Distortion of the Face to Face: Communicative Reason and Social Work Practice

RICARDO BLAUG

SUMMARY

This paper uses Habermas' theory of communicative action to inspect current difficult-
ies in social work practice. Habermas' categories are deployed to inspect the nature
of professional care, recent increases in bureaucracy and the quality of current social
policy. Practical implications are explored in the areas of need assessment, psychiatric
support and child protection procedures. The paper argues that communicative methods
provide insights, criticisms and practical suggestions for social work, as well as theoret-
ical support for certain practice initiatives.

Social work is caught between a rock and a hard place. On the one
hand, it must cope with the material problem of increasing need and
decreasing resources, while on the other, its attempted solutions are
being redirected by social policy initiatives emanating from a govern-
ment unsympathetic to its basic aims. The result is all too obvious to
front line workers. While the material problem causes tremendous occu-
pational stress, the solutions on offer amount to an unending gruel of
bureaucracy, modern management jargon, and repeated demands for
increased efficiency.

Over the last decade, a great deal of interest has been aroused in
various areas of social science by Jurgen Habermas' Critical Theory
(White, 1988; Rasmussen, 1990; Ruane and Todd, 1988). Habermas'
work provides a series of conceptual tools and restates the importance
of a theoretical base for social work practice (Clark and Asquith, 1985).
This paper argues that social work might derive significant gains from
employing his conceptual scheme. Such gains are partly perceptual, in
that they allow us to see more clearly why and how social work is

Correspondence to Ricardo Blaug, Department of Government, University of Manches-
ter, Manchester M13 9PL.

becoming increasingly bureaucratized. But they are also practical, for Critical Theory offers a rigorous justification for certain kinds of social work practice, and it suggests ways in which members of the profession can more ably defend their clients against ill-conceived care and themselves against direct ideological attack.

THE BUREAUCRATIZATION OF SOCIAL WORK PRACTICE

That the solutions being offered the profession are predominantly bureaucratic is a fact universally acknowledged by practitioners and widely documented in the literature (Howe, 1992; Ferguson, 1983; Doyal and Gough, 1991). However, this consensus breaks down when commentators consider the sources and causes of this phenomenon (Pollitt, 1986). While some see it as a result of repeated management and social policy drives for efficiency (Abel and Nelson, 1990), others stress the role of increased codification of individual rights under the welfare state (Etzione-Halevy, 1983). Another view suggests it can be explained by the general shift from a therapeutic to an investigatory role for practitioners (Hugman, 1991; Howe, 1992) resulting from the challenges posed to the profession by public inquiries into the deaths of particular children (Parton, 1985). In addition, bureaucratization is described by various feminist writers as an attempt to force the interactional contextualist activity of (predominantly women's) caring into (essentially male) universalist categories (Tronto, 1987). Finally, psychoanalytic theorists see it as an ego defence against anxiety and as a way of controlling the incessant emotional demands of caring in a professionalized setting (Menzies Lyth, 1988).

Clearly, all such possibilities contain elements of truth. Whether the bureaucratization of social work is seen as fulfilling the need to defend rights, to increase efficiency and accountability or to enable emotional avoidance, such explanatory attempts share the view that bureaucracy fulfils some particular function. Theories can then be distinguished according to which function they chose to highlight. They fall short, however, when they are unable to state precisely *why* it is that *bureaucracy* (and not something else) floods in to satisfy their chosen function. Particularly, they do not sufficiently stress the relationship between the increasing bureaucratization of human caring and the general societywide increase in this method of organizing social activity (Weber, 1946). Because of this, the theoretical assumptions embodied in the bureaucratic method remain unpacked, and we encounter further difficulties when we ask what might be done to resist bureaucratic encroachment.

It is precisely these questions that Habermas' Critical Theory is designed to address.

INSTRUMENTAL AND COMMUNICATIVE REASON

Critical Theory argues that bureaucracy is a way of organizing human activity which is based on a particular set of theoretical assumptions (Habermas, 1984). These assumptions amount to a specific view of the nature of reason, and Habermas calls this view *instrumentalism*. Characteristic of instrumentalism is its orientation to the control and domination of nature. It concerns itself with *efficiency*, getting the job done, and deploying the most effective means toward a given end. Its main concern is to win. Increasingly prevalent in the modern world, instrumentalism has advanced the division of labour and social roles, furthered the destruction of mythic and religious modes of thought, and fuelled the growth of expert cultures and rule governed activities (Poulantzas, 1978). Following Weber and the Frankfurt School, Habermas claims that instrumental reason, and its organizational counterpart—bureaucracy—is the inevitable end product of a process of Western rationalization. It is at once its greatest achievement and its greatest nightmare.

Its achievements are significant in the areas of production efficiency and the application of science to practical concerns, and it is easy to see the temptation of conceiving of human reason along purely instrumental lines. When confronted with problems in the realm of human affairs, we instinctively reach for instrumentalism, partly because of its success in areas of knowledge where things are stable, measurable and separable, and partly because we have come to see instrumentalism as being the *only* kind of human reason. In effect, we have become like the carpenter who, possessing only a hammer, tends to see every problem as a nail.

The nightmare of instrumentalism arises because, as a tool, the hammer is somewhat limited. In the realm of human affairs, for example, instrumentalism confronts things that are neither stable, measurable nor separable: human beings. In such a realm, instrumentalism can cause more problems than it solves. First, there are occasions when bureaucratic solutions are almost childishly wrong and where their tendency to produce their own complexity degenerates into farce. Anyone who has received a typed letter from the office next door, or who has witnessed the repeated digging up of the same piece of road by one utility company after another, can attest to the *inefficiencies* generated by instrumental coordination, particularly in regard to activities where

human beings abound. Government, both central and local, is replete
with such examples, and in pubs across the country they are a constant
source of amusement and exasperation.

Second, and more ominous, is instrumentalism's tendency to formal-
ize human activities. Tasks and methods which are highly formalized
can be done by anyone, anywhere and, crucially, *they will always be
done the same*. It is this tendency to flatten out the differences between
individual performances, indeed, to define individuality as a distortion,
that has led to many of the most dehumanizing aspects of bureaucracy
(Ferguson, 1983; Habermas, 1987).

Having so described bureaucracy as being based on instrumental
assumptions, Habermas goes on to suggest that it is not, in fact, the
only way of organizing human activity. Much of what we do is based
on language, on communication, on mutual understanding. Indeed, in
the areas of society where we are socialized, where we form relation-
ships and construct meaning and collective beliefs, communication is
the *dominant* method of coordination. His central claim is that commun-
ication has its own structure, its own kind of rationality. Unlike the
hammer of instrumentalism, communicative reason is not only applic-
able to the realm of human affairs, it is constitutive of it (Habermas,
1984, 1987).

When we talk, we appeal to a whole host of background knowledge
in order to make ourselves understood. Attempts to communicate rely
not just on a common language, but also on a series of quite specific
claims about what we are trying to do with the words we use. First,
there is a claim to truth regarding physical facts, second, there is a claim
to appropriateness regarding moral statements, and third, there is a
claim to sincerity on the part of the speaker (Habermas, 1976). Each
time one interacts, a blend of these claims comes into play. Some forms
of communication, like humour and irony, raise these claims in strange
ways, yet nevertheless, they too rely directly on such claims. Habermas
therefore tries to show that communication has its own structure. Ori-
ented to mutual understanding instead of merely getting the job done,
it constitutes an additional, and perhaps older, type of rationality
(Habermas, 1991*a*).

In the modern social world, communicative reason is forever under
attack from instrumentalism. Areas of our daily lives such as childrear-
ing and family health thus become increasingly rule governed and pro-
fessionalized. Habermas describes this as a process of *colonization*,
whereby our communicative practices are systematically undermined
by instrumental ways of thinking (Habermas, 1987, pp. 355 ff). The
bureaucratization of social work is not, therefore, to be explained
simply by indicating a series of functions it might satisfy within the

profession (though this is clearly part of such an explanation). Here, the phenomenon is seen as a particular effect of a far wider process: that of our culture's excessive concentration and reliance on instrumental reason. By so limiting ourselves to *only this method* of solving human problems, we ensure that it is instrumentalism (and not something else) that floods in to satisfy the various functional imperatives. In this way, the door is opened for bureaucracy to creep into our homes, our relationships, our internal worlds, and of course, our social work practice. In addition, by describing bureaucratization as a process of colonization, our attention is drawn to its impact on our existing communicative practices. The question now becomes this: is social work practice being colonized by instrumental methods? If so, we might do well to look at how such a process can be controlled, and how our communicative practices might best be defended.

INSTRUMENTAL VS. COMMUNICATIVE REASON IN SOCIAL WORK PRACTICE

There is little doubt that care is, in part, a task-oriented activity involving the solving of problems and the efficiency of means. Yet an activity such as nursing a dying child cannot be reduced to the mere effective deployment of resources to a defined set of problems (Ragg, 1977). Rather, care is a matter of face to face interaction, of learning, understanding: of something which cannot be captured or even conceived in terms of instrumental reason (Abel and Nelson, 1990). There is a crucial and ineradicable component of care which is interactional (Gilligan, 1982), emotional and communicative. Social work is thus a *dual-aspect* activity (Fraser, 1985, p. 101), made up of a mix of instrumental and communicative rationality.

   In the modern world, care is provided by the state on a mass scale, and such a structure clearly has need of instrumental methods. Yet even in mass care, the interaction between individual care giver and individual receiver remains paramount. It is this interaction which best characterizes the essential activity of caring, and instrumental methods are most properly deployed to resource and improve this moment when carer and receiver meet face to face. We must conclude therefore, that while care has an instrumental component, it is *predominantly* a communicative activity. In terms of social work, we would thus expect to see a practice which is predominantly coordinated by communicative methods. In fact, we observe the systematic colonization of communicative practices by instrumentalism.

   This is apparent in a wide variety of social work practices. Take, for example, the growing enthusiasm for systematizing child protection

procedures (Howe, 1992). Social work with children has recently been subjected to such political pressure (Parton, 1985) that now experienced and expensively trained social workers must operate formal procedures where they are required to ask a huge array of detailed questions in order to assess the level of threat to a child (DoH, 1988). The interventions available to them are less and less a matter of professional judgement and are now pre-ordained by law and practice codes, highly systematized and limited in number.

Though the various public inquiries may well have been correct in calling for a more effective and accountable system, it is by no means obvious that purely instrumental solutions have provided the required improvements. Indeed, repeated recommendations for better communication have proven hard to implement when conceived along instrumental lines, and though such inquiries have transformed the profession (Hugman, 1991), it could be argued that the resulting increase in *defensive* practices does not necessarily constitute an improvement (Parton, 1985). In addition, concern has been voiced that bureaucratic assessment procedures, no matter how exhaustive, can never entirely substitute for the wisdom of the practitioner (Hughes, 1993; Dale *et al.*, 1986). It is therefore conceivable that such procedures lend themselves less to helping bad social workers than to hindering good ones. Child abuse assessments rest in part on the practical judgement and communicative competence of the worker; things which are very difficult to systematize instrumentally. What is occurring here, therefore, cannot be described as merely an increase in bureaucracy. It also constitutes a profound attack on the communicative practice whereby worker and client interact to create a mutual understanding of problems and solutions. Where instrumental methods attempt to replace communicative practices, we are observing, rather, a process of colonization.

A further example is afforded by the Community Care legislation. In response to this social policy initiative, local authorities have produced a series of assessment forms which, while paying lip service to user involvement, essentially list and quantify an individual's disabilities. The service user then indicates his/her agreement with the assessment by ticking a box and signing on a dotted line. As this distorted and one-dimensional view of the service user passes from the First Contact Form to the Summary of Need, this picture of the individual is further distorted and simplified, and this occurs again where local authorities input such details on to computer databases. While social worker and client may engage in some discussion as to the client's needs, they remain under significant pressure to make the simplification required by the institutional structure, for upon it turns the possibility of service provision by other agencies (Challis and Hugman, 1993).

There is significant evidence, however, that people require interaction in order to make up their minds (Mead, 1934; Lewin, 1947; Dryzek, 1990), and Habermas extends this central insight of social psychology to the formation of human needs (Habermas, 1984). Needs arise, and are formed and changed, in discussion. Indeed, even when alone, we tend to assess our own needs in an internal debate wherein we try out other points of view (Arendt, 1961, pp. 220–1), explore super ego voices, and inspect the advice of internalized role models. Where face-to-face discussion is shortened, distorted and undermined, as made necessary by assessments for Community Care, we are observing not just an increase in bureaucracy. The fact that the communicative quality of good assessments is here reduced and replaced indicates this to be a site of colonization.

The process is at work also in casework supervision. Traditionally, supervision was a predominantly communicative practice, where caseworkers could receive time and space to explore their tasks. Now, however, it is increasingly seen as a way of checking that procedures are being followed and to inquire whether the worker has room for new clients. This is, of course, partly a result of material and work-load pressures, yet it reflects also (Mattinson, 1975) the profound instrumentalism of our attempts to cope with such pressures. As our communicative practices become colonized, we lose the ability to form our opinions and beliefs through discussion. We are now just a short step from hiring managers for their (instrumental) administrative ability only, from discovering via an (instrumental) training survey that they require an (instrumental) workshop wherein they will be presented with a list of the twelve components of good (instrumental) supervision.

Finally, we see the process at work again when, in a reassertion of communicative practice, a user pressure group is formed. Here, colonization rapidly follows upon any attempt by the group to apply for even the smallest of local authority grants, for they are then variously required to formulate charters of rights, advocacy protocols, constitutions and progress reports. Gradually, their meetings are taken over by administrative tasks, and after this, it is only the extraordinary dedication shown by such groups that allows them continued discussion on wider topics.

In sum, the solutions being offered to the profession by social policy and management initiatives are based on an overly instrumental conception of human reason. This results in a colonization of our communicative practices and a distortion of the face-to-face interaction which lies at the heart of human caring.

If we are to resist this process, we need to rid institutions of instrumental methods where they are inappropriate, and to articulate another

way of organizing our activity. Critical Theory is attractive in this regard, for it suggests that in certain environments, undistorted communication should be maximized. As such, however, this is to claim little more than is already called for in the Community Care legislation (user involvement), and by the 'new' right (consumer choice). Clearly, we need a way to evaluate the degree of participation and the degree of distortion of the communication that takes place within it. Indeed, our inability to distinguish between meaningful participation and notions like consumer choice has been partly to blame for the profession's inadequate defence of its basic values. What were once self-evident truths, such as respect for persons and self-determination (Timms, 1983), find themselves increasingly out of step with central government ideology, so that now, just these terms are used to foist yet more instrumental social policy upon the profession. We therefore require a better understanding of the implications of communicative reason, of how to judge when participation is meaningful, and of how to *decolonize* our institutions. It is for this reason that we return to Habermas.

THE THEORY OF DISCOURSE ETHICS

Communication relies on a series of shared assumptions, of claims which are usually understood and agreed to by others. Sometimes though, we want to question such claims, to suggest, for example, that what a person said was untrue and does not accord with the facts. Now we enter a particular kind of communication, which Habermas calls a *discourse* (Habermas, 1991a). Here we argue about the various claims, we try to give reasons, we attempt to produce evidence. Perhaps the most interesting discourses take place around the question, 'what should we do?' Should there be military intervention in Bosnia? Should we take this child into care? Such practical questions generate discourses which are both heated and complex. Indeed, whenever a great deal is at stake, discourse usually becomes distorted, for information is withheld, pressure tactics are used, and communication is generally strategic and instrumental. Habermas describes such discourses as 'power saturated'. In order to evaluate the degree to which a given discourse is distorted by relations of power, he has articulated a theory of discourse ethics (Habermas, 1990).

As we are socialized into being able to communicate with others, we learn not only the claims inherent in speech, but also the conditions under which these claims are properly and fairly debated. The argument here is within the background of assumptions to which we all have

access and is an image of what communication might be like if it were completely free from the distortions of power. This image is an unavoidable presupposition of all discourse and it can be worked out in some detail by closely inspecting the assumptions we make when we question each other's claims (Habermas, 1976). Though we may never see it in the real world, we carry within us an intuition of communicative fairness, an ideal which we use to evaluate particular instances of communication. Habermas calls this the *Ideal Speech Situation*. It seems intuitively clear to us, for example, that if a decision is to be a moral one, all those affected must be allowed to speak, all must be listened to, and all must be allowed to question others. These conditions make up the Ideal Speech Situation, and it is this ideal that helps us see whether a discussion is fair, or whether it is distorted by relations of power. Such an ideal looms in the background whenever we try to give *reasons* for the morality of our decisions.

The theory of discourse ethics suggests we use the Ideal Speech Situation as a moral test (Habermas, 1991*b*). Take for example, the use of Electro-Convulsive Therapy in British psychiatric hospitals and the question of informed consent to such treatment. Is the practice, as currently conducted, morally right? On the continent and in America, such treatment has been largely discredited, yet British medical journals still contain articles measuring its effectiveness, so the question 'is it right?' is not a simple one. To answer it, we would first need to assess factual information regarding its use, and then inspect the personal experiences of those who have received such treatment. We might then want to know if patients are given all the information about the treatment, about its outcomes and side-effects. If people are pressured into accepting the treatment, if information is withheld, if they are rushed or silenced or ridiculed when they try to question it, then we want to be able to say that this communication between doctor and patient is unjust.

Notice that we are here using the Ideal Speech Situation as a standard to evaluate the fairness of a practice: specifically that of informed consent. When we ask if it is right, we hold that practice in one hand, weighing it carefully, while in our other hand is the ideal of communication which is completely fair. We ask ourselves: how do they compare?

Habermas suggests we inspect a practice by asking the following question: *would all those who participate in that practice agree that it was fair if they could debate it freely and without any distortion of power?* (Habermas, 1990). In other words, could that practice cope with being openly and fairly questioned? Racism, for example, cannot withstand such questioning, nor can discrimination and prejudice regarding gender and sexual preference. Such positions simply cannot defend

themselves in a discussion which is free from domination, for they rely on excluding or silencing certain participants in the debate. Habermas wants us to use Ideal Speech to criticize real practices; he wants us to be suspicious, to keep a lookout for the many subtle ways discussions are distorted by power relations.

Importantly, Ideal Speech tests the outcomes of discussions, but it does not suggest what that outcome should be (Habermas, 1991b). Habermas offers no answer to the question: what should we do? Instead his theory directs our attention to *how* such decisions are made. It says: whatever participants choose to do, they should make sure it can pass this moral test. It therefore states only the *form* of justice, and it holds that only real participants can provide the content. This, claims Habermas, is all one wants of a theory. We don't want to be told what to do by a lone theorist who knows nothing of our particular situation. Individuals bring different values to discussions, these values are then argued for, and there is heated debate. However, if this debate is distorted by power, then its outcome is unjust.

If the Ideal Speech Situation expresses the conditions of fair communication, then anyone with any experience of group decision making will know that almost all discourses are distorted in some way, and thus fall short of the ideal. Actual communication takes place under concrete constraints, and relations of power result in a variety of distortions of interactions (Mansbridge, 1973). The ideal does, however, alert us to the many ways in which face-to-face interactions are distorted. First, there are structural constraints, such as the way the conversation is itself set up, which decision-making rules obtain, who is included and excluded, who sets the agenda and whose language is seen as appropriate. Second, there are power imbalances relating to participants' differing personalities, skills, experiences and motivations. Third, there are constraints emanating from outside the discourse, such as the pressure of time, the distinct social roles and institutional affiliations of the participants and their differing control over the allocation of resources. Where communicative practices become colonized by instrumental methods, distortion along any and all of these three dimensions can be exacerbated. In dual-aspect practices such as caring, there are inevitable distortions, yet it remains the case that discourses which more closely approximate to Ideal Speech are morally preferable. To see how this operates in practice, let us consider two examples.

First, a social work team might generally agree that it is wrong for the team leader to make all referral decisions behind closed doors. At the same time, however, a particular referral decision might need to be made quickly, thus precluding consultation with the whole team. In situations such as this we again see the Ideal

Speech Situation in operation, for the central question is *whether or not it would be generally agreed that this constraint could itself be defended in fair communication*. When constraints are necessary, and can be fairly questioned, reasoned out and understood, they are justified. Once the team understands that the decision was made under the pressure of time, therefore, they might well agree with the manner in which it was taken.

Second, one of the great sorrows for carers of all types is the damage that illness and hardship can do to a person's ability to communicate. It can, for example, be very difficult to talk with someone about their needs if they are suffering from Alzheimer's disease, are in the middle of a manic episode, or are three years old and terrified. Yet gifted carers make that interaction *as equal and as fair as they can*. They involve the client as much as is possible, even when that client may be so communicatively 'unusual' that nothing like an equality of communicative chances is ever really possible. And afterwards, all the deviations from fairness are thought through, even worried over, spoken about with friends after work, with supervisors, or just over tea. In such moments, we are assessing the quality of our face-to-face communication. As we weigh the situation, and the scales move slowly before us, we try to work out whether the constraints and distortions of a particular interaction were defensible, and what our decisions look like when we examine them from other points of view. The moral complexity of so much of social work practice requires just this kind of questioning (Hughes, 1993). It is precisely for this reason that social work cannot be systematized along instrumental lines.

Generally then, constraints on communication must themselves be defensible in a discourse free from domination. In a dual-aspect practice, this means that the goals and limits of instrumental methods should be set by discursive interaction (Wisman, 1991). We have already noted that the systematic colonization so evident in social work practices is seldom under the control of the participants, and on many occasions, would be simply indefensible in open discussion. If decolonization is to occur then, it must involve maximizing such discourses. Where they exist, communicative practices require rigorous defence; where absent, they should be started and supported. Whenever possible, those involved in a decision should be included, structures should be designed to allow for fair communication, and instrumental methods should be scrutinized discursively. The above examples thus highlight one of the central conclusions of the theory of discourse ethics: that the best care involves the drinking of copious amounts of tea. For tea means talking face to face, talk means humans are interacting, and interaction is appropriate to caring.

IMPLICATIONS FOR PRACTICE

Habermas' Critical Theory is intended to be of practical value
(Habermas, 1974; Fay, 1988), and indeed, there would appear to be a
number of implications for social work practice. Opportunities to
increase non-instrumental discussion abound in areas such as supervi-
sion, inter-agency discussion, training, assessments and monitoring.

In addition, Critical Theory is of value where it lends support to
particular initiatives currently taking place in social work. Practices such
as networking, staff support groups (Masson, 1990), action learning and
empowerment groups (Mullender and Ward, 1991), peer supervision
and search conferences (Lucas, 1993) are clear examples of attempts to
promote communicative methods. Developments in family therapy,
such as the Reflecting Team, appear to offer clients open, demystified
and emancipatory images of their family's communicative process
(Hoffman, 1985). As regards assessments, there have been a number of
calls for greater deliberative time to be taken before needs are defined
(Hughes, 1993), not only between user and professional at the assess-
ment interview, but also in groups designed to further a discursive
search for individual needs. A similar process could be said to occur in
advocacy projects, for here, meetings with an advocate are again dis-
cursive moments wherein the definition and presentation of needs are
decided upon. It is unfortunate, therefore, that Community Care
funding does not sufficiently resource the development of advocacy
projects.

Perhaps the clearest implication of Critical Theory for social work
practice is that of increasing user involvement (Habermas, 1987, p.
395). The theory calls for a more meaningful inclusion of users in the
design and operation of services, and this has implications for case
conferences, user empowerment, community organizing and resource
allocation. It would also suggest that far greater attention be paid to
the design of meetings and structures to enable meaningful participa-
tion. The notion of Ideal Speech allows us to see that the exclusion of
the service user from discourse was, and remains, quite indefensible in
moral terms. Additionally, services designed to support people with
mental health and learning difficulties are already highly colonized by
medical and market models, themselves examples of instrumental
reason. Indeed, the level of colonization has so debilitated services that
users have been *forced* to involve themselves in service provision in
order to improve its quality (Beresford and Croft, 1986). This is also
the prime motivation of the advocacy movement.

One point that arises here is that, though professionals are included
in discourses in ways denied to users, nevertheless, when users get

organized and begin to speak together, they create communicative spaces that most professionals do not have. Particularly, they are learning communicative skills that most professionals do not know. Open debate is not easy; it takes practice. Professionals, though they meet endlessly, seldom practise open communication. Rather their meetings have had the last remnants of honest talk wrung out of them by both colonization and the constraints imposed by external power relations. In social work, most meetings are better described as examples of what Habermas would call 'pseudo-communication'. They are characterized by power distorted communication which is limited to means only, and whose structures ensure that discussion is systematically stifled.

Much interest has been directed to unpacking the implications of communicative rationality in the area of applied social research, giving rise to changes in methodology and in the choice of subject. This constitutes a welcome alternative to the predominantly instrumental character of so much contemporary social research. In regard to methodology, 'holistic experimentation' seeks to break down the researcher/subject division. Here, all involved are seen as participants, and outcomes are judged by the group as a whole. No control group is necessary, as no generalization of the results ever takes place (Dryzek, 1990). Malhotra has even designed a method of data collection based on group meetings directly modelled on the Ideal Speech Situation (Malhotra, 1987). In regard to the choice of subject, studies have focused on examples of communicative practice in a variety of areas. Examples are primary education (Young, 1988), public policy analysis (Forester, 1987), New Social Movements (Cohen, 1985), the fairness of public hearings (Kemp, 1985), administrative decision-making (Ealy, 1981), community drug treatment (Carroll, 1993), care for the elderly (Rodwell, 1990), counselling battered women (Anderson and Rouse, 1988) and the experiences of mature women students (Malhotra, 1987).

Another use for critical theory is, of course, to criticize. One possible target for such criticism is the instrumental nature of current social policy in social work. Certainly, we have witnessed a great failure in our time. Modern social policy, guided by instrumental reason, has mushroomed *in tandem* with new forms of unhappiness. Yet the social policy which is now being generated by central government continues to be *of the same kind*. Increasing bureaucracy, systematization of practices, standardization of tasks, are all that we are offered.

We might now restate the dilemma faced by the profession, with which we began, in terms of the progressive colonization of communicative practices on the one hand, and the denial of resources necessary to meet client need on the other. This is a toxic brew. More chilling still is the fact that this toxicity is, in some ways, intended; for as long

as our political masters seek to improve merely the *appearance* of care
and do not attend to its *reality*, instrumental social policy serves their
purpose nicely. It looks scientific, it is measurable, it is definable; it
pretends to control (Howe, 1992) and it pretends to improve services.
Such an inconsistency, between appearance and reality, occurs in the
area of child protection, for while local authorities boast ever more
ornate codes of practice, it remains common to register a child as being
at risk, while at the same time failing to allocate the case to a social
worker. In this case, form triumphs over content, with the result that
the family experiences all the negative effects of being investigated with-
out any real provision of support. The attempt to keep up appearances,
here conceived instrumentally, means that local authorities often deliver
an 'efficient' service which nevertheless ignores the actual needs of the
family. A further example is afforded by the Community Care legisla-
tion, which, behind the appearance of increased efficiency and inde-
pendence, conceals a significant reduction in the level of services
required by those who need them most.

The question of intent is a troubling one, for it raises the possibility
that central government social policy, based on an instrumentally con-
ceived drive for efficiency, in fact conceals a profound antipathy to the
practice of social work in general. The question arises again when one
notes the hostility of overly bureaucratized service provision. In the
psychiatric profession, for example, the moral and practical failure of
the asylum-based medical model continues on a truly terrifying scale
(Lindow, 1993). Of course, psychiatry has proven itself remarkably resi-
lient to repeated theoretical attacks, whether from sociologists
(Goffman, 1961; Szasz, 1970), psychoanalysts (Laing, 1968), or social
theorists (Foucault, 1965). A discourse ethics would highlight the
pseudo-scientific nature of psychiatry's knowledge base, its sharply hier-
archical arrangement, and its withholding of information from those
concerned. In particular, the *systematic* exclusion of the service user
shows psychiatry to be the example of a colonized and power-saturated
practice *par excellence*. Cut off from the excluded voices of those who
use its services, the profession remains tragically unaware of the effects
of its interventions, which can therefore be destructive of self-esteem, of
communicative competence, and even of whole lives. Such instrumental
dehumanization offers a powerful argument against professionalism and
bureaucratized mass care and for an open and challenging debate which
includes all those affected.

The failure of psychiatry raises questions not just about instrumental
care, but about the value of *organized* care altogether. For if every
attempt to provide a professional service is inevitably colonized by bur-
eaucratic methods which, oriented always to efficiency, must inevitably

become oppressive, then perhaps we are simply looking in the wrong place.

Yet, for better or worse, we no longer have the communities we once had. Our modern fragmentation has uncovered, and/or caused (Rieff, 1966), an eruption of human needs which cannot now be ignored. For this reason, some form of professional care will always be required, as will money to fund it, as will *some* bureaucratization to administrate it. But the question of quantity is crucial. Pressed on all sides by instrumental social policy, market forces and a general cultural orientation to bureaucratic methods, social work is being gradually and unremittingly strangled.

The way forward is not more efficiency, nor is it a reduction in organized care. Rather it is necessary to find ways to bring organized care under the control of communicative structures. Communicative rationality suggests many local ways in which such a process might be begun. It counsels us to reject instrumental reasoning about caring for others, and it makes us suspicious of organized care for its tendency to become colonized. Our best hope is to remain focused on the basic insight: that care involves people and is thus most properly conceived as a communicative practice oriented to mutual understanding. For this reason, fair discussions about aims, means, fears and ideas are not to be described as merely wasteful adjuncts to efficient care. Where we still have such practices, we should value and defend them. Where we do not, we should make them. Simply, this means getting people talking face to face, for it is then that we surprise ourselves, challenge those with unjustified power, and find that even bureaucratized and unfair systems can be changed.

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