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ORIGINAL PAPER

Inter and Intra Professional Social Work Differences: Social Works Challenge

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Abstract Social work historically has had two overarching domains. One domain is concerned with communities and policy development, the other with direct practice involving individuals, groups and families. Both the macro and micro domains are infused with concerns of social justice and advocacy. Conflict in the profession between social justice and casework began over a century ago, with early social work leaders Mary Richmond and Jane Addams. Controversy within the profession continues today. This paper will present many of the differing viewpoints within the ever-changing kaleidoscope of the profession. The paper will objectively present the issues of debate regarding micro and macro foci and recent debates related to professionalization, licensure, and the education of social workers. It will challenge readers to critically think about their own practices and view points. The synergy of the profession is much more than either people changing or society changing. As a profession we must move beyond the discord to the embodiment of harmony. The problem of AIDS will be discussed in order to demonstrate the challenges of working at both the micro and macro levels.

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Introduction

A house divided is a house against itself. A. Lincoln

The past decade has presented the profession of social work with significant attacks from many different angles. Is social work an "imposition of surveillance and control?"(Margolin 1997). Do social workers support a systemic social, political and economic system that is oppressive? (Mullaly 1997). Are social workers "unfaithful angels" abandoning the poor for the private domain? (Specht and Courtney 1994). Are there irreconcilable differences between clinical social work and the profession's commitment to social reform? (McLaughin 2002; Specht and Courtney 1994). Are psychotherapy and the medical model a process of blaming the victim? (Saleeby 2001; Specht and Courtney 1994). Is the educational curriculum abandoning students who desire to be licensed clinical professionals by demonstrating a preference for a generic curriculum? (Woods and Hollis 2000). Are social work academic institutions abandoning seasoned practitioners as scholars as well as the realities of the world of practice in favor of research, research grants and publication? (Woods and Hollis 2000). Can academic institutions value the "art" of quality clinical training as well as the need for research and publication? This paper will discuss current debates, review some of the profession's clinical evolution, and suggest some thoughts on the reconcilable differences while challenging readers to critically review their own practices.

Current Debates

Wolves Disguised in Sheep's Clothing

> If I knew that someone was coming to my house with the conscious design of doing me good, I should run for my life. Henry David Thoreau

Margolin (1997, p. 8) describes social work as "The imposition of surveillance and control" and "the constant justification of this intervention as charitable." His elaboration includes: "people from one social class go into the homes of people belonging to another; they write biographies of these people; they judge what is normal and abnormal; they call it 'doing good'"(p. 9). Margolin further describes social workers as viewing "themselves as empowering while their actions dis-empower" (p. 179). Margolin critiques social workers as operating out of "hidden power, self interest, and hierarchical domination" (p. 6). This disturbing book, if true, would challenge social work to revaluate its premise for helping. This view of social work reminds one of the friendly visitors representing the Charity Organization Society in the late 1800s. "These agents were to investigate appeals for assistance, distinguish between the worthy and unworthy poor, and above all provide the needy with the proper amount of moral exhortation" (Trattner 1999, p. 96). The evolution of social work history represents an evolution from this view (Trattner 1999).

Appeasement of the Bully

> It is essential to the triumph of reform that it should never succeed.
> (William Hazlitt)

Mullaly (1997) criticizes social work for its failure to respond to systemic social, political and economic problems that contribute to the oppressive structure of patriarchy, classism and racism. Neo-conservative ideology utilizes social work to its own end. There is enormous power in stabilizing the status quo; people are encouraged toward societal conformity and consensus, and power structures are allowed to grow. Imbedded in this social construction is also the capability for critical evaluation and action that promotes change within the system. Mullaly challenges social work to make "the connection between private troubles and the structural source of these troubles" and work toward the "transformation of society" (p. 165). Mullaly proposes that agency based social workers work "within and against" the system, utilizing a series of methods and theories based on feminism.

> We need to focus on raising people's awareness of how capitalist society shapes, limits, and dominates their experiences, thus alienating them from social structures, from each other, and from their true selves. Only by becoming aware of how others define us to suit their own interests and by understanding how ideological hegemony makes our subjugation appear acceptable can we become free to regain control over our lives and our destiny (p. 164).

These measures include an awareness of the personal as political, empowerment, consciousness-raising, normalization, collectivization, and redefining troubles in political terms in the context of a dialogical relationship. Mullaly also challenges agency based social workers to keep in touch with and to support parallel social change movements that emerge outside of the social agency. Building upon Mullaly's premise one can imagine that there will always be a need for reform.

Hobgood (2000, p. vii) confronts the "liberal ideology of heterosexist white supremacist, market capitalism" with a primary focus on the privileged rather than on oppression. She challenges the privileged to grow in awareness of the unjust power relations embedded in structural links among systems of privilege and oppression. The political economy uses some groups to benefit other groups. The privileged are in charge of "knowledge making" and create an ideology that justifies the established system as "commonsense." Those with more power determine the "truth" for everyone else. This "truth" supports those in power. Power is both an external process of control and an internal process of constructing meaning and justifying the meaning constructed. She further confronts the ways in which society has normalized the social relations that comprise class, race and gender systems and the unshared power arrangements that damage everyone including the elites. Hobgood proposes a "politics of solidarity" that will require radical societal change. The paradox of Hobgood's solution is that in order to have societal change we also need individual change in the core values of the elite; this change would be manifest in an awareness and understanding of domination and subordination as well as action to modify society. Swenson (1998, p. 528) supports this view stating:

> Clinicians may work with people who are privileged and powerful to help them assess their motivation to change behavior associated with such roles... If relieving the... company president's depression enabled him to develop a more compassionate stance toward his employees... clinical intervention would be consistent with a social justice perspective.

These three views of Mullaly (1997), Hobgood (2000), and Swenson (1998) illustrate how the micro and macro

perspectives are interdependent for the transformation of society. Both the oppressed and the oppressor are affected by oppression and in need of liberation. Based on feminist theories and empowerment, the social worker works within and against the system to affect the individual in relation to others, to the community, and to society. The oppressed become aware of how they are defined by the elite and regain control through efforts of advocacy, empowerment and mutual support. Through these challenges the privileged grow in awareness of domination and subordination. Radical and fundamental change at a macro level will always entail the need for change within individuals. There is not one sweeping solution. Social justice involves changing systems that are often managed by persons of good conscience who unknowingly or blindly oppress others. Should social workers practice psychotherapy or engage in private practice with the "worried well"? (Specht and Courtney 1994).

Unfaithful Angels

> Man is condemned to be free (Jean-Paul Sartre)

Clinical social work, specifically, has been under attack from critics who question the compatibility of private clinical work with social work's historic focus on the oppressed (Specht and Courtney 1994). Specht and Courtney state that social work has "abandoned its mission to help the poor and the oppressed" (p. 4). These authors see social workers as "Unfaithful Angels" and "psychotherapy" as "just not social work" (p. 170). The authors believe that the "great duality" between "clinical practice versus social reform" is "irreconcilable" (p. 163). They continue:

> It is not possible to integrate the practice of individual psychotherapy with the practice of communally based systems of social care. There is an inherent conflict between the altruism that is required to build a community based system of social care and the amoral individualism of psychotherapy (p. 170).

Specht and Courtney propose a universal, comprehensive, accessible, accountable community based system of care that is publicly financed. The centers would have the qualities of an educational system, a settlement house, and a community center (p. 152–162). In theory this solution is compelling in its vision of a utopian society. In reality radical change in our political environment that represents at best social democracy and at worst neo-conservative capitalism is not a solution that is likely to evolve in the near future. A progressive alternative vision of society in which human need is the central value is something to which to aspire.

Franklin (1990) believes that the shift in priorities between the profession's two dominant concerns of personal troubles and public issues is linked to cycles in socio-economic and political forces in American society. Franklin encourages social work to anticipate and to prepare for these cyclical shifts. Franklin also identifies two major challenges facing the profession: "The first is how to integrate the profession's social treatment technologies with its knowledge of social change into one coherent strategy. The other challenge is making its intervention strategies relevant to the times"(sic) (p. 77). Following from Franklin's view, one can envision a balance between the micro and macro aspects as the profession responds to both socio economic and political forces; each focus challenges the other.

Looking Within: The Examined Life

> In the middle of our life journey I found myself in a dark wood. I had wandered from the straight path. It isn't easy to talk about it. It was such a thick, wild and rough forest that when I think of it my fear returns. (Dante)

Despite Specht and Courtney's (1994) bold statement that "psychotherapy is not social work," a long history of psychoanalytic theories, psychotherapy and private practice exists in the profession. Psychoanalytic theories and social work emerged as independent disciplines at the turn of the 20th century. Their relationship has been one of mutual influence, collaboration and contention. Historically psychoanalytic theory had focused on the internal life of the client. Social workers addressed not only the inner life of the client but also the social, cultural and environmental context of the client. Richmond (1917) established the basis for a scientific approach to casework treatment through systematic examination of case records in a variety of social work settings. Her book, *Social Diagnosis*, was based on these cases and provided practitioners with knowledge about treatment theories and methods. She emphasized the influence of the environment on the individual. "Mass betterment and individual betterment are interdependent" (Richmond 1917, p. 25). Richmond's work created a foundation for the evolving practice knowledge in social work. Richmond's foundation evolved over time, influenced by sociology, psychology, psychiatry and ego psychology (Wood and Hollis 2000). Bertha Reynolds was trained in the psychoanalytic tradition but later questioned the effectiveness of this practice. She

identified the fundamental conflict in the profession that the individual treatment is dependent on the community resources. Her later years were devoted to advocacy. Two schools of thought in social work emerged in the late 1930s; the Diagnostic School and the Functionalists school. The Functionalists school emerged under the leadership of Jessie Taft and Virginia Robinson in Pennsylvania. The assumptions of this school of thought were influenced by Otto Rank and included belief in human growth, self-determination and free will moderated by responsibility. The goal was to help the client release his or her potential. Past history and diagnostic inquiry were deemphasized (Woods and Robinson 1996). Perlman's (1957) Problem Solving Approach was an attempt to integrate and bridge the gap between the functional school and the diagnostic approach. Perlman's (1957) approach is a systematic step by step thinking and acting process. It is cognitive and action oriented.

Hollis (1983) reminisced about the early years of social work, identifying seven threads that distinguished social work from psychoanalysis: understanding of environment, importance of client worker relationship, self determination, identification of feelings, acceptance, home visiting, and understanding multiple causation. The evolution of the diagnostic school later to be called the psychosocial model included esteemed social workers such as: Biestek (1957); Hamilton (1953); Hollis (1964); Perlman (1957); Strean (1978); Towle (1965); Turner (1978, 1996, 2002); Woods and Hollis (1981, 2000). More recent influences on the psychosocial model include crises treatment, systems theory, the ecological model, the postmodern movement, social constructivism and narrative approaches.

The organization of clinical social workers began in the 1960s and resulted in the National Federation of Societies for Clinical Social Workers in 1971 (Pharis 1973; Pharis and Williams 1984). The NFSCSW spearheaded the political efforts for the advancement of psychotherapy in social work as a specialty and established standards for direct service practitioners. NASW set the first minimum standards for social workers' entry into private practice in 1962 and issued a registry of clinical social workers in 1976 (Baker 1992). NASW recognized psychotherapy as a legitimate social work specialization in 1984 (Woods and Hollis 2000).

The practice of psychotherapy within social work has been controversial. Some professionals oppose psychotherapy as a legitimate social work focus, viewing it as outside the profession's historic mission to promote the general welfare of societies' disadvantaged members (Germaine and Gitterman 1980; Specht and Courtney 1994). Other social workers have supported psychotherapy as a fully legitimate specialization in social work (Frank 1980; Hollis 1982; Hollis and Woods 1981, 2000; Lieberman 1982; Mishne 1980, 2002; Pinkus et al. 1977; Strean 1974, 1978; Turner 1978, 1996).

In the past two decades there has been a paradigm shift in psychodynamic theories; they currently emphasize the formation and understanding of an interactive relationship between the clinician and client and take into consideration social, cultural, and environmental factors. Mishne (2002, p. 7) states:

> These principles include a two-person "experience-near" perspective, which accommodates patients and empowers them to assert themselves and to demonstrate self-determination and a choice of goals. In these new models, clients are viewed as partners in the therapeutic endeavor, not as passive compliant recipients of treatment.

Contemporary psychoanalytic theories (self-psychology, intersubjective theory and relational theory) have made a significant impact on psychodynamic thought and have altered the views of practice (Beebe and Lachmann 2002; Kohut 1977; Stern 1985; Stolorow et al. 1987; Winnicott 1971; Wolf 1988). These contemporary psychoanalytic theories are congruent with social work's person in environment, and the centrality of the helping relationship (Brandell 1997; Borden 2000; Chenot 1998; Donner 1988; Elson 1986; Flanagan 2002; Goldstein 1990, 2001; Ornstein and Ganzer 1997; Saari 1986, 1991, 2002).

Saari (1996) proposes a revitalized collaboration between psychodynamic theory and social work education to examine the new base on which it ought to be possible for the two to meet. Saari states: "Current theories of meaning are providing us with a newly enriched way of understanding the interrelationships between such things as culture, personality, and mental health" (p. 413).

Blaming the Victim

> Medicine, to produce health, has to examine disease; and music, to create harmony, must investigate discord. Plutarch

The war on poverty in the 1960s shifted social work's focus to broad social problems including poverty, racism, sexism, women's issues, gender biases and civil rights. The efficacy of psychotherapy was questioned. Concerns included: the lack of empirical research and lack of a culturally sensitive view; the reliance on white middle class standards; a deficit rather than a strengths perspective, and labeling, stereotyping and blaming the victim. The DSM and the medical model were criticized for making it "virtually impossible to consider or make an accounting of the assets, talents, capacities, knowledge, survival skills,

personal virtues, or the environmental resources and cultural treasures such as healing rituals and celebrations of life transitions that a person might possess" (Saleeby 2001, p. 184). In contrast, more recently McMillen et al. (2004) called for an end to the "grudge match" between "problems versus strengths." The authors contend that "There has always been a capacity-building aspect to problem-focused frameworks" and that "today's strengths-based social workers rarely advocate ignoring problems" (p. 318).

Turner (2002) provides a comprehensive literature review of the history of diagnosis in the social work profession. He documents the history and difference between social workers' social diagnoses and those of the fields of psychiatry and psychology. He states that the co-identification of diagnosis with the medical model appeared in the 1970s when many social workers began identifying themselves with the anti-mental health psychiatry movement. Social work has been ambivalent about the DSM while recognizing the need to be knowledgeable about it because of its importance to funding sources. One result was the development of the PIE (Person In Environment) assessment published by NASW. Turner identifies the literature in the 1990s as divided "principally along a text book-versus-clinical literature parameter" (p. 22). Practice literature indicates a "continuation of the maturation of the concept of social diagnosis as the heart of clinical practice" (p. 22). This literature examines multicultural issues in diagnosis, the ethical responsibility to make competent accurate diagnoses to prevent clients from being underserved, the risks in misuse of diagnosis, and the importance of multifocused dual diagnosis to prevent harm from imprecise diagnosis. Turner documents current social work textbooks (Compton and Galaway 1989; Hepworth et al. 1997; Kirst-Ashman and Hull 1993; Zastrow 1999) as including a strong anti-diagnostic theme and confusing psychosocial diagnosis with DSM categorizations. He states that textbooks' miss-definition of the concept of diagnosis is used as a basis for rejecting the term. Turner proposes a reevaluation of the term "diagnosis" and a structured process of returning to its proper usage. He believes that the distortion of the term diagnosis has resulted in clients' being deprived of the benefits that can result from proper application of the concept.

Is it possible that the profession's move away from the medical model, psychodynamic theory, and diagnosis puts clients who are in need of psychiatric services at greater risk, victimization and lack of receiving appropriate services for their specific needs? Without the appropriate use of the diagnostic evaluation clients who are in need of psychiatric care may be victimized further. A full picture of the interdependence of social justice and clinical casework is necessary. We cannot just protect the individual from a label but we must also recognize a specific diagnostic need and attend to the implications.

The Vertical Meets the Horizontal

> To study music we must learn the rules. To create music, we must forget them.
> (Nadia Boulanger)

Managed care, preferred provider organizations and licensure have all had a profound effect on social work. They have challenged the profession to examine its delivery of service and its educational process. Social work services in hospitals have been drastically reduced or shared by the nursing profession. Hospitalization as defined by managed mental health care is stabilization of the patient's crisis. Outpatient care is brief and intermittent based on outcomes. The traditional client worker relationship includes a managed mental health care case manager who determines the number of sessions allocated based on a standardized protocol rather than client need. Clients are no longer able to choose their therapist or must chose from a preferred provider list. Traditional practices of right to privacy, confidentiality, self-determination, the therapeutic relationship, and professional autonomy are challenged and altered by managed care (Munson 1996).

Woods and Hollis (2000, p. 22) report: "Clinical Social Workers are the chief providers" of psychotherapy or counseling. Managed care organizations see clinical social workers as preferred providers (Cohen 2003). Gibelman and Scheruish (1996) state that clinical social workers provide sixty-five percent of all psychotherapy and mental health services. The Association of Social Work Board's (ASWB 2003) practice analysis report indicates that 70.3% of the United States social workers are direct service providers and the primary service delivered is mental health services. Paradoxically

> In recent years, a significant number of graduate schools of social work have not provided Master's students with adequate training for specialization in clinical work, preferring a more 'generic' curriculum instead... To acquire advanced training and competence as clinicians, social workers have had to seek further education in institutes and PhD programs directed by professions other than social work. (Woods and Hollis 2000, p. 22).

One social work educator, in a point counter point article, has stated: "When it comes to training competent BSW and MSW practitioners devoting time to the teaching of theory is largely a waste of time" (Simon and Thyer 1994, p. 149). In the same point counter point

article the alternative view states: "Practice theory provides a conceptual screen with which to sift for relevant knowledge, select pertinent interventions and isolate criteria with which to evaluate interventive efficacy" (p. 3). Goldstein (1996, p. 94) addresses the generic curriculum of social work by stating:

> The ecological framework still lacks appeal to certain segments of the direct practice community who argue that it negates the importance of personality theory and more severe psychopathology and has contributed to the dilution of this content in social work educational programs, that it does not equip workers with an in-depth knowledge base of what occurs within rather than across a variety of systems, and that its focus on working at the interface between people and environments does not encompass certain types of necessary intervention skills.

The educational stance taken by this generic education reflects the ambivalence in the profession to commit to a profession united in both advocacy and clinical practice. The social work profession's highly fragmented approach to education limits the potential for direct practice and magnifies the advantages of other direct practice disciplines. Academia is challenged to incorporate these elements into MSW programs (Brooks and Riley 1996; Schamess 1996). Shera (1996) challenges graduate schools to educate future social workers with information and skills to survive in the evolving culture of managed care. Shera further proposes that social workers have an opportunity to provide leadership in the design, implementation and monitoring of managed care for people with severe mental illness.

Thyer and Seidl (2000), in a point-counter point article, expressed contrasting views on challenging the profession to require mandatory professional licensure for academics who teach practice courses. It was proposed that clinically licensed academics, as leaders in the professional community, would provide role models of commitment to the profession and of high technical and ethical standards demonstrated within varied specialties. Opposition to mandatory licensure for academics is focused upon the violation of academic freedom, accountability through accreditation, the differentiation between academia and clinical practice and the limited pool of potential licensed academics.

Academics developing MSW programs, CSWE regulations and state licensure do not have a common approach to the evolving culture of managed care and the role of social work within it. Traditional curricula are no longer adequate to prepare students for practice in the current era. Students need specialized practice skills, including knowledge of brief treatment and evidence-based outcomes. State licensing boards in Florida, Indiana, Maine, Minnesota, and Wisconsin require that MSW's have varied but specific clinical courses, DSM IV diagnostic skills and field placements in clinical settings in order to be eligible for licensure as an LCSW. Several states include a range of practice definitions that includes diagnosis in their legislated definition of social work (Turner 2002). Certification and licensure requirements are not consistent from state to state (Robb 2003, 2004). Social work titles, required numbers of hours of supervised practice and continuing education requirements vary from state to state. Wisconsin and Massachusetts allow individuals without a degree from an accredited social work program to be certified as social workers (Jackson 2004). California does not recognize the ASWEB national exam and has its own specific exam. Portability and reciprocity do not exist between states. CSWE's educational standards and the state licensure boards have different goals. Education may provide a broad liberal arts base; licensure provides the public with a safe practitioner. But the question must be asked: "If we are a profession should not our education provide us with the fundamentals to apply for licensure as a professional?" In most professions (such as law and medicine), graduation is only the first step—and then one needs to pass bar exams in law and national boards in medicine.

It would be prudent to attend to the professional training needs of social work students who desire to do clinical casework. It is evident that state licensure processes have imposed educational regulations for new professionals to be eligible for licensure in some states. The licensure exam itself requires command of a certain body of knowledge. This writer proposes that most social workers, regardless of their loyalty to differing professional views, disagree with the overwhelming power structures of the medical, pharmaceutical, insurance and licensing institutions. As a profession we need to be qualified to work "within and against" (Mullaly 1997) these oppressive forces while providing leadership in the design and implementation of managed care for people with severe mental illness (Shera 1996).

If we were to look into the future of the profession of social work is it possible that the MSW will no longer be the terminal degree for practice? Is it possible that within five to fifteen years MSW's will be required to complete a 2-year certificate program in a specialization of practice beyond the MSW? Is it also possible that a DSW or a PhD in clinical social work will be required in many settings? Is it possible that the profession of social work is neglecting to unite and address the needs of the evolution of the practice world? Is it possible that "a house divided is a house against itself?"

Beyond Social Work Differences

The Seven Social Sins

Politics without principle
Wealth without work
Commerce without morality
Pleasure without conscience
Education without character
Science without humanity
Worship without sacrifice
Mohandas K. Gandhi

Social justice examines and confronts the political, economic, social, and cultural systemic processes that underlie the oppression of some individuals while privileging others. Social justice asks the hard question of why one person is privileged while another is marginalized. There can be no justice until the system we live in is respectful to everyone. Protest that is grounded in indignation will not change the heart of those who support systemic injustice. To create justice we must win the hearts of individuals and appeal to their own deeper need to live justly. The power of the privileged is not easily challenged. Justice demands the transformation of micro and macro systems. Change of heart is slow. Systemic change requires both Gandhi and Mother Teresa. There is a complementary interaction between the professional social workers who work toward social justice at a macro level and those who work toward social justice at a micro level. The struggle for justice is not about micro or macro intervention but about fidelity to the profession.

Mizrani (2003, p. 3), NASW President, uses the metaphor of a kaleidoscope for our profession:

> To express the interplay among social work's impressive history, struggles for recognition and never ending quest for social justice, as well as its myriad professional organizations, educational programs, fields of practice and practice methods... The challenge is to keep molding a coherent and compelling whole from these extraordinary parts – to create unity from diversity.

We need to reaffirm our united vision in the mission statement of social work that defines the profession by what we are for rather than what we are against. We have common ground that affirms all of our fields of practice and practice methods; however criticisms, no matter how troubling, do move the profession forward. They offer a platform by which the diverse aspects of social work can be debated, examined, recognized for their strengths and accepted for their excellence. It is this very willingness of social work to reflect on internal as well as external conditions that will unite its dual historical focus of social justice and casework. To ignore societal injustice renders the social worker helpless in addressing the intersection of public trouble that is manifested as private trouble. To deny that some problems reside within an individual rather than solely within society renders the social worker helpless in addressing the strengths of the individual who is in need. Social work's perennial conflicts date back to the early development of the profession. Hollis (1983), in a memorial address in honor of Helen Pinkus at Smith College, reminisced about "how it really was" in the 1930s. She concludes her speech with a sense of confidence in our profession: "There's been too much belittling it from within as well as from without. We're a pretty decent group of serious people who go about these things in responsible ways and have done so way, way back from the beginning" (p. 9). This statement is still applicable.

Perhaps the greatness of the profession is the willingness to address the needs of both the individual and society. Our profession's rich, multifaceted practice areas are complementary and synergistic. Our profession's rich diversity of interest, talent, cultural experiences and commitments bring breadth and depth to the collective experience. The respect for the integrity of differences in social work practice is what makes complementary views an asset to quality social work service. Our unity in mission requires a maturing of the profession and an ability to live within our ambiguities and differences while striving for a common vision that moves the profession forward. This does not mean the profession has to speak in unison but rather in harmony. A profound metaphor exemplifying harmony can be found in the writing of Powell (2004, p. 154):

> Harmony is a concept that embraces differences and makes of those differences something greater, something felt, something in which one is an instrumental part. Being in unison, the dislike of differences for the sake of seeming homogeneity produces dull singing and duller social relationships. Being in unison subverts imagination to fit rules while harmony finds a place in the choir for various voices. Imagining harmony is a way of reframing the bonds and differences among us, and for seeing something anew that is dividing us. It is an avenue for belonging, co-creating, and an antidote for cynicism.

The metaphor of discord and harmony in an orchestra may represent the reframing of the bonds and differences in the social work profession. The polarities of discord in an orchestra are not a problem but a reality to be accepted, embraced, and enhanced to create harmony for the listening ear. The string, wind, brass and percussion

instruments in a symphony orchestra do not play all parts of the music at the same time. If only consonant or harmonious cords were played one would become complacent or fall asleep. Dissonant cords create restlessness and promote movement to another place; but before the end of any movement come together in harmony. Any one instrument cannot play the symphony by itself. The French horn and the violin together do not create harmony but when placed in the brass section and the string section with a conductor who plays the orchestra as one instrument beautiful harmonic music is produced.

I once heard a narrative of an accomplished musician who played in an orchestra. Her whole life had been focused on her individual instrument. It was not until she was sitting in the audience immersed with the over whelming power of the multiple instruments that simultaneously produce a harmony greater than any one individual instrument that she experienced the process of becoming the music. This reminded me of T. S. Eliot's quote "music heard so deeply that it is not heard but you are the music." We can listen to the words of the music unaware of the depth of the melody flowing inside. We can listen to the melody and ignore the words. We can merge with the presence hidden within the moment and become the music.

To become the music is the height and essence of the social work profession. We hear and see the rise and fall of the music in the different roles of the profession as these roles simultaneously produce chords and chord progressions forming the underlying harmony. Social work like the orchestra is bigger than the individual ideologies of discord. It is the unison and progression of the discord that brings harmony. Social work is larger than the perceived status of any individual or group. It is more than any one way of thinking or playing. The very strengths of any individual or group may be a weakness if listened to alone while providing beat and melody when allowed their place of unison and progression in the whole. As a profession we are challenged to think and react as the conductor of the orchestra. We must value the strength of all of our roles and enhance the harmony between them. We must view our profession as one instrument. We must become the music.

In the profession people helping and society changing are too rarely found within the same person. The social worker who facilitates political activism usually does not facilitate the introspection necessary for individual change yet both are needed for either to be effective. Liberty through action and liberty through contemplation are both important. It is the harmonic whole that allows both ideologies to be effective. Social workers with individual practice modalities are challenged to embrace the maturity of the whole.

Case Illustration

The HIV/AIDS epidemic will illustrate how the needs of the client can most effectively be addressed when the micro and macro have been harmonized. The center for Disease Control (2007) has reported that 38,096 cases of HIV/AIDS were diagnosed in 33 states in 2005. It is estimated that 40,000 persons become infected with HIV each year. Globally 40.3 million people are living with HIV/AIDS. Prevention, education, intervention, case management, supportive therapy, medical treatment and research in areas of drug treatment and vaccines go hand in hand. Advances have been made medically that can delay the progression, but these highly expensive drugs are not available to all socioeconomic populations in the United States or globally. "HIV prevention and treatment, substance abuse prevention and sexually transmitted disease treatment and prevention services must be better integrated to take advantage of the multiple opportunities for intervention" (Center for Disease Control and Prevention 2002). Nasdijj's (2003) book, "The Boy and The Dog Are Sleeping" is a passionate memoir of a father's tender care for his adopted 11-year-old son, Awee, as he struggles with life as a result of AIDS. Awee's biological parents are also diagnosed with AIDS. They lived in fear of being shunned by their tribe on the Native American Reservation. They lived in isolation with their emotional and physical pain. Indian Health Services are under-funded and over extended. Nasdijj states, "I have seen people just give up and die and I understand that" (p. 329). Out of desperation, Nasdijj sought services for Awee off the reservation. These services were also inadequate in controlling the pain, slowing the deterioration and attending to the psychological and emotional experience of AIDS. Nasdijj's presence to Awee, holding and rocking him, and providing him with every experience that an eleven year old boy would dream of allowed his final days to have precious moments of bonding with his adopted "Real Dad." Nasdijj's outrage at indifference to the lack of adequate care is evident, but he also powerfully addresses the need for macro change. He has been quoted as saying "Change is changing the madness of culture into the spirituality of the individual one social structure at a time" (p. 328). Nasdijj was part of the United Nations Assembly that wrote the basic premise of children's rights. He is an advocate at a macro level and a powerful presence for change for Awee at a personal level. The personal is political and the political is personal.

Conclusion

This case example illustrates the major thesis of this paper which presents a challenge to the profession of social work

to harmonize the efforts of prevention, education, intervention, case management, supportive therapy, medical treatment and research to meet the needs of the individual, family and society. The profession is also challenged to educate the next generation of social workers in order to address the need for both societal and individual change.

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