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THE POLITICAL LANGUAGE OF THE HELPING PROFESSIONS

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Abstract

The special linguistic terms employed in psychiatry, social work, education, and law enforcement are presented as professional and nonpolitical in character, but serve far-reaching political purposes in a number of ways. They define people who fail to conform to conventional or middle class norms as pathological or in need of control on the basis of observations that are low in reliability and typically reflect widely held social biases against the poor and other disadvantaged groups. They justify assaults on the freedom and dignity of those labeled deviant, broad authority for professionals, and large material rewards for elites. They inculcate beliefs justifying these practices not only in clients of the helping professions but in the wider public as well.

The evocation of problematic beliefs and perceptions through language explains important aspects of the exercise of authority and of the acceptance of deprivations and rewards in the political process generally.

THE POLITICAL LANGUAGE OF THE HELPING PROFESSIONS

Hospital staff often deny or ignore the requests of angry mental patients because to grant them would "reinforce deviant behavior." Teachers sometimes use the same rationale to justify ignoring or punishing demanding students. The last two Presidents of the United States have declared on occasion that they would pay no attention to peace demonstrators who resort to irritating or allegedly illegal methods. We commonly regard the last as a political act and the first two as therapeutic; but all of them are easily perceived as either political or therapeutic. How they are classified depends upon the assumptions of the observer, not upon the behavior he is judging. Some psychologists reject the "reinforcement of deviant behavior" rationale on the ground that it pays no attention to all the special cognitive and symbolizing abilities of the human mind, equating people with rats; they believe such treatment too easily ignores reasonable grounds for anger and depresses the self esteem of people who already suffer from too little of it, contributing to further "deviance," not to health. In this view the "treatment" is self-serving political repression, rationalized as rehabilitative to salve the consciences of those in authority and of the public. Some psychiatrists, on the other hand, see political demonstrators or ghetto rioters as sick, calling for drugs or psychosurgery, not political negotiation, as the appropriate response; the Law Enforcement Assistance Administration has generously supported experiments based on this premise.

The language of "reinforcement" and "help" evokes in our minds a world in which the weak and the wayward need to be controlled for their

own good. The language of "authority" and "repression" evokes a different reality, in which the rights of the powerless need to be protected against abuse by the powerful. Each linguistic form marshals public support for professional and governmental practices that have profound political consequences: for the status, the rights, and the freedom of professionals, of clients, and of the wider public as well; but we rarely have occasion to inhabit or examine both worlds at the same time.

Language is the distinctive characteristic of human beings. Without it we could not symbolize: reason, remember, anticipate, rationalize, distort, and evoke beliefs and perceptions about matters not immediately before us. With it we not only describe reality but create our own realities, which take forms that overlap with each other and may not be mutually consistent. When it suits us to see rationalization as reason, repression as help, distortion as creation, or the converse of any of these, language and mind can smoothly structure each other to do so. When it suits us to solve complicated problems of logic and mathematics, language and mind smoothly structure each other to do that as well. When the complicated problems involve social power and status, distortion and misperception are virtually certain to occur.

It is a commonplace of linguistic theory that language, thought, and action shape each other. Language is always an intrinsic part of some particular social situation; it is never an independent instrument or simply a tool for description. By naively perceiving it as a tool, we mask its profound part in creating social relationships and in evoking the roles and the "selves" of those involved in the relationships.

Because the helping professions define other people's statuses (and their own), the special terms they employ to categorize clients and justify restrictions of their physical movements and of their moral and intellectual influence are especially revealing of the political functions language performs and of the multiple realities it helps create. Just as any single numeral evokes the whole number scheme in our minds, so a term, a syntactic form, or a metaphor with political connotations can evoke and justify a power hierarchy in the person who used it and in the groups that respond to it.

Social scientists, and a large segment of the public, have grown sensitive and allergic to agitational political rhetoric and to the ambiguities of such labels as "democracy" and "communist." The most fundamental and long-lasting influences upon political beliefs flow, however, from language that is not perceived as political at all, but nonetheless structures perceptions of status, authority, merit, deviance, and the causes of social problems. Here is a level of politics, and analysis, that conventional political science rarely touches, but one that explains a great deal of the overt political maneuvering and control upon which people normally focus.¹

The special language of the helping professions, which we are socialized to see as professional and as nonpolitical, is a major example of this level of politics, though not the only one. Through devices I explore here, these professions create and reinforce popular beliefs about which kinds of people are worthy and which are unworthy: about who should be rewarded through governmental action and who controlled or repressed. Unexamined language and actions can help us understand

more profoundly than legislative histories or administrative or judicial proceedings how we decide upon status, rewards, and controls for the wealthy, the poor, women, conformists, and nonconformists.

In this paper I examine such political uses of language in psychiatry, social work, psychiatric nursing, public school education, and law enforcement. My observations are based upon extensive (and depressing) reading in the textbooks and professional journals of these professions published in the last decade. I looked for covert as well as overt justifications for status differentials, power differentials, and authority. Once the subtle ways in which language serves power are recognized, the central function of language in all political interactions becomes clear, whether we call the interactions "government" or "professional."

Therapy and Power

To illustrate the subtle bearing of language on status and authority consider a common usage that staff, clients, and the general public all accept as descriptive of a purely professional process: the term "therapy." In the journals, textbooks and talk of the helping professions the term is repeatedly used as a suffix or qualifier. Mental patients do not hold dances; they have dance therapy. If they play volleyball, that is recreation therapy. If they engage in a group discussion, that is group therapy.

Even reading is "bibliotherapy"; and the professional literature warns that it may be advisable to restrict, supervise, or forbid reading on some subjects, especially politics and psychiatry. Because it is a polar example, such an assertion forces us to notice what we normally

pass over. To label a common activity as though it were a medical one is to establish superior and subordinate roles, to make it clear who gives orders and who takes them, and to justify in advance the inhibitions placed upon the subordinate class. It does so without arousing resentment or resistance either in the subordinates or in outsiders sympathetic to them, for it superimposes a political relationship upon a medical one while still depicting it as medical.

Though the linguistic evocation of the political system is subtle, that very fact frees the participants to act out their political roles blatantly, for they see themselves as helping, not as repressing. In consequence assaults on people's freedom and dignity can be as polar and degrading as those typically occurring in authoritarian regimes, without qualms or protest by authorities, clients, or the public that hears about them. In this way a suffix or qualifier evokes a full blown political system. No doubt it does so for most professionals who draw power from the system as persuasively and unobtrusively as it does for the clientele groups whom it helps induce to submit to authority and to accept the status of a person who must let others decide how he or she should behave.

To call explicit attention to the political connotations of a term for power, on the other hand, is to rally opposition rather than support. To label an authority relationship "tyrannical" is an exhortation to oppose it, not a simple description. The chief function of any political term is to marshal public support or opposition. Some terms do so overtly, but the more potent ones, including those used by professionals, do so covertly, portraying a power relationship as a helping one. When the power of professionals over other people is

at stake, the language employed implies that the professional has ways to ascertain who are dangerous, sick, or inadequate; that he knows how to render them harmless, rehabilitate them, or both; and that his procedures for diagnosis and for treatment are too specialized for the lay public to understand or judge them. A patient with a sore throat is anxious for his doctor to exercise a certain amount of authority; but the diagnosis is easily checked, and the problem itself circumscribes the doctor's authority. When there is an allegation of mental illness, delinquency, or intellectual incapacity, neither the diagnosis nor the scope of authority is readily checked or limited, but its legitimacy is linguistically created and reinforced.

It is of course the ambiguity in the relationship, and the ambivalence in the professional and in the client, that gives the linguistic usage its flexibility and potency. That is always true of symbolic evocations, and it radically distinguishes such evocations from simple deception. Many clients want help, virtually all professionals think they are providing it, and sometimes they do so. Just as the helping seems manifest until it is self-consciously questioned, and then it becomes problematic, so the political relationship seems nonexistent until it is self-consciously questioned, and then it becomes manifest.

The special language of the helping professions merges cognition and affect. The term "mental illness" and the names for specific deviant behaviors encourage the observer and the actor to condense and confound several facets of his perception: helping the suffering sick person, repressing the dangerous nonconformist, sympathy for the former,

fear of the latter, and so on. The terms carry all these connotations, and the actor-speaker-listener patterns them so as to utilize semantic ambiguity to cope with his ambivalence.

We normally fail to recognize this catalytic capacity of language because we think of linguistic terms and syntactical structures as signals rather than as symbols. If a word is a name for a specific thing or action, then terms like "mental illness," "delinquency prone," or "schizophrenic" have narrowly circumscribed meanings. But if a word is a symbol that condenses and rearranges feelings, memories, perceptions, beliefs, and expectations, then it evokes a particular structuring of beliefs and emotions, a structuring that varies with people's social situations. Language as symbol catalyses a subjective world in which uncertainties are clarified and appropriate courses of action become clear. Yet this impressive process of symbolic creation is not self-conscious. On the contrary, our naive view holds that linguistic terms stand for particular objects or behaviors, and so we do not ordinarily recognize that elaborate cognitive structures are built upon them.

In the symbolic worlds evoked by the language of the helping professions speculations and verified fact readily merge with each other. Language dispels the uncertainty in speculation, changes facts to make them serve status distinctions, and reinforces ideology. The names for forms of mental illness, forms of delinquency, and for educational capacities are the basic terms. Each of them normally involves a high degree of unreliability in diagnosis, in prognosis, and in the prescription of rehabilitative treatments; but also entail unambiguous constraints upon clients, especially their confinement and subjection to the staff

and the rules of a prison, school, or hospital. The confinement and constraints are converted into liberating and altruistic acts by defining them as education, therapy, or rehabilitation and by other linguistic forms to be examined shortly. The arbitrariness and speculation in the diagnosis and the prognosis, on the other hand, are converted into clear and specific perceptions of the need for control. Regardless of the arbitrariness or technical unreliability of professional terms, their political utility is manifest; they marshal popular support for professional discretion, concentrating public attention upon procedures and rationalizing in advance any failures of the procedures to achieve their formal objectives.

Categorization is necessary to science and, indeed, to all perception. It is also a political tool, establishing status and power hierarchies. We ordinarily assume that a classification scheme is either scientific or political in character, but any category can serve either or both functions, depending upon the interests of those who employ it rather than upon anything inherent in the term. The name for a category therefore confuses the two functions, consigning people to high or low status and power while drawing legitimacy from its scientific status.

Any categorization scheme that consigns people to niches according to their actual or potential accomplishments or behavior is bound to be political, no matter what its scientific function is. I.Q.'s; psychiatric labels; typologies of talent, skills, or knowledge; employment statuses; criminal statuses; personality types—all exemplify the point. Regardless of their validity and reliability (which are notoriously low),

or their analytic uses, such classifications rank people and determine degrees of status and of influence. The categorizations of the helping professions are pristine examples of the functions, and many of these categories carry over into the wider society. Once established, a categorization defines what is relevant about the people who are labeled. It encourages others to seek out data and interpret developments so as to confirm the label and to ignore, discount, or reinterpret counterevidence. As a civil rights lawyer recently noted, "While psychiatrists get angry, patients get aggressive; nurses daydream, but patients withdraw."² The eternal human search for meaning and for status can be counted on to fuel the interpretation.

The language of the helping professions reveals in an especially stark way that perception of the same act can range all the way from one pole to its opposite. Is an action punishment or is it help? The textbooks and psychiatric journals recommend actions that look like sadism to many and like therapy to many others: deprivation of food, bed, walks in the open air, visitors, mail, or telephone calls; solitary confinement; deprivation of reading or entertainment materials; immobilizing people by tying them into wet sheets and then exhibiting them to staff and other patients; other physical restraints on body movement; drugging the mind against the client's will; incarceration in locked wards; a range of public humiliations such as the prominent posting of alleged intentions to escape or commit suicide, the requirement of public confessions of misconduct or guilt, and public announcement of individual misdeeds and abnormalities.

The major psychiatric and nursing journals describe and prescribe

all these practices, and more repressive ones, repeatedly. The May, 1973, issue of Psychiatry tells of a psychiatric ward in which a sobbing patient was required to scrub a shower room floor repeatedly with a toothbrush while two "psychiatric technicians" stood over her shouting directions, calling her stupid, and pouring dirty water on the floor.³ Another recent professional article suggests withholding meals from noncompliant patients,⁴ and a third recommends that cold wet sheet pack restraints be used more often, because they gratify the patient's dependency needs.⁵

To describe these practices in such everyday language evokes horror at the "treatments" in a person who takes the description naively, without the conditioning to the professional perspective to which everyone has in some degree been exposed. In the professionals and those who accept their perspective,¹ on the other hand, it is the language rather than the actions that evokes horror, for they have been socialized to see these things only as procedures, as means to achieve rehabilitation, not as acts inflicted upon human beings. Language is consequently perceived as a distortion if it depicts what is observably done to clients rather than what ends the professional thinks the client should read into them and what the professional himself reads into them.

The professional's reaction to language of this kind exemplifies the reaction of powerful people in general to accounts of their dealings with those over whom they hold authority. Because the necessary condition of willing submission to authority is a belief that submission benefits the subordinate, it is crucial to the powerful that descriptions of their treatment of others highlight the benefit and not the

physical, psychological, or economic costs of submission, as an unadorned factual description does. The revenue service deprives people of money, almost always involuntarily; the military draft imposes involuntary servitude; thousands of other agents of the state deprive people of forms of freedom. Usually the rationale for such restraints is an ambiguous abstraction: national security, the public welfare, law and order. We do not experience or name these ambiguous and abstract objectives as any different from goals that consist of concrete benefits, such as traffic control and disease control. Linguistic ambiguity spreads the potent rationale of these latter types of benefits to justify far more severe constraints and deprivations (including death in war) in policy areas in which benefits are nondemonstrable and doubtless often nonexistent. We experience as radical rhetoric any factual description of authoritative actions that does not call attention to their alleged benefits to all citizens or to some, and authorities typically characterize such descriptions as subversive, radical, or treasonous. They are indeed subversive of ready submission and of political support.

The point becomes vivid if we restate the actions described above from the professional's perspective: discouraging sick behavior and encouraging healthy behavior through the selective granting of rewards; the availability of seclusion, restraints, and closed wards to grant a patient a respite from interaction with others and from making decisions, and prevent harm to himself or others; enabling him to think about his behavior, to cope with his temptations to elope and succumb to depression, and to develop a sense of security; immobilizing the patient to calm him, satisfy his dependency needs, give him the extra nursing attention he

values, and enable him to benefit from peer confrontation; placing limits on his acting out; and teaching him that the staff cares.

The two accounts describe the same phenomena, but they occur in phenomenologically different worlds. Notice that the professional terms carry connotations about both physical conditions and the desires of clients that depict constraints as non-restrictive. To speak of "elopement" rather than "escape," as psychiatrists and staff members do, is to evoke a picture of individual freedom to leave when one likes (as eloping couples do) rather than of the locks, iron bars, and bureaucratic prohibitions against voluntary departure that actually exist. To speak of "seclusion" or "quiet room" rather than solitary confinement is again to suggest voluntary and enjoyable retirement from others and to mask the fact that the patient is locked in against his will and typically resists and resents the incarceration. Such terms do in a craftsmanlike and nonobvious way what professionals also do directly to justify restrictions on inmates. They assert in textbooks, journals, and assurances to visitors that some patients feel more secure in locked wards and in locked rooms, that professionals know when this is the case, and that the patients' statements to the contrary cannot be taken at face value.

To speak of "limits" is to mask the fact of punishment for misbehavior and to perceive the patient as inherently irrational, thereby diverting attention from the manifest frustrations and aggravations that come from bureaucratic restrictions and from consignment to the lowest and most powerless status in the institution.

Many clients come in time to use the professional's language and to adopt his perspective. To the staff, their adoption of the approved

linguistic forms is evidence of insight and improvement. All clients probably do this in some degree, but for many the degree is so slight that the professional descriptions serve as irony or as mockery. They are repeatedly quoted ironically by students, patients, and prisoners.

In the institutions run by the helping professions established roles and their special language create a world with its own imperatives. To recognize the power of language and roles to reinforce each other is to understand the frequency with which good men and women support governments that mortify, harass, torture, and kill large numbers of their citizens. To the outsider such behavior signals sadism and self-serving evil, and it is impossible to identify with it. To the people who avidly act out their roles inside that special world, motives, actions, and consequences of acts are radically different. Theirs is a work of purification: of ridding the inherently or ideologically contaminated of their blight or of ridding the world of the contamination they embody. It is no accident that governments intent on repression of liberties and lives are consistently puritanical, just as helping professionals exhibit few qualms about exterminating resistance to their therapies in people they have labeled dangerous and in need of help. To the inhabitants of other worlds the repression is a mask for naked power, but to those who wield authority, power is a means to serve the public good. Social scientists cannot explain such phenomena as long as they place the cause inside people's psyches rather than in the social evocation of roles. To attribute evil or merit to the psyche is a political act rather than a scientific one, for it justifies repression or exaltation, while

minimizing observation. To explore phenomenological diversity in people's worlds and roles is to begin to recognize the full range of politics.

Class or status differences may also entail wide differences in the labelings of identical behaviors. The teacher's underachiever may be the epitome of the "cool" student who refuses to "brownnose." The middle class's criminal or thief may be a "political prisoner" to the black poor. Such labels with contrasting connotations occur when a deprived population sees the system as unresponsive to its needs and organized rebellion as impossible. In these circumstances only individual nonconformity remains as a way to maintain self-respect. To the deprived the nonconformity is a political act. To the beneficiaries of the system it is individual pathology. Each labels it accordingly.

The term "juvenile delinquent" historically served the political function of forcing the assimilation of Catholic immigrants to the WASP culture of late 19th and early 20th century America. This new category defined as "criminal" youthful behaviors handled informally among the urban Catholics and not perceived by them as crime at all: staying out late, drinking, smoking, reading comic books, truancy, disobedience. Now, however, the definition of prevailing urban norms as "delinquency" justified the authorities in getting the Irish children away from their "bigoted" advisers, the priests.⁶ The language of individual pathology was part of an effort to repress a distinctive culture and a religion, but the language that described it masked its political consequences while rationalizing it in terms of its motivation of salvaging youth from crime.

Some professionals reject the professional perspective, and all, no doubt, retain some skepticism about it and some ability to see things

from the perspective of the client and the lay public. In these cases the ambivalence is typically resolved in more militant, decisive, and institutionalized forms than is true of ambivalent clients; for status, self-conception, and perhaps income hinge upon how it is resolved. In consequence professionals adopt radical therapy, existentialist, or Szaszian views, or they attack these dissidents as unprofessional and unscientific.

The lay public by and large adopts the professional perspective; for its major concern is to believe that others can be trusted to handle the problem, which is potentially threatening to them but not a part of their everyday lives. This public reaction is the politically crucial one, for it confers power upon professionals and legitimizes their norms for society generally. The public reaction, in turn, is a response to the language of the professionals and to the social milieu that gives that language its authoritative meaning. When status and self-concept are reciprocal for two groups, it is natural that one group's "repression" should be another's "therapy." Through ambiguous language forms, professionals, clients, and outsiders manage to adjust to each other and to themselves and to establish and maintain status hierarchies.

Professional Imperialism

The special language of the helping professions extends and enlarges authority as well as defining and maintaining it. It accomplishes this by defining the deviance of one individual as necessarily involving others as well, by seeing the absence of deviant behaviors as evidence of incipient deviance, and by defining as deviant forms of

behavior that laymen regard as normal.

Because man is a social animal, deviance by definition involves others as well. In the helping professions this truism serves as a reason to multiply the range of people over whom the professional psychiatrist, school psychologist, social worker, or law enforcement officer has authority. The "multi-problem family" needs counseling or therapy as much as its emotionally disturbed member. The person who adopts a non-middle class norm needs help even if she or he does not want it; and the professional has an obligation to "reach out" or engage in "case finding." These phrases and approaches place a particular interpretation upon the sense in which deviance is social in character: namely, that because other people are involved, they also need the ministrations of the professional. By the same token they mask an alternative interpretation: that it is the conditions of deviants' lives, their environments, and their opportunities that primarily need change, not the state of mind of their families and associates. Manifestly, both interpretations and approaches are appropriate. The professional interpretation, whatever its clinical uses, also serves the political function of extending authority over those not yet subject to it and the more far-reaching political function of shaping public perceptions so as to mask the appropriateness of change in economic and social institutions.

The more sweeping professional forays into alien territory rely upon lack of evidence to prove the need for treatment. Consider one of the favorite terms of social work literature: the "pre-delinquent"; or corresponding psychiatric terms, like the "pre-psychotic." On their face such terms imply that the reference is to all who have not yet

misbehaved, and that is certainly one of their connotations, one that would appear to give the professional carte blanche to assert authority over everybody who has not yet committed a crime or displayed signs of disturbance.

Though they do permit a wide range of arbitrary action, the terms usually have a considerably narrower connotation in practice, for social workers, teachers, psychiatrists, and law enforcement officials apply them largely to the poor and usually to children. Affluent adults are often in fact "pre-delinquent" or "pre-psychotic"; but it is not actual behavior that governs the connotations of these terms, but rather the statistical chances for a group and the belief that poor children are high risks, especially if they come from broken homes. They are indeed high statistical risks: partly because their labeling as pre-delinquents and the extra surveillance are certain to yield a fair number of offenders, just as they would in a wealthy population; and partly because poverty does not encourage adherence to middle class behavior.

In a program to treat "pre-delinquents" in a middle class neighborhood of Cambridge-Somerville, Massachusetts, the "treated" group more often became delinquent than a control group, due, apparently to the effects on the labeled people of their stigmatization. In a similar experiment in a slum neighborhood this result did not appear, apparently due to the fact that the stigmatization was not significantly different from the normal low self-concept of the people involved.⁷

The term "pre-delinquent" nonetheless focuses the mind of its user and of his audience upon the need for preventive surveillance and control and diverts the mind from the appropriateness of social change. The term also evokes public confidence in the professionals' ability to distinguish

those who will commit crimes in the future from those who will not. Once again we have an illustration of the power of an unobtrusive symbol to evoke a structured world and to direct perception and norms accordingly.

Still another form of extension of authority through the pessimistic interpretation of normal behavior is exemplified in the psychiatric phrase, "escape to health." Here the linguistic term again draws its connotation from the disposition to interpret behavior according to the status of the person engaging in it. If a psychiatric patient shows no pathological symptoms, the professional can designate the phenomenon as "escape to health," implying that the healthy behavior is itself a sign that the patient is still sick, possibly worse than before, but intent now on deceiving himself and the staff. The consequence is continued control over him or her.

The term epitomizes an attitude common to authorities who know or suspect that their charges would prefer to escape their supervision rather than "behave themselves." The student typed as a trouble-maker or unreliable excites as much suspicion when he is quiet as when he is active. Parole boards have their choice of interpreting an inmate's conformist prison behavior as reform or as cunning deception. Anxious public officials in all historical eras have feared both passivity and peaceful demonstrations among the discontented as the groundwork for rebellion. Always, there are metaphoric phrases to focus such anxieties and arouse them in the general public: underground subversion, plotting, the calm before the storm, quiet desperation, escape to health. Always, they point to an internal psychological state or a physical allegation not susceptible to empirical observation.

In the schools other phrases emphasize student nonactions, discount

their observable actions, and so justify special staff controls over them. Especially common are "underachiever" and "overachiever." The former implies that the student is lazy, the latter that he is neurotic. "Overachiever" is an especially revealing case, for it offers a rationale for treating achievement as deviance. The helping professions are often suspicious of people who display talents beyond the "norm," as they must be in view of their veiled equation of the norm with health. Textbooks in "special education" and "learning disabilities" group gifted or exceptionally able students with the retarded and the emotionally disturbed as special students and advocate separating these "special" students from the normal ones. They urge that the gifted be required to do extra work ("enrichment"). This may or may not mean they learn more or learn faster. It certainly means that they are kept busy and so discouraged either from making demands on the teacher's time or intelligence or from pointing up the stultifying character of the curriculum through restiveness or rebelliousness.

At least as common is the view that the poor require treatment and control whether or not they display any pathological symptoms. Though this belief is manifestly political and class based, the language social workers use to justify surveillance and regulation of the poor is psychological in character. Here are some examples from social work and psychiatric journals and textbooks.

Regarding a preschool nursery in a slum area:

The children did not have any diagnosed pathology, but as a result of existing in an atmosphere of cultural deprivation, they were vulnerable to many psychosocial problems.⁸

From an article in Social Work suggesting devices through which a social caseworker can induce the poor to come for counseling or treatment

by deceiving them into thinking they are only accompanying their children, or only attending a party or social meeting:

cognitive deficiency...broadly refers to the lacks many people suffer in the normal development of their thinking processes. For the most part, though not exclusively, such deficits occur among the poor regardless of nationality or race.⁹

The same article quotes a memorandum issued by the Family Service Association of Nassau County: "Culturally deprived adults seem to be impaired in concepts of causality and time."¹⁰ This last sentence very likely means that the poor are likely to attribute their poverty to inadequate pay or unemployment rather than to personal defects (causality) and are not punctual in keeping appointments with caseworkers (time). It is bound to be based upon a limited set of observations that have powerful implications for the professional observer's own status and authority. The quotation is an example of one of the most common linguistic devices for connoting pathology from specific behaviors equally open to alternative interpretations that make them seem natural and normal. One of several concrete acts becomes a generalization about an "impairment." To those who do not know the basis for the generalization, it is prima facie scientific. To the professionals who have already been socialized into the view the generalization connotes, it is persuasive and profound. To those who meet neither of these conditions, it is a political exhortation rather than a scientific generalization. These people are inclined to treat it as problematic and controversial rather than as established by authoritative procedures.

Still another psychiatric convention legitimizes surveillance over people without symptoms: the inhibition against describing any former patient as cured. To use the work "cured" is to demonstrate naivete

and an unprofessional stance. The approved term in the professional literature is "improved."

Vacuous language serves several functions. Because it is a special vocabulary, it marks off the insiders from the outsiders and defines the former as authoritative and professional. It helps insiders to legitimize social and political biases. They are not prejudiced against the poor, but against cognitive deficiencies; not against women, but against impulsive-hysterics; not against political radicals, but against paranoids; not against homosexuals, but against deviants. They are not in favor of punishing, stigmatizing, humiliating, or imprisoning people, but rather of meeting dependency needs, security needs, and of rehabilitation.

It is not chance that the groups constrained by these rationales are also the groups repressed by society at large or that the "treatment" consists of either restoring conformist behavior or removing political offenders from the sight, the consciences, and the career competition of the conventional. Those who become clients have experienced problems either because they have acted unconventionally or because they belong to a category (the young, the poor, women, blacks) whose behavior is largely assessed because of who they are rather than because of what they do. As long as they define their function as winning acceptance for deviants in the existing social structure, the helping professions can only promote conventionality. An alternative is to embrace an explicitly political role as well as a professional one: to promote change in the social structure and to promote the extermination of extant definitions of acceptable behaviors and acceptable social groups. Some helping professionals have adopted this role, fully

or partially.

"Helping" as a Political Symbol

The ambiguity of "helping" is pointed up when we examine the contrasting ways in which society "helps" elites and nonelites. Subsidies from the public treasury to businessmen are not justified as help to individuals, but as promotion of a popularly supported goal: defense, agriculture, transportation, and so on. The abstractions are not personified in the people who get generous depletion allowances, cost-plus contracts, tax write-offs, or free government services. To see the expenditure as a subsidy to real people would portray it as a blatant inequity in public policy. The word "help" is not used in this context, though these policies make people rich and substantially augment the wealth of the already rich. Nor is there a dependency relationship or a direct personal relationship between a recipient and a grantor with discretion to withhold benefits. The grantor wields no power over the recipient; if anything, the recipient wields power over the administrators who carry out the law; for there are always legislators and executives eager to penalize bureaucrats who call attention to the subsidy aspect of the program; and some of the more cooperative administrators can look forward to lucrative employment in the industries they come to know as dispensers of governmental benefits.

When "help" is given to the poor or the unconventional, a wholly different set of role relationships and benefits appears. Now it is the beneficiaries who are sharply personified and brought into focus. They are individuals living off the taxpayer or flouting conventionality. What they personify is poverty, delinquency, or other forms of deviance.

They are in need of help, but help in money, in status, and in autonomy must be sharply limited so as to avoid malingering. One of the consistent characteristics of the "helping" institutions is their care to limit forms of help that would make clients autonomous: money for the poor; liberating education and freedom for children of the poor, or for "criminals"; physical and intellectual autonomy. The limit is enforced in practice while denied in rhetoric.

The "help" for nonelite recipients of the largesse of the state that draws ready political support is control of their deviant tendencies: laziness, mental illness, criminality, nonconformity. They are taught to tolerate indignity and powerlessness when employed, poverty when unemployed, and the family and social stresses flowing from these conditions without unconventional modes of complaint or resistance and without making too many demands on society.

In both cases, the word and the idea of help serves to marshal public support for policies. "Help" sanctifies control, just as its punctilious avoidance sanctifies generous material assistance.

In at least one of the worlds elites and professionals create for themselves and for a wider public the help is real and the need for it is manifest. So manifest that it must be given even if it is not wanted. So manifest that failure to want it becomes evidence that it is needed and that it should be forced on recipients involuntarily and through incarceration if necessary.

When a helping relationship of this kind is established, it is likely to dominate the self-conception and the world view of those on both sides of the relationship. When a doctor sets a patient's broken arm, neither doctor nor patient lets the relationship significantly influence

his self-conception or his view of his function in society. When a public official tests an applicant for a driver's license or a radio license, this relationship is also just one more among many for both parties. But the psychiatrist who defines a patient as psychopathic or paranoid, or the teacher who defines a student as a slow learner or a genius, creates a relationship that is far more fundamental and influential for both professional and client. It tells them both who they are and so fundamentally creates their social worlds that they resist evidence that the professional competence of the one or the stigmatizing or exalting label of the other may be unwarranted. For both, the label tends to become a self-fulfilling prophecy and sometimes immune to falsifying evidence.

In consequence the professional and the public official whose function it is to "help" the inadequate, the powerless, or the deviant is willing and eager to play his role, equipped with a built-in reason to discount or reinterpret qualms, role conflicts, and disturbing facts. To comfort, to subsidize, to limit, to repress, to imprison, even to kill are all sometimes necessary to protect the client and society, and the conscientious professional or political authority plays his role to be true to himself.

As any society grows more frustrating and more alienating for a larger proportion of its inhabitants, more behaviors are inevitably labeled deviant and more people have good reason to experience themselves as unfulfilled and repressed. Such a society can survive, and maintain its frustrating institutions, only as long as it is possible to manipulate the discontented into conformity and docility and to isolate or

incarcerate those who refuse to be "rehabilitated." The helping professions are the most effective contemporary agents of social conformity and isolation. In playing this political role they undergird the entire political structure, yet are largely spared from self-criticism, from political criticism, and even from political observation through a special symbolic language.

NOTES

1. I have examined some of the functions of political language in The Symbolic Uses of Politics (Urbana: University of Illinois, 1964), chapters 6,7, and 8 and in Politics As Symbolic Action (Chicago: Markham, 1971), chapter 5.
2. Daniel Oran, "Judges and Psychiatrists Lock Up Too Many People," Psychology Today, 7, (August 1973), p. 22.
3. D.L. Staunard, "Ideological Conflict on a Psychiatric Ward," Psychiatry, 36, (May 1973), pp. 143-56.
4. Carl G. Carlson, Michael Hersen, and Richard M. Eisler, "Token Economy Programs in the Treatment of Hospitalized Adult Psychiatric Patients," Mental Health Digest, 4, (December 1972), pp. 21-27.
5. Rose K. Kilgalen, "Hydrotherapy--Is It All Washed Up?," Journal of Psychiatric Nursing, 10, (November-December 1972), pp. 3-7.
6. Struggle for Justice, Prepared for the American Friends Service Committee, Hill and Wang, 1971, p. 112.
7. Jackson Toby, "An Evaluation of Early Identification and Intensive Treatment Programs for Predelinquents," Social Problems, 13, (Fall 1965), pp. 160-75; David B. Harris, "On Differential Stigmatization for Predelinquents," Social Problems, 15, (Spring 1968), pp. 507-8.
8. Evelyn McElroy and Anita Narciso, "Clinical Specialist in the Community Mental Health Program," Journal of Psychiatric Nursing, 9, (January-February 1971), p. 19.
9. Robert Sunley, "New Dimensions in Reaching-out Casework," Social Work, 13, (April 1968) pp. 64-74.
10. Ibid., p. 73