ESSAY REVIEW

RESERVATIONS ABOUT THE FIFTH PROFESSION:
A REDESIGN OF TRAINING FOR CLINICAL SOCIAL WORK

Judith Mishne


Education at the graduate and undergraduate level is in a state of flux and crisis. The overriding pressure of funding has overwhelmed some institutions, and they have simply had to close their doors. Others must continuously raise tuition fees, grapple with dilemmas of faculty cutbacks, and ponder new systems and methods to attempt to obtain some economic balance. Problems of admission and curriculum, and of who should be educated and in what manner, are pondered. "Social work education is in a situation of multiple jeopardy, responsive as it is to the uncertainties in higher education, in education for the professions generally, and in the nature of social work practice" (Schneiderman, 1975, p. 125).

Many within and without the field claim that "the profession has not sufficiently clarified its ultimate function and in particular, has not defined its boundaries or indicated what areas of involvement are beyond its realm. If all of human social welfare is within the sphere of social work, then it is assuming an obligation for virtually all human life and existence. This is too great a responsibility for any one profession, and much overlap with other human relations (or helping) professions is inevitable. Therefore, what differentiates social work from other groups similarly involved, is increasingly blurred. There exists no universally accepted definition of social work that clearly establishes what it does as contrasted with other professions" (Briggs, 1975, p. 14).

Alongside this morass of confusion, underscoring the above comments about blurred boundaries, the authors of The Fifth Profession have conducted an interesting study, with findings especially relevant to clinical social workers. In the preface of their book, the authors "raise the question of the social economy of having four different training systems, (psychiatry, psychoanalysis, social work and psychology)
producing four different groups of professionals in the mental health field, which, among them produce a fifth, the psychotherapist” (Henry, Sims, & Spray, 1971, Preface p. xii). The authors recognize that calling psychotherapy a profession is perhaps an unjustified use of the term, since they do not share a common professional association, single journal that represents them all, or Washington lobbyist. Further noted are the areas of conflict and opposition. “Psychiatrists still accuse psychologists of practicing medicine without a license. Social workers in the private practice of psychotherapy still accuse psychiatrists and psychologists of not understanding families or community realities. Psychologists accuse psychiatrists (although not psychoanalysts) of not having had any psychological training, of practicing psychology without a license” (p. 6). Despite the above-noted areas of conflict, the authors note a greater proportion of cross-professional similarities, or “overlapping homogeneities in identity, belief, origin and practice that we call a fifth profession, a coherence formed by high degrees of common commitment, (regardless of profession or origin) to a psychotherapeutic stance” (p. 7). The authors emphasize the processes of professional socialization, specifically, experiences of therapeutic interaction, giving service, receiving supervision and, in varying degrees, of personal analysis or other personal therapeutic experience. In contrast, formal didactic training, e.g., in the classroom, away from clinical interactions, is assigned only a minor role. Also emphasized is the homogeneity in personal and social background, and these similarities of background and professional socialization distinguish psychotherapists in each profession from their nontherapist colleagues.

A detailed look at the authors’ findings reveal the following similarities of background: first, there is a marked tendency for practitioners in the mental health field to have Jewish cultural origins. “Not only do a majority of mental health professionals in the sample claim a Jewish cultural affinity, but the proportion of practitioners having a Jewish affinity is twice as large as the proportion claiming an affinity with the second most popular tradition, Protestantism” (p. 10). The level of urbanism exercises little independent influence on the recruitment of mental health practitioners, but rather reflects the distribution of cultural groups in society; and because large-city minority groups, notably Jews, are overrepresented in metropolitan areas, thus the majority of mental health professionals are Jewish and come from metropolitan backgrounds. They are largely children of immigrants from eastern Europe. The authors note reasons for strong affinity between eastern European Jewish cultural tradition and the vocation of psychotherapy, specifically “the emphasis on ritual rather than dogma and the strong accent on intellectual understanding, both parts of the cultural tradition of eastern European Jews, made them receptive to an intellectual, non-transcendental approach to understanding human behavior, with the result that they were early attracted to psychotherapy, particularly psychoanalysis” (p. 25).

In addition to the above-noted similarities of background, within their professional identities, psychologists, psychoanalysts, psychiatric social workers, and psychiatrists are described as sharing liberal political orientations and high socioeconomic status and mobility.

The nonmedical professions do not possess the same high prestige or rewards of the medical professions, but their rates of mobility are higher, in terms of their families of origin. Male mental health professionals are more likely to have been