

Service Aspects of Public Assistance Administration Facilitating Rehabilitation of Persons in Need

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DURING AN ERA OF PEACE, disability is, to a nation organized on a thesis of equality, a contradiction and an incongruity—for disability implies some limitation of function which constitutes for the individual an inequality, and for society an obstacle to the goal it seeks. During a period of preparation for the defense of a nation—a nation ready to make war if need be to preserve its way of life, a way based on freedom and equality—disability is even more an anomaly. For, subject during times of peace to the prejudices that still characterize the labor practices of many industries and that likewise characterize many of society's attitudes, the disabled unexpectedly find themselves no longer the victims of prejudices and discrimination but an important part of the labor supply. During the recent prolonged depression, the disabled were forced out of many occupations by an overcrowded labor market. Today we find the disabled of yesterday much in demand as the skilled workmen of understaffed defense industries. The prejudices, superstitions, and aversions which have unfortunately set the disabled aside as a special group in the population give way to the influences of patriotism and to urgent demands for skilled labor. It is unfortunate that the disabled are ever set apart; but it is fortunate that, in a period when prejudice is at a low ebb, such a conference as this is held to reinforce the belief of the disabled in themselves and the appreciation of society that disability is largely a matter of degree.

What is there in the role of the public assistance agency as one of the continuing efforts of government that can prevent or minimize the problem of disability to society? How does the public assistance agency conserve and restore health so that disability does not deny the individual the opportunity for the fullest use of his capacities in employment and in family and personal life? What

is the public assistance agency's contribution to society's attempts to mitigate inequalities that are commonplace in our national life? Is there, in the professional and technical knowledge which should characterize public assistance administration, sufficient vitality and practical effectiveness to aid in making these programs constructive influences for individual and national security rather than impotent organs which may, in effect, foster perpetuation of disability as one of the causes of insecurity?

Public assistance administration is concerned with organization and administration to meet the needs of individuals and families. Let us then examine the application of social-work knowledge to the problem of disability in the individual, and, since disability has its origin in illness, let us first look at social work in relation to medical care. The first social-work services related to medicine grew out of the recognition by physicians of the limitations of clinical medicine and the dissatisfaction experienced by these physicians in dispensing care that was not a part of and not planned in relation to the patient's social situation. Physicians thus sought an adaptation of the established practice of social case work as an additional means to more effective care of the sick individual than had previously been possible. In both the diagnosis and treatment of the individual who is disabled or threatened with disability, social work soon demonstrated its specific contribution. The social worker's major concern in regard to illness has always been the patient's disability rather than his disease. This underlying axiom has made the social-work profession particularly receptive to contributions of physiology and psychology as they relate to the psychological aspects of disease. The fundamental points which social workers find important in understanding illness and in marking out the part which the assistance agency can play in facilitating the patient's recovery are these:

1. Every disease has a psychological as well as an organic aspect.

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2. Disease is a continuing process, not a group of end results.
3. Emotion must be included as one of the factors influencing the cause and progress of disease.
4. Disease strikes only those individuals within whom there is a certain preparation, physiological, psychological, or both.¹

These ideas are fundamental to social case work as it relates to disabled persons. These concepts condition the attitudes, the techniques, the decisions, and the actions of the skilled social case worker; as such, they affect the policies and practices of the public assistance agency.

In addition to recognizing the importance of predisposing factors in illness, the social worker is concerned with attempting to identify what these factors may be. Who are the patient's family and friends? What cultural patterns appear to have influenced his environment? What satisfactions and dissatisfactions has he experienced in relation to his family, his friends and associates, his teachers, his employers? What attitudes have he and his family exhibited toward illness, responsibility, ill fortune, loss of employment? How can the social worker elicit significant information needed by the physician in such a way as to minimize the patient's fears and discomforts and in a manner that will reinforce the doctor's efforts to set the stage for hope and recovery rather than for defeat and invalidism? These questions suggest both the content and the method of the social worker's contribution to the physician's diagnosis of diseases which may involve disability.

Social service contributes to the process of treatment in anticipating the probable response of the individual patient to the disciplines of medical treatment and to his limitations, which may be temporary, protracted, or permanent; in appreciating the patient's potentialities for changing either an unpleasant situation or his attitude toward it; in recognizing evidences that the patient is developing or modifying a disability; and in knowing how to mobilize for the patient's use facilities within his immediate environment or within the community that may facilitate his recovery or adjustment.

¹ Dunbar, H. Flanders, "The Psychic Component in Disease: From the Point of View of the Medical Social Worker's Responsibility," *Bulletin of the American Association of Medical Social Workers*, Chicago, Vol. 10, No. 6 (August 1937).

We have, then, suggested the nature of the social worker's concept of disability; disability is a complex and a variable; it is modifiable; it is in the last analysis the individual's adaptation to a particular set of physical, environmental, and emotional factors. Disability is not always obvious nor is it always easy to establish. In considering the application for assistance of a disabled person, more may be involved than inability to attain economic independence. Decisions in regard to disability rest upon social as well as medical judgments. In both, subjective elements inevitably enter. The capacity of the individual, physical and mental, is subject to continuous changes, and as a result the extent of his disability changes. Furthermore, vacillations in industry affect the labor supply so markedly that a man who, in a period of prolonged unemployment, is disabled and unemployable finds himself a few months later much in demand in one or several defense industries.

Such a brief discussion suggests only the barest outline of the social worker's beliefs and attitudes in regard to disability as it affects the individual. Those who are interested in pursuing the subject further will find many sources of amplification.² I shall address myself particularly to the significance of social-work knowledge in relation to the development and administration of assistance programs insofar as these are designed to prevent and mitigate disability.

A very provocative statement in this connection is to be found in Dr. Henry H. Kessler's *The Crippled and the Disabled*.

As a result of false concepts of capacity to work, as well as of psychological prejudices, there have developed social attitudes and legal limitations which seriously handicap the crippled and disabled in their efforts to earn a livelihood. Instead of being interested in seeing their capacity for work become productive, society makes feeble attempts to secure economic independence for these individuals since it is difficult to find a place for them in industry. The economic choice, therefore, is one of considering either the whole group as a burden for which asylum and care must be provided, or that of rehabilitating them in occupations and industries for which they are suited.³

We are all familiar with the various means by which society has in the past attempted to provide either "asylum and care" or rehabilitation for this group. In primitive society the preser-

² See appended bibliography.

³ Kessler, Henry H., *The Crippled and the Disabled*. . . New York, Columbia University Press, 1935, pp. 3-4.

vation of the group overshadowed the interests of the individual. The disabled frequently were put to death or abandoned. Various practices traceable to the primitive attitudes toward the disabled are found in infanticide, in ostracism, and in limitation of occupational opportunities. With the rise of Christianity some manifestations of sympathy for the group came into evidence, but in general ridicule, contempt, and superstition still characterized society's attitude in this respect. During the 18th and 19th centuries, various attempts to "provide asylum" were initiated, and interest in the disabled increased. Although disability was regarded as a burden, it was generally accepted as a burden which society had to bear.

More recently, advances in medical science and changing concepts in regard to public responsibility for welfare services have resulted in new methods of dealing with the problem of disability, such as safety measures, workmen's compensation, unemployment compensation, rehabilitation, special placement services, health programs both for prevention and treatment, and to some extent the assistance programs. Although we do not primarily identify the assistance programs as measures for meeting the problems of disability, they may be one of society's most worthwhile efforts in that direction. For instance, title I of the Social Security Act provides for assistance to needy aged individuals. Many, but not all, of the aged are disabled. Title IV provides for assistance to needy dependent children "deprived of the parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent." Thus, society has provided a medium through which assistance may be given to families when the disability of one or both parents deprives children of support. Title X provides for assistance to needy blind individuals.

These three titles of the Social Security Act have provided a broad framework within which it is possible for the States to make more adequate provision for certain persons in need. The underlying philosophy of these titles is that assistance is a right, not a charity, for those who meet the eligibility requirements. From such a philosophical base there inevitably emanates a concept of service which society owes to itself and to its less fortunate citizens—service that recognizes the capacities of individual citizens, irrespective of

economic or social circumstance, and irrespective of the individual's opportunity for fully exercising his capacities. The way in which the public assistance programs are administered will determine whether they constitute a constructive approach to the problem of disability or whether they are merely another method of offering "asylum" to certain persons who are in need and disabled.

Policies must be established which, on the one hand, will assure reasonable decisions in regard to eligibility for assistance and, on the other hand, will emphasize the necessity for the protection, maintenance, and restoration of health and well-being among both children and adults needing public assistance. It will be important, for instance, that in an old-age assistance program the agency clearly distinguish between old age and disability. Some months ago the Bureau of Public Assistance was asked to consider the question whether all recipients of old-age assistance, by virtue of their age, are incapacitated and whether the young children of such parents are ipso facto eligible for aid to dependent children by reason of the parent's incapacity or disability. In appreciation of the changing nature of disability and its highly individualized character, the Bureau interpreted that age does not necessarily result in disability and recommended that all persons over 65 and presumed to be disabled have the advantage of a physical examination to determine whether the individual was in fact disabled and, if so, what therapeutic services he required.

In the program for aid to the blind the requirements of the Social Security Board specify that each applicant be examined by a physician skilled in diseases of the eye. Fifteen percent of the applicants are found, on examination, to have conditions that are remediable, and in many States treatment programs both to prevent blindness and to conserve and restore vision have been established. Furthermore, impaired vision is regarded as a disability which, like other disabling conditions, affects individuals differently. Some are totally incapacitated thereby, but many adjust to this handicap so well that they are able to lead useful, happy, productive lives.

In the program for aid to dependent children, restoration of the family's economic independence through rehabilitation of the incapacitated parent constitutes an important aspect of social treat-

ment. In this connection, the public assistance worker will emphasize the fact that, while incapacity may have aggravated or precipitated the economic difficulties of the family, it will not necessarily offer a hazard to the family's health and spiritual welfare. In this program, as in the general assistance program, emphasis is increasingly placed on rehabilitation, and the fiction of the "unemployable" as a large residual group of individuals who are permanently dependent is being recognized as an unreality.

In the day-by-day application of sound policies in all the assistance programs lie opportunities for emphasizing flexibility and individualization; for guidance in recognizing evidences of disability and of capacity for rehabilitation; for interpretation of the medical diagnosis and what it signifies for the family; for help in the discriminating use of facilities for care; and for services through which the assistance agency can participate in the individual's efforts to adjust to or recover from his disability.

What is the nature and scope of these services? Briefly, they can be said to include:

Financial assistance varied according to individual need.—It is as important that assistance provide freedom from anxiety as that it supply the means of subsistence. During periods of depression, the public welfare agency has a special responsibility to facilitate the efforts of the disabled individual who may be crowded out of an oversupplied labor market to preserve his capacities for self-maintenance and self-development.

During periods of increased production, the public welfare agency has a special responsibility to facilitate the disabled individual's efforts to obtain temporary or permanent, partial or total, employment. Flexible and realistic policies that authorize assistance to persons able to do light work or part-time work, that expedite reapplication procedures for persons whose employment is uncertain, intermittent, or unrelated to their individual skills, interests, and abilities will contribute substantially to the employment of the disabled.

Organization and coordination of facilitating resources and services—medical, vocational, employment, recreational.—Medical care is an essential of life. Public welfare agencies have long recognized their responsibility for making this essential

available to recipients of assistance, together with food, shelter, clothing, and other essentials.

It is significant that in recent months, in the absence of an organized national plan for the correction of the remediable defects revealed in the selection of draftees, many public assistance agencies on local levels have devised methods and found the means for providing needed medical services. Similarly, a trend is observable in the direction of changing the emphasis of the medical programs of assistance agencies from emergency care to rehabilitation designed to correct those defects which limit the productive capacity of the group who until now could not find a place in industry.

The opportunity to work is the right of every individual able to work. The public assistance worker, cognizant of the potential capacity of the individual for self-realization and familiar with the community resources for vocational guidance, training, and placement, puts the needed information at the disposal of the individual.

Briefly then we have indicated that the public assistance agency strives not only through its own policies, procedures, forms, and techniques but also through the use of all facilitating resources and services to achieve the kind of social organization which will offer to the large groups of disabled an opportunity for the fullest possible conservation and restoration of health and well-being. Many communities lack the facilities for adequate diagnosis and treatment of physical and mental conditions, for rehabilitation, for special placement services, and for recreation. In such communities, the assistance agency has responsibility for broad community planning—planning for the most effective use of existing resources and the establishment of additional facilities where needed.

An important aspect of the organization and coordination of facilitating services is interpretation of the nature of disability and its effect upon the individual. In its interpretation to legislative bodies, the taxpaying public, administrative agencies, employers, and the disabled themselves, the public assistance agency can do a good deal to reduce the differential between the so-called normal and the disabled.

Direct case-work service.—The very nature of the responsibility of the assistance agency brings to it the person who is overwhelmed by a combination of illness and dependency, discouraged by the

experience of competing in the open market with persons not so handicapped, puzzled by the nature and significance of his disability, or groping in his efforts to decide for himself what his life is to be. The social worker, with her professional equipment of knowledge of human behavior and skills in dealing with persons in trouble, is available to the individual in working from his puzzled, discouraged state to a readiness to utilize the various resources within himself and the community for his satisfactory living. As one of my colleagues in the social-work group has said:

We know that for man to continue to put forth effort, to risk living, there must be opportunities for him to experience satisfactions in living, rewards for his risks. We know that for him to realize his own stature there must be a belief in himself. We know that this is facilitated when the case worker who meets him at a time of discouragement, confusion, and fear brings to each interview a fresh belief in what he can do. It is hard to keep alive this belief, and to communicate to the client a warm interest in him, a respect for him and for his adequacy. It is harder to keep alive and to communicate that belief than it is to learn any of the techniques that are a part of the case work process; but without it no techniques will avail.⁴

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