizing the magical and manipulative ones?

First, social workers must view the therapeutic role as having primitive and ancient origins and as being continuous throughout cultures. This encourages an appreciation of the venerability of the role and also makes it seem more natural. Thus workers will neither over- nor undervalue the professional role. They do not have to be magicians or the repositories and purgers of their clients' illness to help their clients solve problems. This view may decrease the workers' sense of frustration or failure, which comes from the inability to meet their or their clients' unrealistic expectations. It may also decrease their search for the magical new approaches developed by other searchers.

Second, social workers must understand that their clients' wish for and anxiety about a powerful savior is deeply embedded in the fundamental human fear of the unknown, which science and knowledge have not been able to eradicate. They must assure that clients do not have to suffer pre- or unconscious fears that the workers will turn their power against the clients if the clients displease the workers by not following the agency's or institution's rules and rituals. Workers must show, both through behavior and speech, that they will help their clients preserve autonomy; thus clients will be able to mobilize problem-solving capacities and use positive past experiences. This will prevent clients from becoming increasingly helpless and dependent and may decrease their longing and wishes to be rescued by a powerful parental figure. Nagelberg cautions about the

> . . . danger of over-protection in the therapeutic relationship which fosters conditions where the patient will make demands on the therapist, who may respond with too protective an approach, thereby lose the necessary emotional distance, and become less a therapist and more a gratifying parent.[14]

A recognition of the dangers of overprotection should reaffirm the use of methods that will increase participation and direction by clients. Participation and direction may be achieved by the worker's explicit delineation to the client of alternative interpretations and solutions and use of techniques that make the intervention process conscious and increase the client's intellectual and emotional awareness of roles and responsibilities.

Encouraging activity by the client does not mean that the worker will simply mirror the client's words and affect or passively wait for something to happen. The worker will be actively responsive to the client's needs when choosing to clarify and interpret, offer information and explanations, point out reality factors, become a role model, or attempt to modify the environment. Modification of the environment is a bona fide tool to be used when the client is unable to act or is unsuccessful in acting in his or her own behalf. It is not to be confused with manipulation of a person.

Although the social worker exhibits an interested and caring attitude, making comments that the client may consider and use, he or she maintains an objective stance which allows the client to talk over personal and private worries without fear of retaliation or rejection.[15] This process or inter-

action develops into a working relationship in which the social worker and client together move toward the client's self-discovery and understanding. When the client develops trust, he or she begins to identify with the worker's supportive approach to his or her ability to cope. The client who begins to achieve mastery and an improved ability to cope will feel that he or she has been "helped." However, what the worker must make explicit is that the client was not helped because the worker offered magical solutions or answers. Unlike the shaman, the worker did not suck out all the client's evilness and take it into himself; together the worker and client worked toward rational understanding of the client's real situation, conflicts, terrors, and anxieties. From that work, the client experienced a sense of relief or "help."

People in trouble come for help, expect to be helped, and are entitled to relief and expert services from social workers. Building on the positive motivation necessary for a decision to seek help, the social worker, in contrast to the shaman, should foster the client's recognition of his or her strengths that are available for work on the problems. The client's worry that he or she is weak and helpless and needs a strong powerful person to take over should be explored, with the worker avoiding activities and comments which might infantilize and be patronizing to the client. Instead, the worker should demonstrate a willingness to search with a client for a means of coping that will preserve the client's dignity. In addition to this being helpful to the client, it will relieve the worker of the burden of expecting to solve someone else's problems.

The theoretical ideas presented in this article have implications for social work practice that go beyond the dimension of work with individuals: working with groups and neighborhoods, caregiving and authoritarian systems, and practitioners from other disciplines developing social resources; effecting social change; and encouraging community development. When social workers reassert or reaffirm clients' capacities and responsibilities to help themselves, their techniques will shift subtly in the direction of collaborative alliances and partnerships aimed at making larger systems and social work services responsive to the needs of clients.

CONCLUSION

It is possible to reject cultural and anthropological perspectives on healing and helping without rejecting a recognition of the need to reexamine present-day practice. The recent developments in theory, identification of dynamic principles, and increased technical knowledge may have increased a belief in the importance of the role of the helper. Emphasis on the client's contribution to the therapeutic process may have been neglected while professional social workers gained a sense of competence by focusing on the perfection of methods and personal skills. These skills are being challenged now by the "new" therapies and the new healers who seem to promise so much more, quickly and easily.

Perhaps it seems unwarranted under these circumstances to attribute fantasies of omnipotence to social workers who often feel helpless and who know that the profession is often regarded as ineffective by society, the public, and other professional groups.[16] It is possible to accept such a judgment only if one does not examine the reality of the wide range of human problems with which social workers deal and the broad commitments made to working for the social good.

Social workers will not put aside people with difficult problems because these problems do not fit their methods. Intertwined with this positive and valuable position may also be an inevitable and unconscious carrying out of the ancient prescriptions for healers and healing rites. Perhaps the wish for or envy of new methods is part of the longing to reconfirm the old myth about a powerful healer or savior, especially today when so much is uncertain and seems incapable of being controlled.

Frank's identification of the primitive cultural origins of the healing ritual provides a historical perspective for viewing "the helping process." [17] Fromm's identification of passivity as a denial of life and growth provides a reaffirmation of basic social work and humanistic values. In identifying hope as the central dynamic of life and change, Fromm writes:

> Hope . . . is a readiness for that which is not yet born and an ability not to become desperate if there never is a birth. . . . Passive waiting is a disguised form of hopelessness and impatience and is the opposite of a commitment to life and growth.[18]

Without hope, a person may wait for magical salvation, for a deus ex machina. Fromm illustrates this with a reference to a scene in Franz Kafka's *The Trial.* In the story a man grows old sitting outside heaven waiting to enter its open door. Whenever the man asks permission to enter, the doorkeeper responds that he is not allowed to enter yet. The man dies without achieving entrance, for he never recognized that all he had to do was disregard the doorkeeper's words and walk into heaven.[19]

A society sharing Fromm's fundamental belief in the active responsibility of the person for his or her own destiny will affirm this belief through healing myths and social practices that demystify the helping process, desanctify the "helper," maximize the client's contribution, and protect the client from manipulation and abrogation of the basic rights to self-direction and human dignity. Fromm's belief and the values underlying it may prevent social workers from overemphasizing the "helping" aspects of the myth and lead to a reaffirmation of the value of the difficult, sometimes tedious and even pedestrian work that social workers and clients undertake together in mastering problems and in helping "themselves." The search for new ways of problem-solving will and should continue. Acceptance of the new ways must be tempered by a perspective that includes social work's traditional values and commitments, its understanding of psychosocial and psychodynamic concepts, and an awareness of the primitive origins of helping.

Notes and References

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17. Frank, op. cit.

18. Fromm, op. cit., p. 9.

19. Ibid., p. 617.