EVALUATING THE MODIFIABILITY OF THE CLIENT: 
ONE FACTOR IN DETERMINING TREATABILITY

A definition of personal potential and its place in the treatability of social problems by casework method, and an evaluation of criteria found in pertinent professional literature.

by

KATHERINE ALDWORTH DALY

Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of
MASTER OF SOCIAL WORK
in the School of Social Work

Accepted as conforming to the standard required for the degree of
Master of Social Work

School of Social Work

1955
The University of British Columbia
ABSTRACT

The treatability of social problems by social casework method needs study for two reasons: (1) the obligation of the profession to those it serves, to always refine and develop its services; (2) the practical consideration of achieving optimum economy of service. Among the factors enumerated by authorities in the field of social casework as components of treatability are: the scope of social casework, the development of the profession, agency function, community resources, the skill of the caseworker, the problem, the reality situation and the client. Of these only the latter has been singled out for independent study. The purpose of the study was to survey professional literature for criteria, necessary for recognition and assessment of this factor, which could be submitted to the test of empirical research for validity and reliability.

The potentialities of individuals for personal change is not a new concept in the profession, but one which has only recently begun to receive special consideration. Personal potential, as defined within this thesis, is the ability of the individual to solve his personal problem by means of casework treatment, the problem being defined as the inner difficulty underlying his symptomatic difficulty, and solution being considered as an inner and positive change in relation to the problem. Evaluation of this factor, therefore, presumes a clarity of diagnosis, which points up the need for developing more satisfactory diagnostic classifications than exist at present.

Professional literature offering criteria of personal potential was found to be limited in quantity and generally incidental to other subject matter, and therefore not thoroughly or systematically considered. On the other hand, the quantity of criteria suggested was proportionately large. The number and nature of criteria varied widely among the authorities, as did the form in which they were presented. It was at first hoped to be able to sort and classify these. However it became apparent that the ambiguity and inconsistency with which terms were used would make such classification a highly subjective task. The criteria found did not possess generally accepted or precise definitions, and could not be measured statistically.

A subjective appraisal of the criteria in terms of validity suggested that of the two main categories into which they seemed to fall, namely, level of adjustment and motivation, there was some theoretical and practical basis for considering motivation as essential for personal
potential, and for considering level of adjustment as helpful and as an indication of the level at which treatment should start. There was also the suggestion that all people can be helped.

The findings indicated that current criteria need to be reduced to items which can readily be defined, detected and measured for validity and reliability. Until such time as criteria are developed, practitioners will continue to rely on clinical judgements. In view of the hypothesis that all people can be helped and that motivation is of prime importance, there is reason for evaluating the adequacy of casework diagnostic and treatment skills and for clarifying how treatment goals are established.
ACKNOWLEDGEMENTS

The writer wishes to express appreciation to the several members of the Faculty of the School of Social Work, at the University of British Columbia, whose knowledge and support have contributed to the development of this thesis. Particular thanks are due to Dr. Leonard C. Marsh for the stimulation provided by his enthusiastic and conscientious approach to research and for the encouragement offered by his personal understanding and patience; to Mr. Adrian Marriage whose thorough and brilliant criticism contributed greatly to the formulation of method, ideas and exposition, which do not however adequately reflect the richness and incisiveness of his mind; and to Mr. Arthur Abrahamson whose generous and consistent guidance was of great theoretical and practical help, and whose faith in the worth of individuals and in their capacity for development has been a constant inspiration.

The writer also wishes to thank the School of Social Work and the Family Welfare Bureau of Greater Vancouver, particularly Miss Mary McPhedran, its former Director, Miss Barbara Finlayson and Miss Lillian Carscadden, for their cooperation and helpfulness in providing case-material. She is also grateful to Miss Marjorie J. Smith, Director of the School of Social Work, and to Mr. Geoffrey Glover for the use of unpublished material in their possession. In addition appreciation is owing to fellow-students and colleagues whose ideas and experience have raised and resolved many questions, and finally to those in trouble whose needs and responses are insistent provocation to form and reform our understanding.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter I: Introduction - Background and Plan</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Why do we need to study treatability?</td>
<td>1</td>
</tr>
<tr>
<td>2. What constitutes treatability?</td>
<td>5</td>
</tr>
<tr>
<td>3. Focus of the thesis: personal potential</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter II: Personal Potential of the Client</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development of the concept</td>
<td>24</td>
</tr>
<tr>
<td>2. A Definition</td>
<td>31</td>
</tr>
<tr>
<td>3. Sources of criteria in professional literature</td>
<td>35</td>
</tr>
<tr>
<td>4. Consideration of the criteria: amenability to research</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter III: General Assessment of the Criteria</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Motivation and Capacity</td>
<td>53</td>
</tr>
<tr>
<td>2. Limitations of level of adjustment as a component of personal potential</td>
<td>56</td>
</tr>
<tr>
<td>3. Arguments for motivation as the essential component</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter IV: Conclusion</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Summary</td>
<td>72</td>
</tr>
<tr>
<td>2. Conclusions and Recommendations</td>
<td>73</td>
</tr>
<tr>
<td>3. Implications for other aspects of social casework</td>
<td>75</td>
</tr>
</tbody>
</table>

**Appendix:**

Bibliography .................................................. 80

**Tables in the Text**

Table 1. Number and distribution of criteria according to sources and sub-groups .............. 42
A definition of personal potential and its place in the treatability of social problems by casework method, and an evaluation of criteria found in pertinent professional literature.
1. Why do we need to study treatability?

The many years of experience and the thousands of clients seen have made it essential that the social work profession critically examine the effectiveness of the social treatment methods it employs. Their effectiveness depends not only on the skill with which they are applied but on the skill with which they are selected. An understanding of the psycho-social problem (diagnosis) in conjunction with an understanding of treatability (prognosis) makes possible the selection of appropriate treatment goals and techniques in any case.

Although diagnosis of adjustment problems is not perfected, intake interview skills have developed to a point where it is increasingly easy to define a problem and to infer its general causative factors in the light of the client's behaviour and the information he gives. The same is not true of personality evaluation in any explicit way, although practitioners undoubtedly recognize "symptoms" of strength and weakness in the problem situations they encounter, and act in accordance with them. In order to examine the effectiveness of professional service, a clear formulation of prognostic, as well as diagnostic and treatment processes, must eventually take place.
There is always an ethical responsibility to the profession and to those who are served by that profession to refine and develop existing services. In addition, there are practical considerations which should stimulate research into the question of treatability. The demanding pressures for casework help upon an already limited supply of casework resources calls for the maximum efficiency of service. In order to achieve this, it is vital that the social worker know if possible which cases will normally respond favorably to social treatment and which will not. Where caseloads are large, an agency or an individual worker may have to select from its applicants those on which to concentrate its efforts. Workers should be able to select, in addition to those which are most urgent, those which are most promising.

The frequency of "unsuccessful" cases, withdrawals, and chronic unimproved cases suggests that in many instances no clear goals, or unrealistic ones, have been set. The writer has considerable doubts about the validity of terming many such cases "failures" and suspects that if treatability had been adequately considered, the degree of the client's movement could have been anticipated and worked toward. If this had been done, such cases would terminate with a feeling of accomplishment on the part of the worker, rather than the frustration or dissatisfaction which is so often the case. When a social worker feels thus, the feeling is
conveyed to the client, who has been forced to withdraw or to carry on reluctantly. As a result the client may also feel guilty about his failure to measure up to the worker's expectations; this guilt extends his already existing emotional burdens. Not only may he be given the impression that his own goals are not good enough, and leave treatment with an uneasy feeling, but he may, under pressure to meet the worker's requirement leave treatment before he has even achieved his own goal. "If the therapist has such an aim (i.e. a complete intellectual and emotional life for everyone) in many instances he may destroy the patient's opportunities for achievement in any area." 1 The result is an unnecessary investment of time, effort and money, for clients receiving and waiting for help, as it is also for workers, agencies and communities.

The lack of clarity in prognostic thinking has not only limited casework practice directly, in agencies and social service departments, but has done so indirectly, by imposing a limitation on the ability of supervisors and teachers in schools of social work to impart principles of casework to students and practitioners of varying degrees of training and experience. Without a clear formulation of treatability, what it is, what its components are, and how

---

they can be recognized and assessed, those responsible for the training and professional development of social workers are unable to communicate with economy what is already "known". It is possible too that the lack of clarity has restricted research and community organization programs. If it were known for instance that a certain proportion of those seeking help could not benefit appreciably by any methods or resources now available, such knowledge might stimulate and guide efforts to develop new methods and new resources.

We need then to study treatability, because we do not know enough about it, and because it is important to know about it in order to improve professional practice, training, and related aspects of the profession. The writer along with leaders in the field of the study of human relations believes that although every individual is unique, it will eventually be possible, as has been the case in diagnosis, to evaluate prognosis with increasing exactness. Prognostic evaluation will always depend on prevailing knowledge and skill. As these are subject to change, so will be our understanding of what is treatable and what is not. The least that can be said at the present time is that some clients respond to treatment and some do not; that some are amenable to treatment at some points in their experience and not at others. Most agencies probably have had several cases which close unsuccessfully and which reopen later to
display a more encouraging progress toward a more favourable close.

2. **What constitutes treatability?**

Prognosis in medicine is the forecast of the course of a disease. In the context of this thesis, it would mean the prediction of future development of a social problem under social casework treatment. Treatability is the extent to which the problem can be resolved by such treatment. What are the factors which limit or permit treatment? It is a complex, made up of many things, which include: the scope of casework; the development of the profession; agency function; the skill of the worker; community resources; the problem; the reality situation of the client; and the client himself. Each of these, and any other relevant factors, must be assessed in order to determine treatability. Recognized leaders in social work have, at various times, voiced these as factors limiting treatment, formulated on the basis of theoretical knowledge and experience from social work practice. It is the last of these, the client himself, on which this study is focussed, but before moving toward this, consideration will be given to the others.

(a) **The scope of casework.** Treatment is naturally limited

---

by the aims and goals of the profession, or rather by the aims and goals it does not hold. This is perhaps a more fixed limitation than the development of the profession, except insofar as goals are influenced by the knowledge and skill available. Father Bowers defines casework as "an art in which knowledge of the science of human relations, and skill in relationship are used to mobilize capacities in the individual and resources in the community appropriate for the better adjustment between the client and all or any part of his total environment." He states its intrinsic end to be the rendering mobile of an individual's capacities and the community's resources appropriate to a proximate extrinsic end. This last qualifying phrase indicates the point that is relevant here, namely the partiality of casework purpose. That is, it does not aim at rendering mobile an individual's capacities in some vague context, but in relation to a particular situation or problem; it does not aim at rendering mobile all capacities, but those which are pertinent or "appropriate". In other words complete personality change is not attempted. This in turn is based on the intent of service. As Hunt defines it, "caseworkers aim to help their clients behave more happily and effectively in relation to their previous


3a Ibid, p. 316.
functioning - rather than to have them fit some idealistic pattern of static perfection." The partiality of casework is therefore based on philosophical considerations as well as professional competency; that is to say, the casework aim determines the methods that are developed to accomplish this aim, rather than the casework methods determining the aim. In disavowing absolute standards or norms, casework then does not attempt to impose a goal external to the individual or to force him to measure up to some external yardstick. Rather it aims at helping specific individuals with specific problems find successful ways of achieving their own aims in place of the unsuccessful ways of which their social adjustment problems are a symptom. It aims at helping them achieve a more harmonious relationship to themselves and to their external situation, to the degree of which they are capable. Casework then does not aim at fundamental personality change, nor, for that matter, at fundamental change of the environment, whether social or natural. It is a helping profession, dealing with what is "given" whether in the individual or family, or in the total situation. The goals and techniques of casework seem to rest not only on a philosophical base but on practical experience with people in terms of what is helpful, how

they are helped and what they want. These are supported by current theoretical knowledge about human development, whether within a treatment situation or within less specialized life-situations. Adjustment like any growth or any learning is a gradual and uneven development, involving periods of change and reintegration.

It is true that for some years, through its interest in psychiatry and in drawing on that profession to make its own services more effective, social work tended to be preoccupied with personality problems and personality change. The reasons for this were many: the great need for understanding what the "new psychology" had to contribute to the social work field; fascination with the material itself; in addition, governments have increasingly taken over programs of financial aid, so that many private agencies were less pressed to deal with concrete needs; the depression created a situation where concrete help was lacking or inadequate, and in the face of this frustration, social work was compelled to be more resourceful about intangible services; another element was the shortage of psychiatric treatment and the tremendous demand for it. Garrett points out that there are two trends today: one is for caseworkers to retain this concern with psychology per se, and to tend to become the equivalent of lay-analysts or lay-psychotherapists, especially in clinical settings under psychiatric supervision;
the other is to return to the professional orientation that belongs to social work, which is neither wholly concerned with the effect of the environment, not wholly concerned with the effect of personality maladjustment. As part of the social work profession, casework is concerned with multi-faceted situations. "The caseworker does not define the problems he deals with in terms of intra-psychic conflict; rather it is the problem of the client in relation to a distressing situation, usually of an economic, health, or interpersonal nature. It is this relatedness aspect of personal problems which is the concern of the caseworker." 

Also under this heading of the scope of casework should be included some consideration of casework method as well as aim. As mentioned elsewhere, casework uses the well-established ways of helping people in trouble, that is, personal influence and concrete services. Both of these are conveyed through an individual personal relationship between the client and worker, in which the usual form of communication is talking. The problem must be considered in terms of whether it falls within the scope of casework. Where casework aims or methods do not seem pertinent to


treatment of a particular problem, or will only partially answer the needs of a situation, community resources will assume importance as an alternative or complementary source of treatment.

(b) Development of the profession might seem to embrace the three factors cited below. However the term as used implies more than the bringing of caseworkers, agencies and community resources up to the level of the profession's current understanding of diagnosis and treatment. It would appear to include the level of understanding itself. It is obvious that knowledge is always changing, and it can be assumed from past experience that new understanding, new services and techniques may modify our concept of what is treatable. However we can only be guided by our current level of understanding and consider treatability or untreatability as relative to that.

(c) Another factor voiced as a determinant of treatability is agency function. One of the articles citing this as a basis for differential treatment in 1936 seemed to be describing methods of treatment as differing between agencies, a situation as it existed rather than as it should or need be.

---

However, even at a time when standards of service are more uniform, agency function may be considered relevant. Different agencies are, of course, set up for different purposes, to deal with specific types of problem: they therefore are offering different services. The point relevant here is whether the particular agency to which a social problem has been presented can, according to its policy and the services provided, meet the demands of the situation. (One would have to consider, not only the function of the agency as defined by law or charter, but also its "functioning" insofar as there is some discrepancy between the latter and the agency's intended range and quality of service, due to inadequate numbers or qualifications of staff, conditions of work, administrative deficiencies and so on. However this might be considered a separate point among the limiting factors enumerated here.)

It might be argued that a caseworker in an intake interview might, on making a tentative diagnosis, determine that the social problem presented was treatable although not within the function of his own agency, and therefore that agency function should not be considered a factor in determining treatability. However we remind ourselves that treatability is a complex "participation category" and that another factor that worker would consider is community resources. If another agency, with a program more suited to the social problem existed in the community, a referral
to it would complete his assessment of treatability. If such an agency did not exist, then for all practical purposes the problem was not treatable. The limitation imposed by agency function points up the responsibility of the professional worker. Because of the generic nature of social work training, a caseworker, regardless of the setting in which he works, is prepared and responsible for arriving at a social diagnosis, and is capable of providing the treatment required. If the agency in which he works and to which the client applies does not provide the necessary services, the worker would help the client to one which does. This also points up the need for inter-agency relationships to be such that referral is easily effected, or cooperative treatment worked out.

(d) Community resources,\textsuperscript{9} as indicated above, present another qualifier of treatment. The availability of facilities and services to meet the requirements of the problem situation is of course essential. This refers to resources in the larger community in which the client lives rather than in his immediate environment which constitutes a separate factor. It might be seen as including almost any kind of established service to all members of the community or particular groups:

\textsuperscript{9} Hamilton, loc cit.
social, medical, legal, educational, religious, vocational and even commercial resources. The importance of this factor would vary according to the nature of the problem being considered.

Casework constantly allies itself with the whole social work profession to expand existing social services, and to work for the establishment of other resources to correct apparent lacks. Social welfare planning within a community should be such that needs for which no service exists can be met by setting up new ones. As with agency function, we find that for all practical purposes a social problem is untreatable if resources are lacking, even though we know that this is the only limiting factor.

(e) The skill of the worker is also mentioned as a determinant of success, and it has also been mentioned as a determinant of differential treatment. Individual workers differ in natural capacities just as clients do, not only in diagnostic skill, but in their ability to give effective service. Although workers will vary as to their skill in using one treatment technique or another, for the same reason, the significance of the skill of the worker for selection of treatment method does not have the same importance today.

as it did when the statement was made, that is in 1936, when "insight development" was a relatively new approach. Today a qualified caseworker has received training which enables him to use any social case-work techniques that the situation warrants so that wide variations in skills have decreased since the comment was made. However in a field where the demand exceeds the supply, there are still, in addition to individual differences in the personal experience of workers, differences in the degrees of training and experience of those holding positions of similar responsibility.

(f) The problem of the client is another factor which is regularly put forward as a factor in treatability. There has been some feeling that the more severe the problem, the more unfavorable the prognosis, with the implication that problems can be graded into some sequence of severity. Psychiatry does have general diagnostic categories, subdivided into various clinical syndromes, e.g. psychopathic personality, schizophrenia, obsessive-compulsive neurosis and so on. Social work has not as yet developed a system of diagnostic classification because of the enormous complexity of social problems, and has therefore tended to lean on the diagnostic criteria of psychiatry and consequently to be influenced by psychiatric thinking about the relatively fixed relation of diagnosis to prognosis. Although the clinical

---

syndromes of psychiatry have been roughly correlated with differing degrees of treatability, these correlations are not firmly established. The direction of thinking now seems to be toward the idea that the problem or the diagnosis does not indicate the treatability, but rather indicates the goals and methods of treatment. Most practitioners could probably recall fairly readily from their experience problems usually regarded as serious which have responded to treatment and problems usually regarded as less serious which have not. The explanation is not necessarily that the hypothesis as to the association between increasing severity of the problem and decreasing prognostic hopefulness is erroneous. Again we must remind ourselves of the fact that treatability is composed of a complex of factors, any one of which is insufficient for accurate prediction.

Although diagnosis may not of itself indicate treatability, it may indicate the amount of time, effort and resources that are to be taken up in treatment. It could perhaps be assumed that the more serious the problem is (as judged by its severity, extent and duration), the more difficult treatment will be. Here one can see the relevance of the other factors mentioned above and the ones to follow:

the more difficult the problem, the more essential becomes a favorable assessment of the other components. Even if all the factors in the problem are modifiable, and the necessary resources available, the limitations of time available, as permitted by society, the situation or the lifespan of the client, may alter considerably the picture of treatability.

This factor, particularly where the problem is at least partially within the personality of the client, is very difficult to separate out from the last factor, the client himself. In fact these last three are very closely interrelated as might be expected. Some of the aspects of the problem which have been cited in the literature as criteria of treatability, are actually diagnostic criteria, or more exactly diagnostic clues: for instance, evidences of physical or emotional pathology, sources of the pathology, duration, extent, severity and so on. It is true that some of the same facts that have diagnostic significance may also have prognostic value. However it may be possible to consider both aspects of a single item separately.

(g) Another important factor limiting or facilitating treatment is the "reality situation". To the social worker,

who thinks of clients "in context", this is a most important
topic to be considered in evaluating treatability. The reality
situation is a very broad term which might itself be broken
down into different components. It includes the client’s
immediate environment, physical and social, the latter
including individuals and groups with which he is connected,
their attitudes and behaviour toward him. It includes the
larger community in which he finds himself. It includes
his social and economic status, educational and vocational
circumstances, his responsibilities and opportunities. It
could also be seen to include life crises and events
which happen to him or in which he is involved. The
important question in considering this factor is the degree
of mobility of the client’s external circumstances. The
reason for its significance is that in the interaction
between the client and his environment, the problem has had
its source, finds its expression, and will achieve its
resolution. From this point of view the reality situation
is an indispensable consideration. If it is the main source
or cause of the problem, its modifiability is of great
importance. If it is one source or cause it is still of
importance. The less modifiable the reality situation, the
more will be demanded of the other factors. Unless it can be

14 Lowry, loc cit.
changed, it may be impossible for the client, for instance, to make necessary modifications in himself. Similarly, though it may be possible for him to do so, it may be futile; if after he has achieved new attitudes and insights, his situation is still so adverse that he cannot cope with it, the problem is not soluble. On the other hand, favorable assessment of the other factors might be able to compensate for an unfavorable one here.

(h) The last major factor, and the one with which this study is specifically concerned, is the client himself. The individual again is composed of many aspects. Physically we must consider his appearance, sex, health, physical condition and age. Intellectually we must consider his capacity and the degree to which it is developed or functioning; socially and emotionally we must consider his behaviour and attitudes toward himself and others. All these facets are, of course, interrelated and make up the person. The question that is usually asked about this factor is again one of modifiability. The importance of this will depend on the nature of the problem, that is, to what degree the origins of the problem are within the person, rather than external to him. Most social problems when diagnosed show "problems" in both person and environment. It might be

16 Coleman, op. cit., p. 248.
17 Carl Rogers, Counselling and Psychotherapy, p. 78.
18 Hamilton, loc cit.
postulated that determining modifiability of the client involves weighing the personal resources against the personal problems; that determining the modifiability of the environment involves weighing environmental resources against environmental problems. Where the resources of either are deficient, the resources of the other, and of the additional factors, assume greater importance. Generally speaking treatment potential only needs to be evaluated when and where casework diagnosis reveals that forces within the client's personality have contributed to the development of the problem, and where modification in the client is therefore necessary to resolution of the problem. Theoretically, where casework diagnosis shows that the problem stems only from environmental sources or an emergency situation, solution of the problem would depend on modification of the environment perhaps through the use of concrete "social services". However in some cases the environmental stresses cannot be modified or appropriate services and resources are not available; in such a situation, modifiability of the client still needs to be assessed in terms of the client's ability to accept and adapt himself to this situation.

Treatability, then, is determined by a consideration of all the factors mentioned above, and perhaps others. It is relative to the frame of reference of the person making the assessment of treatability, and to actual conditions not hypothetical ones. We have not, at this
point, developed skill in assessing systematically the whole "syndrome" of factors making up treatability, nor even in doing this with individual ones. We know only vaguely, that although each factor must be considered separately, it is in the consideration of them all together, that the significance of any one becomes apparent. For instance, where the client's resources are limited, the environmental resources will assume greater importance, and where the client's resources are considerable, the environmental resources may be of lesser significance for prognosis. We are inclined to forget that all factors are important. Sometimes this may be because assessment of the most immediate or most obvious ones indicates a favorable prognosis without going any further, or an unfavorable one without going any further. Sometimes it may be that within a worker's or an agency's caseload, or within a community, most of the variables are fairly constant, so that only the ones pertaining to the social problem presented receive deliberate consideration, i.e., the problem, the reality situation and the client. Again it may be that experienced workers, with considerable familiarity with the profession and with their community, do not "forget" or neglect to assess all the relevant factors, but do so almost "intuitively" so that their assessment is not apparent, even to themselves.

So far as this writer knows there is virtually no work on the whole question of treatability, that is, no attempt to make a complete statement of its components, to
determine their relative values, to set out ways of assessing them or to establish criteria for doing so. This may be partly because some are fairly readily assessed, such as agency function, development of the profession and so on. However this is not the whole explanation, as of the three most frequently cited, one in particular, the reality situation or external circumstances, has received almost no consideration in terms of how one would proceed to evaluate this very large and complex item.

3. **Focus of the thesis: personal potential.**

Although, as stated above, all factors must be assessed in determining treatability, each needs to be considered independently before they can be considered in combination with each other. Although all are interdependent in fact, it would seem possible to separate them at least for purposes of discussion. Some seem to be more inextricably related than others, particularly the problem, the client, and his environment. These have already become intertwined before treatment was considered.

In this study it is intended to focus on the aspect of treatability last mentioned, that is, the modifiability of the client. Its purpose is mainly an exploratory one with the hope of mapping out more clearly what is currently known or thought about this subject, and what is still uncharted territory.
No attempt will be made to tackle the other factors, nor will there be an attempt to relate assessment of the client to the other factors either individually or collectively. Although this needs to be done from a research point of view as well as in actual practice, it will not be undertaken here. In one sense, evaluation of the client is closely related to evaluation of the reality situation. That is, an individual may be considered from two points of view; in one sense he is a client, and in another he is part of the environment of another individual. It could probably be assumed that the same procedures would be required in evaluating the potential of a "primary" client, or applicant, as would be required in evaluating a "secondary" client or a member of the applicant's environment.

The reason for selecting this particular aspect for study is mainly one of personal interest. It is of prime importance as attested by the fact that of all the variables it seems to be the one most frequently discussed. It holds a central position, as without the client there would be no problem to treat and no means of treatment. From a practical point of view a greater understanding of this factor is a crying need: there are cases, where the competency of the worker, the agency's function, community resources, the nature of the problem and the reality situation all apparently being favorable, the degree of resolution and the method of obtaining that degree are dependent only on the
client's capacity to respond. Indeed the significance of this capacity is revealed in a negative way by the fact that in situations where the other factors are not favorable, the capacity to benefit from help differs markedly from one individual to another. In addition, as suggested above, if greater understanding of this factor were developed, one aspect of another factor, i.e., the human elements in the reality situation, would simultaneously be elucidated.

The plan of the study will include the following steps: first, the development of the concept of personal potential will be traced briefly and a tentative definition stated. Having established this frame of reference we shall proceed to make a survey of professional monographs and periodicals on social casework theory and practice, and on the theory and practice of related professions working in the field of human relations to obtain criteria which have been used to assess personal potential. Once they have been assembled, an attempt will be made to systematize them, by means of sorting and classification, and following this they will be examined with a view to determining whether, as they stand, they are amenable to scientific testing for validity and reliability by predictive application to actual cases, though such application will not be undertaken. In addition some critical assessment will be made of their value from a theoretical point of view. On the basis of this examination, conclusions will be drawn as to the implications for the need and direction of further research.
CHAPTER II: PERSONAL POTENTIAL OF THE CLIENT.

1. Development of the concept.

Before attempting to consider criteria of this component of treatability, it seems advisable to clarify the concept itself by briefly tracing its development and arriving at a working definition that will provide a ready frame of reference.

Casework has long applied its principle of individualization to the problems presented by its clients. Gradually it was seen that the same presenting problem could come from a variety of causes, originally interpreted as worthy and unworthy.\(^1\) Financial need or poverty were seen as the result of either misfortune or wilfulness. One case of financial need was considered due to inadequate income, another to extra expense resulting from emergencies; these were forms of realistic need. Other cases of need, attributed to poor planning or failure to work when physically able, were seen as forms of unworthy need, stemming from intellectual, educational or moral inadequacy. Defective intelligence or education were considered something an individual could not help; therefore services of a certain quality were provided to compensate for these deficiencies. However, for the morally inadequate, until the turn of the

twentieth century, there was no solution beyond the passing of judgment. Finally psychiatry revealed that personality defects, for which an individual was not totally responsible, could also account for social inadequacies and were often amenable to treatment when understood as such. Gradually the judgemental divisions were changed, at least verbally, to terms such as external or internal, objective or subjective. With the understanding obtained from psychiatry, some of the "subjective" reasons for getting into difficulties could be understood and helped, even if only because the helping attitude was modified.

The new understanding was acclaimed with enthusiasm and with the hope that now "all problems could be solved". But it was soon recognized that understanding was not all, that what was done on the basis of the understanding was also important. Two attitudes had complicated the situation: one was simply that for this period all the attention was applied to diagnosis, to the knowledge and skill that yielded understanding, resulting in neglect of treatment. There was another factor: it was apparently thought that once a problem was understood, this understanding could be conveyed


to the client or patient, and change or cure would automatically follow on this "welcome" interpretation.
The problem of treatment method proved a difficult one, but gradually varied approaches and techniques were developed to help with different personality problems.

Even so, it became apparent that there were still cases in which the therapist could see clearly what was wrong and knew in theory what should be done, but where it was impossible to achieve favorable results. Casework during this period, attempted to locate the source of a social problem either in the environment or in the client. Logically, some deduced that if the source was external, treatment would be the same, and if it was internal, treatment should be "direct", and if both, both. Even so, it became apparent that there were still cases in which the therapist could see clearly what was wrong and knew in theory what should be done, but where it was impossible to achieve favorable results. Casework during this period, attempted to locate the source of a social problem either in the environment or in the client. Logically, some deduced that if the source was external, treatment would be the same, and if it was internal, treatment should be "direct", and if both, both. Results were not always forthcoming, and at first this was interpreted as the failure of casework to admit that certain problems were outside its field. It was assumed that social treatment was not sufficient to resolve these difficulties. Therefore there was a tendency to assume that the "needed treatment" belonged in the scope of psychiatry. In certain respects this was and will always be true, but soon thereafter both social workers and psychiatrists discovered that psychotherapy too was unable to help all individuals resolve their problems. At the

---

4 Loc. cit.
time, however, judging by the lack of reference to this aspect of treatability, the social workers of the 1920's and 1930's found difficulty in admitting that the client's potentialities had anything to do with the failure of a case, (though they might not have denied them in relation to success!) This was because they knew it had been a convenient excuse for failures in the period when the unconscious motivations of the client were as unconscious for them as for the client. In 1936 Miss Lowry decried the tendency to blame the client for failure of a case and assumed the blame for the profession's lack of skill and its attempt to undertake all things.\(^5\)

However in the same paper she indicated an awareness of another factor, although reluctant to name it as such, namely the capacity of the client to use treatment. In discussing the "needs" of the client as one basis for differential treatment, she asked various questions which would have to be answered in assessing those needs. For instance: "Is the client aware of this difficulty? How uncomfortable is he because of its existence? ... Has he in any way indicated a desire for change? ... What attitudes does he show in relation to his difficulty? How rigid do they seem to be i.e., to what degree do they seem subject to change? ... Is it related to any evidences of pathology,

\(^5\) Ibid, p. 9.
physical or mental? Is it of long duration or has it recently developed?..." Some of these questions apply to diagnosis, but others to the capacity to change or to benefit from help. Identification of this factor is rare in the literature. Awareness of it developed gradually from the experience of social workers but their understanding of it was enhanced by further developments, in psychiatry which began to concern itself, not only with the unconscious infantile conflicts, but also the adaptive, healthy part of the personality which attempted to deal with these conflicts and with external reality, and therefore a part of the personality that would be essential to consider in treatment.

Perhaps because social work diagnosis tends to be an unwieldy, descriptive thing, rather than a system of classifications, diagnosis of the person with the problem became mixed up with "diagnosis" of the person handling his problem, so that diagnosis and "evaluation" have not often been clearly differentiated and are still difficult to separate. Pressure of work has undoubtedly militated against the leisure needed for the research that could clarify some of these issues. In addition a strong tradition of individualization may add some reluctance to define and classify, with the fear that individuality may be lost thereby.

Although the term "treatability" as applied to

6 Ibid, p. 10.
individuals is a relatively new one, the concept has long been recognized in the field of social work. "The London Charity Organization Society, heir to Chalmers' ideas and student of the Elberfield system, included in its membership from the beginning a small group of social reformers who, while impressed with the necessity for regulating relief-giving, especially concerned themselves with efforts to place distressed people above the need for relief and, in doing this, to study and release their latent possibilities. As early as 1860, the year in which the London society was founded, Miss Octavia Hill had given, before the Social Science Association, the first description that we have been able to find of enquiry with social reinstatement as its motive and aim ...

By knowledge of character more is meant than whether a man is a drunkard or a woman is dishonest; it means knowledge of the passions, hopes, and history of people; where the temptations will touch them, what is the little scheme they have made of their lives, or would make, if they had encouragement; what training long past phases of their lives may have afforded; how to move, touch, teach them. Our memories and our hopes are more truly factors of our lives than we often remember." 7

Richmond herself, who quotes the above, refers to "moral and temperamental characteristics" and "aptitudes" which

7 Mary Richmond, Social Diagnosis, New York: Russell Sage Foundation, 1917, p. 29 (underlining is that of the writer)
must be recognized as "assets" or "liabilities" to be reckoned with in treatment. This is one of the components of her "social diagnosis." Miss Lowry's comments about "needs", in 1936, imply awareness of the same factor.

In the same publication containing Miss Lowry's paper, Miss Hollis stated that where both environmental and personal factors were operative in a social problem, both types of treatment might be used, but that the emphasis on either environment or personality would depend on which was the most modifiable. Here it is recognized that either one may be modifiable or unmodifiable, but what constitutes modifiability is not stated. In 1940, Gordon Hamilton used the word treatability, and indicated that this was ascertained by "evaluation", for the first time clearly separating this out from diagnosis. "The emphasis on the assets, the potential strengths, of the client in taking the steps of helping himself by seeking help has been, perhaps, a useful corrective to the tendency to become preoccupied with the problem material; but we should recognize that the evaluation of a client's potentialities to help himself in a treatment relationship is not the same as the diagnostic process." And further, "If one were to express this in a sort of mathematical formula, one might say that diagnosis is to a

8 Ibid, p. 381.
9 Hollis, op. cit., p. 27.
situation as evaluation both of person and resources is to
treatment."11 About the same time, Dr. Hendrick uses the
term "ego-potential". 12 Various other expressions have been
used to refer to the same characteristic: "potentialities
to help himself"; 13 "capacity to rebuild"; 14 potentialities
for ego-development"; 15 "capacity for adjustment"; 16
"capacity for emotional change"; 17 "change potential". 18

2. A Definition.

The "personal potential" of the client is not
something to be defined in the abstract, any more than the
other components of treatability, but in relation to the
psycho-social diagnosis. We do not need to enumerate all
the resources in the community, or all the functions of the
agency, or all the skills of the worker, but only to assess
them as they pertain to the problem. Similarly we do not

11 Ibid, p. 165.
12 Ives Hendrick, Facts and Theories of Psychoanalysis,
14 Ibid, p. 163.
15 Annett Garrett, "Transference in Casework",
The Family, XXII (April, 1941), p. 45.
16 Helene Deutsch, The Psychology of Women, Vol. I,
New York: Grune and Stratton, 1944, p. 354.
17 Regina Flesch, "Treatment Goals and Techniques in
Marital Discord", Journal of Social Casework, XXIX
(December, 1948) p. 387.
18 Margaret Blenkner, "Predictive Factors in the
Initial Interview in Family Casework", Social Service Review,
XXVIII (March, 1954) p. 73.
necessarily need to know or evaluate all the individual's resources, or determine his capacity to change, except in relation to the problem.

At this point we need to be clear as to what is meant by "problem". There is singular ambiguity in the use of this word, and clarification of its various meanings would necessitate a whole study in itself, which is beyond the scope of this thesis. However some common understanding of terms is necessary as a basis for what is to follow, and at the risk of being arbitrary and of over-simplifying, the following distinctions will be made clear. A "problem" (symptom, complaint, need) is presented to an agency. In arriving at a diagnosis, the worker discovers "problems", usually in both the environment and in the client, which act as causes in relation to "problem" number one. However the same "problem" which is a "cause" of the superficial symptom, may also be a symptom in terms of the environment or the client. For instance, the behaviour or attitudes of the client which are contributing to the social problem, are symptomatic of some personal difficulty. It is this "third degree" of problem with which we are concerned in assessing the personal potential. That is, we want to know if the client has "what it takes" to overcome his own internal problem, which will in turn overcome his symptomatic behaviour, which will in turn overcome his part in the creation of the "social problem".
One writer has called this factor, "modification possible in the individual to meet the situation".\(^{19}\)

We have to recognize that there are social problems presented by clients in which the cause is largely external. Therefore it might be said that the limiting of personal potential to the personal problem is too narrow: that the individual may also have to meet an unfavorable external situation and must have the potential for this as well. However our concept of personal potential has also to be defined in relation to the larger concept of treatability, as well as in relation to diagnosis. As mentioned before, each component needs to be assessed first independently. Where there is an external problem, its modifiability is determined by assessing the environmental resources, including those present in the client's immediate environment, the community, the agency and so on. At the same time the client's resources in relation to his internal problem are being assessed. If it evolved that assessment of the former (environment) was negative, and the latter (client) was positive, the worker would need to return to the factor of the client's capacities to relate them to this additional problem he faces. This distinction between modifiability

with regard to internal or external problems may seem a 
fine, or an artificial one, and may in fact turn out to be 
so. However it seems necessary to make some such distinction 
in order to minimize the complexities at this point. As has 
been stated before, it is not intended within this study to 
compare the assessment of this factor of treatment potential 
with that of any other. That is, the client's capacity 
for change in terms of his own problem will not be related to 
environmental pressures, lack of treatment resources, and so 
on. It will be undertaken as if other factors were equal. 
By the same token, it can be assumed that many clients that 
come to the attention of social agencies will not be discussed 
here, i.e., those whose inner problems have not contributed 
partly or largely to the problem-symptom. There is little 
point assessing capacity for change unless some personal 
change is warranted, except as indicated above, where adverse 
external factors are unchangeable.

With these relationships to diagnosis and treat-
ability established, we may consider "personal potential" as 
the capacity of the client to solve his problem. What we 
want to know is whether present assets, or new ones, can be 
developed, to cope with present liabilities. In order to 
avoid confusion, the writer will attempt to avoid the use 
of the word "treatability" with regard to this factor, and 
restrict its use to the larger concept of overall prognosis
covered in the first chapter.

3. **Sources of criteria in professional literature.**

As suggested earlier, attention has only recently been drawn to this subject. Consequently the literature is limited in quantity, although there is probably a wealth of material relevant to it, but either not identified as such by the authors, or else included in writings on broader subjects. To this writer's knowledge there is as yet no monograph either on personal potential or treatability, and it is the rare article which is wholly devoted to it. It is even unusual to find a chapter or a section of a chapter where it is isolated. Most references are found in the body of some work on treatment and incidental to other considerations, as can be seen by glancing over titles in the bibliography. Because of this, the writer has probably overlooked much valuable material. Because of this, it also should be noted that the opinions of the various authorities referred to do not necessarily represent them fairly.

The selection under consideration here makes no claim to be exhaustive of the literature that does exist. Rather the writer has tried to cover the opinions of representative leaders in the field of social work, and to compare their opinions with those in allied human relations professions, namely psychiatry and psychology. The distribution of the approximately thirty authorities,
according to discipline, is: eighteen social workers (including one reference jointly prepared with a psychiatrist but in terms of social agency practice); nine psychiatrists (including one edited by a social worker, and one jointly prepared with a social worker but in terms of out-patient practice in a psychiatric clinic); - several of the psychiatric references are by psychiatrists who have served in a consultative capacity to social agencies - and two psychologists. Although not true of each individual reference, each of the three disciplines frequently quotes the others as sources for their own work.

Within the whole group, practitioners, teachers and research workers are represented, as are various schools of thought and treatment methods, including casework, counselling, psychotherapy, and psychoanalysis. Even if it were possible to define the similarities and differences between each of these, it is not the part of this study to do so. Suffice it to say that there is considerable overlapping of method, with certain basic features in common. It is therefore not irrelevant to consider the thinking of other human relations professions on the subject of personal potential, about which there seems to be a corresponding similarity. Between the three disciplines there is actually less difference in content than there is in the form of presentation. It is interesting to note that, on the whole, the psychiatric sources are more theoretical and unrelated to specific situations; the social work sources are practical and
related to specific situations, and untheoretical except where
drawn directly from psychiatry; and the psychological sources
combine the two aspects and attempt to organize their material
into some systematic form.

There are many differences among the whole group of
sources, first in what they claim to present. Some offer
indications for casework: with clients in general (Burlingham,
Carscadden, Hamilton, Hill, Hollis, LeMar, Lowry, Perlman and
Orr, Richmond, Taft, Towle); with displaced persons (Kage);
with family cases (Blenkner); with marital problems (Flesch,
Preston et al). Others offer indications for psychotherapy
(Coleman, Futterman and Reichline, Gill et al, Rogers, Ruesch,
and Bateson) and for psychotherapeutic medicine (Witmer).
Others offer indications for psychoanalysis: in general
(Deutsch, Hendrick, Waelder); with neurotic adults (Dollard
and Miller); with homosexuals (Bergler).20

---

20 (It will be noted that the sources are lacking in
specific reference to children. This does not necessarily
reflect professional literature but only the selection of the
writer. The reasons for avoiding literature dealing specifically
with children are two: for one, this provided one means of
setting some limit to the scope of the survey; for another,
itis fairly generally accepted that, on the whole, children,
being in their "formative" years are more malleable than
adults and therefore by definition possessed of "personal
potential". It is because of this fact that most of the treat­
ment of children is undertaken by treating their "forming"
environment, in the shape of the adults responsible for their
care. In view of these facts it is assumed for purposes of
this study that an understanding of the personal potential of
adults could readily be applied to the treatment of children.)
Not only are the major treatment approaches so differentiated, and the scope of individuals or problems being considered, but also different aspects of treatment within them. Some of the authorities present criteria for determining the "direction" of treatment, its "emphasis", "duration" and level" (Hollis, LaMar, Towle, Lowry). Others give indications as to the "type" of treatment, i.e. for "indirect" or "direct", and in the latter category, for more specific techniques, such as "supportive" treatment or "insight development" (Austin, Burlingham, Carscadden, Fiesch, Hollis, Lowry, Rogers). There is a tendency in some of the earlier writings to arrange the various treatment techniques into a hierarchy, with "insight development" in the position of honour. Accordingly, what we are now calling personal potential was assessed in relation to this "treatment of choice", and if capacity for that technique was deficient, personal potential was considered deficient and a "lesser" treatment technique applied. Such a static grading of techniques does not seem tenable according to current professional thinking.

Some writers seem to feel that indications for the use of one technique as opposed to another is only a refinement of the basic indications for treatment of any sort, and not an essential difference. The writer is proceeding on that assumption, in view of the fact that there appears
to be no conclusive evidence that capacity for one technique or another affects personal potential as a whole. Moreover social work techniques are varied and so can be brought to bear as indicated, the essential factor for the use of any or all being an indication of personal potential. Gill et al state that "a really comprehensive discussion of this issue (indications for psychotherapy) would distinguish between supportive and exploratory psychotherapy and the indications and contraindications for each".21 Although suggesting in this remark that some patients would respond to the face-to-face method as opposed to another, the authors have presented indications for psychotherapy which are presumably basic to either approach. If this is true for different techniques in psychotherapy, it is likely true for different techniques in "direct" casework with clients.

The difference between direct and indirect treatment would presumably demand greater differences in capacity, assuming that the difference between direct and indirect treatment is greater than the difference between two forms of direct treatment. However Miss Hamilton's statement indicates that the differences even here are not basic: "Personality

adjustment may be attempted through direct or through indirect environmental treatment, or through a combination of both, the fundamental conditions being that the client wishes to change himself and that he can actively assist in whatever course of treatment will help him to change."22

The sources to be considered differ not only in the various orientations mentioned above, but in the basis on which their criteria are presented. Some indications of potential are presented on the basis of empirical findings; others on the basis of theoretical reasoning, others on the basis of research investigations, and still others with no rationale of any kind being offered.

4. Consideration of the criteria: amenability to research.

In examining the criteria found in the literature, we are not concerned to consider their validity at this point, that is whether they are criteria of personal potential or not. Determination of validity would require research into a large number of cases to discover whether the criteria were significantly present in successful cases and absent in unsuccessful ones, other variables of treatability being held constant. In order to do such research

for any one criterion, it would be necessary first to possess means of recognizing whether or not it was present, i.e., indices of the criterion or units of measurement; this in turn would presuppose an adequate definition of the criterion itself. What we are concerned with here is to see whether the criteria already put forward by the authorities are of such a nature that they can be tested for validity, i.e., are clearly defined and possessed of standards of measurement.

It had been the hope that all the indications offered could be sorted and classified, each classification being a criterion. Each criterion then could have been considered in terms of relative discreteness or lack of overlapping with the others, as well as in terms of its measureability. As a result we would have had a set of testable criteria which could then be applied to cases for evaluation of validity, reliability, and exhaustiveness.

However the project breaks down even at the sorting stage. As seen in the case of "ego-strength", even where an identical term is used, the meanings are various. With criteria which were less similar, the danger of erroneous classification would be that much greater. The variety of presentation is considerable, to the point that identical terms are a rarity. Presentation may be in the
form of nouns ("motivation"), 23 phrases ("no authoritative assertion of incurability"), 24 questions ("has he ... indicated a desire for change?"). 25 Presentation may also be positive ("sees worker as a counsellor rather than as a source of concrete service"), 26 neutral ("how does he expect treatment to help?"), 27 or negative ("seeking an ally"). 28 As the meaning or significance of the items are not consistently elaborated on by the sources, it would seem hazardous to attempt any sort of classification which could presume to be exact.

If classification and systematization are ruled out we are faced with a tremendous number of items to consider. The following table attempts to give, quantitatively, a rough picture of the distribution of the criteria and their

23 Gill et al, op. cit. p. 93.
25 Lowry, op. cit. p. 10.
26 Blenkner, op. cit., p. 70.
27 Gill et al, loc cit.
28 Loc cit.
breakdown, among the sources surveyed. The number of items mentioned by each author was counted, and the number of items into which he broke each down. This can only be considered a very rough count, as it is rare to find criteria listed in point form or even listed in sequence, so that if they were scattered some might have been missed. The breakdown is even more arbitrary than the count, due to the fact that almost none of the sources arrange their items in order of progressive concreteness. The first column indicates the number of criteria as given initially; the second indicates the number of items into which one or more of the criteria was broken down; and the third, the number of items into which the "secondary" criteria were still further broken down.

Table 1: Number and distribution of criteria according to sources and sub-groups.

<table>
<thead>
<tr>
<th>Sources</th>
<th>(a) Criteria</th>
<th>(b) Sub-criteria</th>
<th>(c) Evidences</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergler</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Coleman</td>
<td>2</td>
<td>4</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Deutsch</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Futterman and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reichline</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Gill et al</td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Hendrick</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Waelder</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Witmer</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Dollard and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miller</td>
<td>7</td>
<td>19</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>Rogers</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Blenkner</td>
<td>9</td>
<td>13</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Burlingham</td>
<td>4</td>
<td>12</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Carscadden</td>
<td>8</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Flesch</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Sources</th>
<th>(a) Criteria</th>
<th>(b) Sub-criteria</th>
<th>(c) Evidences</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>2</td>
<td>5</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Hill</td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Hollis</td>
<td>11</td>
<td>9</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Kage</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>LaMar</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Lowry</td>
<td>15</td>
<td>3</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Perlman and Orr</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Preston</td>
<td>4</td>
<td>12</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Richmond</td>
<td>2</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Taft</td>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Towle</td>
<td>5</td>
<td>1</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>130</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>103</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>278</td>
</tr>
</tbody>
</table>

The table shows the diversity between the authorities as to the number of criteria each puts forward for personal potential. As can be seen, the range is from one criterion ("ego-strength")\(^{29}\) to fifteen (a series of questions to be answered in "differentiating the client's needs").\(^{30}\) This range indicates two possible things: one is that there is lack of agreement as to what the criteria are; the other is that there is lack of agreement as to how to express the criteria about which there is agreement. That there is lack of agreement is obvious: only four of the sources specifically refer to "intelligence"\(^{31}\) and two sources specifically refer to "total items" (unpublished) 1940, p. 6; John Dollard & Neal E. Miller, Personality & Psychotherapy: An Analysis in terms of Learning, Thinking & Culture, New York: McGraw-Hill Book Co. Inc., 1950, p. 235.

\(^{29}\) Samuel Futterman and Philip B. Reichline, "Intake Techniques in a Mental Hygiene Clinic", Journal of Social Casework, XXIX (February 1948), p. 50.

\(^{30}\) Lowry, loc. cit.

others to "ability"\(^{32}\) or "mental capacity"\(^{33}\) which may or may not be equivalents depending on the intentions of the authors. Similarly, "motivation" is mentioned explicitly only three times and in three forms which may or may not be identical (motivation for therapy,\(^{34}\) motivation for change,\(^{35}\) motivation for psychotherapy\(^{36}\)).

Logically the criteria (a) should be the more general terms, with the sub-criteria (b) the more specific, and the "evidences" (c) the most specific. It would presumably be the latter which would serve as indices of the various components of personal potential and which would constitute the actual working criteria. According to such a breakdown from the more abstract to the more concrete, the numbers of items should increase from left to right. Instead the reverse is true. This does not indicate that in the "spelling out" the authors have made the criteria progressively more abstract, as in most instances this is not so. The explanation with regard to any one author is rather that he spells out one factor but not another, if he spells

\(^{32}\) Rogers, loc cit.


\(^{34}\) Dollard & Miller, op. cit. p. 234.

\(^{35}\) Hamilton, op. cit. p. 295.

\(^{36}\) Gill et al, loc cit.
them out at all. Another reason is that one author starts off with criteria which are relatively concrete while another starts off with criteria which are relatively abstract. As a result one finds in the same category items of such unequal weight as "ability in relationship"\textsuperscript{37} and "therapeutic preferability of homosexual reality to homosexual fantasy"\textsuperscript{38}. Both seem concerned with ability to relate but at quite different levels!

The quantity of items makes it impossible within the scope of this study to consider each one separately in an effort to assess its practical use in research. However examples will be presented to show the difficulty if not the impossibility of testing these criteria as they stand. "Ego-strength" will be the main one referred to as the problems encountered in that term are typical of those met in the whole group of criteria. In addition, being such an all-inclusive concept, it includes many of the other characteristics. It is also the most frequently mentioned.

Of the criteria presented there are almost none which clearly lend themselves to measurement, and if they


\textsuperscript{38} Bergler, loc. cit.
do, not necessarily to measurement by a social worker. The only ones for which there exist currently accepted standards of measurement are intelligence, age and physical health. But these are still not prognostically measurable. Other personal qualities which are considered important do not seem to possess units of measurement which have been agreed on. This is seen in the single factor of "ego-strength" about which much has been written and many indications offered. It might be anticipated that ego-strength therefore would be available to measurement; however on examining what the various sources say about it, this does not seem to be the case.

**Ego-strength:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Indicated by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gill et al[^41]</td>
<td>self-perspective</td>
</tr>
</tbody>
</table>
| Futterman and Reichline[^42]  | history he gives response to the worker (i.e. ability to establish object relationships) response to the enquiry about (presenting symptoms (reasons for coming (time of onset (ideas of causation

[^40] Dollard & Miller, loc cit., Burlingham, loc cit.
<table>
<thead>
<tr>
<th>Source</th>
<th>Indicated by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hendrick^43</td>
<td>ability to endure excess of tension capacity to strive for reasonable goals in spite of inner difficulties capacity for fighting difficulties (secondary gain)</td>
</tr>
<tr>
<td>Waelder^44</td>
<td>intellectual desire to change ability to learn previous history: (efforts in relation to purposes (achievements (behaviour in difficult situations (reaction to danger</td>
</tr>
<tr>
<td>Austin^45</td>
<td>(none)</td>
</tr>
<tr>
<td>Hollis^46</td>
<td>ability to repress ability to judge reality ability to use insight</td>
</tr>
<tr>
<td>Perlman and Orr^47</td>
<td>(reaction to facing the request for outside help) (reaction to hearing what the agency can and can't do): are his defense mechanisms within the normal range? ability to grapple with an idea or plan how do his defense mechanisms affect his ability to deal with his reality?</td>
</tr>
</tbody>
</table>

43 Hendrick, op. cit., p. 238.
44 Waelder, op. cit. p. 8 ff.
46 Florence Hollis, "The Relationship between Psychosocial Diagnosis and Treatment", *Social Casework*, XXXII, (February 1951), p. 72.

^ brackets are used to indicate a negative index of a criterion.
First of all, what is not shown here, is the varying importance given to the concept of "ego-strength", by the sources using it. Futterman presents it as the criterion of treatability, Hollis offers it as one out of three criteria, Gill presents it as one of two sub-criteria of "the capacity for psychotherapy", the latter being one of two indications for psychotherapy!

Similarly we can see the inconsistency with which one of the sub-criteria of ego-strength, namely "secondary gain", is classified, Lowry presents it as a criterion among several others;48 Hendrick presents it as a sub-criterion of ego-strength and Dollard and Miller present it as a sub-criterion of "reinforcement of symptoms". Hence it is classified under different concepts as well as at different levels on the hierarchy of criteria.

48 Lowry, op. cit., p. 10.
The manifestations of ego-strength, or its "indices" differs from one author to another, both in the nature of the items and the number of them. With regard to the latter, the number of indices of ego-strength varies from one, in one author, to eight in another. In addition to this, the indices, whether or not they do indicate ego-strength, are not standards of measurement which could readily be applied as they stand, so that the results would be uniform no matter which or how many workers applied them. For instance, "self-perspective" is in need of identifications of its own, as is "judgement", and these are two of the more specific items mentioned. As long as these are not "spelled out", the same confusion in application will result as occurs with a criterion such as ego-strength: that is, that different individuals will give different meanings to the same terms.

Some of these concepts are relatively meaningful, if not measurable as they stand: for instance the "ability to repress" or "the ability to endure an excess of tension". However others are not only unmeasurable, but incomprehensible as they stand, for instance "the history he gives". In context we may think we know what this means; but out of context, to anyone without considerable training and experience, (and even to anyone with) it has no meaning.

More tantalizing, but equally frustrating, are the questions without answers. "How does he handle his dependency needs?" This presumes a knowledge of the possible answers
and the possession of criteria by which to evaluate them as favorable or unfavorable indications of whatever is being measured. Similarly we are faced with "response to enquiry about the presenting symptoms", or "reaction to hearing what the agency can and can't do". What are the possible "responses" or "reactions" and how are they to be evaluated?

We see in the material on "ego-strength" not only a vagueness and lack of uniformity of definition, but a tendency to circular argument, which is a result that could be anticipated. For instance, Waelder, as an indication of "analysability", offers "the ability to learn"; this ability, he says, presupposes a healthy ego, and is therefore presumably a manifestation of ego-strength. What in effect is being said is that the capacity to solve one's problem under psychoanalysis is indicated by a strong ego which is indicated by the ability to learn; or to put it more baldly, the capacity to change is indicated by the capacity to change!

This circular process occurs, not only within any one author's system of criteria, but between the systems of different authors, and between criteria. As evidences of the ability in establishing relationships (which is referred to as a criterion of treatability), Carscadden cites:49

49 Carscadden, op. cit., p. 14 f.
concept of self (confidence, sense of goal and achievement
awareness of own feelings and toward whom directed
ways of coping with reality (defences constructive
and limited in number)
ability to endure frustration (and criticism)
affective tone (spontaneity, depth, flexibility,
appropriateness of response)
pattern of relationships (object relationships)
Here we see that much the same characteristics which have
been enumerated under ego-strength are enumerated under
capacity for relationships. This is an example of different
terms having much the same meaning. It might be even
considered as another example of circular argument on
another level, if the meaning is in effect: ego-strength is
evidenced in the capacity to form relationships, and the
capacity to form relationships is evidenced in ego-strength.

In summary, we have examined indications of personal
potential as found in professional literature. Before
doing so, we traced briefly the development of the concept,
and found that though it is not a new one, it has received
little attention until very recently. We defined personal
potential in terms of the individual's ability to use his
assets or develop new ones to cope with his inner problem.
From this basis, we turned to a consideration of criteria
of this capacity offered by selected authorities in the
human relations professions, with a view to determining
whether they are amenable in their present form to scientific
measurement. We found that the authorities differed widely
as to the factors which they stated to be important for
treatment, and in their exposition of them, so that a multiplicity of items, of varying degrees of abstraction, and without established logical relationships, are available.

In view of the divergence of exposition, combined with vagueness as to meaning and lack of explanatory comments by most of the authorities, it was presumed inadvisable to attempt an interpretation of each which would permit sorting and classification. Because of the amount of material, only a few examples were chosen to illustrate the lack of generally accepted definition for the items, and to demonstrate that almost none could be regarded as measurable, being in need of indices of their own.
CHAPTER III: GENERAL ASSESSMENT OF THE CRITERIA.

1. Motivation and Capacity.

As mentioned previously the items presented in the literature are too numerous to be considered separately within this study. However some general picture of their scope can be given and some comments made. On the whole two main questions seem to be posed by the authorities in one form or another, namely, does the individual wish to solve the problem? and, has he the capacity to solve it? The following "inventory" gives examples of those who have specified both motivation and capacity, though in various terms. The sources constitute almost half the total referred to, and the list does not include those who have specified only one or other of the two categories.

<table>
<thead>
<tr>
<th>Source</th>
<th>&quot;Motivation&quot;</th>
<th>&quot;Capacity&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deutsch</td>
<td>degree of satisfaction</td>
<td>capacity (for adjustment with the environment)</td>
</tr>
<tr>
<td>Gill et al</td>
<td>motivation (for psychotherapy)</td>
<td>capacity (for psychotherapy)</td>
</tr>
<tr>
<td>Waelder</td>
<td>desire to change</td>
<td>ability to learn</td>
</tr>
</tbody>
</table>


3 Robert Waelder, *Introductory Lectures on Psychoanalysis,*
<table>
<thead>
<tr>
<th>Source</th>
<th>&quot;Motivation&quot;</th>
<th>&quot;Capacity&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollard and Miller</td>
<td>motivation (for prerequisite types of social learning)</td>
<td>therapy</td>
</tr>
<tr>
<td>Rogers</td>
<td>tension</td>
<td>capacity (to cope with life)</td>
</tr>
<tr>
<td>Carscadden</td>
<td>does he really want has he sufficient understanding</td>
<td>maturity (to take the step)</td>
</tr>
<tr>
<td>Flesch</td>
<td>wish for help (with ability to stand the problem)</td>
<td>(insight)</td>
</tr>
<tr>
<td>Hamilton</td>
<td>motivation (for capacity (to rebuild))</td>
<td>change</td>
</tr>
<tr>
<td>Hill</td>
<td>hopes</td>
<td>training</td>
</tr>
<tr>
<td>Hollis</td>
<td>whether wants whether able (to this type of help, participate or i.e. insight benefit by it)</td>
<td>development).</td>
</tr>
<tr>
<td>Lowry</td>
<td>desire for change capacity (for activity)</td>
<td>plans, ambitions assets, liabilities</td>
</tr>
</tbody>
</table>

6 Lillian Carscadden, An Evaluation of the Client-Worker Relationship, p. 90.
9 Ibid, p. 163.
10 Octavia Hill quoted in Mary Richmond Social Diagnosis, New York: Russell Sage Foundation, 1917, p. 29.
11 Florence Hollis, "The Relationship between Psycho-social Diagnosis and Treatment", Social Casework, XXXII (February 1951) p. 243.
13 Richmond, op. cit., p. 381.
With regard to the first question, motivation seems to be the factor the most universally singled out as having a significance for personal potential. Although the term is used by only three of the sources, equivalent terms or factors which are fairly clearly indicators of it are offered by seven of the psychiatric, two of the psychological, and twelve of the social work sources. It is interesting to note that in all the sources consulted, there were almost no instances in which the authorities considered motivation as more than motivation to solve the problem or to use the particular form of treatment being offered. This is in contrast to their consideration of most of the other "capacities", which were, as often as not, viewed in context extending far beyond the problem or helping situation. Actually it would be possible to conceive of motivation similarly, i.e. in a much broader sense: in terms of overall "drive", "life-force", ambition, or any other concept which indicates an individual's striving for self-preservation, self-development, integrity, "salvation" and so on.

With regard to the second question of "capacity", various personal attributes or aptitudes are suggested. Common to most of them seems to be a consideration of the individual's adjustment, an evaluation of the degree to which he is related to his total reality, including self, other people and the remainder of his environment. The degree
of the individual's "activity" seems to hold a prominent place in the hierarchy of factors indicating the level of adjustment, in view of the frequency with which it is mentioned. Its importance is not accounted for, but one reason may be the rather obvious fact that "behaviour" is observable in a way that inner qualities are not, and so is a useful index of "personality resources" which are not accessible to direct observation.

2. "Level of adjustment" as a component of personal potential.

The inference, made more or less explicit by different authorities, is that the more "healthy" the individual, the more treatable he is. This may be true, but in the first place it must be remembered that unless he had some disturbance in his "relationship to reality", as reflected in one or more areas of his adjustment, he would not be under consideration at all. He would have no problem and would not have come to the attention of the practitioner evaluating his potential.

Part of the problem seems to be that the various "strengths" as presented are extremely broad and unfocussed. As mentioned before assessment of the resources pertaining to any component of treatability does not need to be undertaken in a vacuum, but in relation to the problem in hand; otherwise we would be undertaking virtually a survey of the universe! Some of these writers make no attempt to relate
the "strength" (or equivalent) which they mention to anything else, i.e. to the problem of the individual or the helping situation. They do not indicate what specific strengths are essential in treatment. Nor do they identify the goal they have in mind. That is, they do not specify capacity for what, strength for what, adjustment to what.

In speaking of the differentiation between the diagnostic and evaluative processes, Gordon Hamilton states, "We shall be less confused if we think of personality evaluation or characterization as usually related to treatability and treatment. When we characterize we do not estimate personality in the ethical sense of how 'good' a person is, or how 'fine' or 'ignoble' his attitudes, but in his capacity to perform certain functions, for example, the support role, the marital role, the filial or parental role.

Although such judgements seem arbitrary, they are inescapable if one is to treat within the field of conduct and relationships. We must know not only from what limitations but to what ends capacities and energies are to be released."¹⁴

Here we have the focus established for evaluating general functioning; only if the purpose and frame of reference is clear will meaningful material be gathered and meaningfully used once it is gathered. (It may be that some of the diffuseness in collecting information which will contribute

¹⁴ Hamilton, op. cit., p. 163.
to formulation of prognosis is due to the comparative newness of this concept in treatment; just as with diagnosis, in the days when it was not too clearly understood, we collect all the information we can, because we are not sure what is or is not significant, what is essential and what is of bonus-value. Therefore the reason for some of the vagueness of the writing about these criteria may be that certain writers are vague as to their importance. In other cases the writers may be fairly sure how and how much of the criteria is important, and could apply them to an individual situation and "spell it out", but have not done so in their writing.

Now by the term evaluation, Miss Hamilton means, "'How well does he or can he get along?'" She does not state whether she means that "does" and "can" are the same or whether they are distinct. It is the "can" aspect which concerns us in this study. The "does" aspect leaves us no further ahead than arriving at a diagnosis. It does not of itself indicate whether he "can" get along better or differently. Evaluation of functioning, adjustment, ego-strength, emotional health, or any other facet of "getting along" shows us only that, i.e. how he is getting along,

15 Ibid, p. 159.
or his actuality. It does not show us how he might get along, or his potentiality for getting along better, whether current assets can be developed further and whether current liabilities can be modified or overcome.

Does the appraisal of general functioning have a significance for prognosis as well as as an aspect of diagnosis? One or two of the sources suggest why and how this appraisal is related to potential. Miss Lowry, in the list of questions she poses in order to "individualize the need" of the client, asks "What attitudes does he show in relation to his difficulty?" and then, "What is the relation of his attitudes toward this difficulty to his habitual attitudes toward other aspects of his life-situation?" Here it becomes clearer that in assessing the modifiability of some negative characteristic, the worker looks to general functioning in search of evidence of the degree to which the negative characteristic is typical of the person. However if it is typical, we still do not know how modifiable it is. If it is not typical, we still do not know whether the more positive characteristic present in other aspects of his life will be applied to the problem aspect or not.

However, on the basis that the individual has developed a particular strength and applies it in some areas, it is more likely that he, other things being equal, can apply it

---

16 Lowry, op. cit., p. 10.
in relation to the present problem, than another individual who evidences no such ability anywhere. Similarly, Miss Carscadden offers criteria of the ability for relationship. Five of these if evaluated would give a picture of current "relating", but the sixth, "pattern of relationship", is more specifically oriented to potential.\(^{17}\) If the client's deficiencies in relating to the worker, and husband, child, or the person on whom his difficulties are focussed, are not present in all his relationships, the worker would know these were not typical. The significance of this factor is most explicitly stated by Dollard and Miller in explaining their criterion of potential called "prerequisite types of social learning": "...the patient must have higher mental processes to restore, and the better these are (or in psychoanalytic terms, the stronger the Ego), the better his prospects of recovery and continued learning on his own when repressions and inhibitions are removed. The person with strong adaptive behaviour in certain areas of his life shows that he has these general elements to build on. For this reason severe conflict limited to one area is more favorable than general retardation of the whole development. The more different units of social skill the patient has to learn, the harder his task will be."\(^{18}\) Note that lack

\(^{17}\) Carscadden, op. cit. p. 14.

\(^{18}\) Dollard and Miller, op. cit., p. 236.
of prior learning or areas of satisfactory adjustment make treatment "harder", not necessarily impossible. As mentioned before there may be a point at which the degree of difficulty equates with impossibility. However the present concern is with possibility rather than difficulty, and with factors which are minimal rather than those which may be helpful and desirable. In their own elaboration of this criterion, Dollard and Miller seem to include only those adaptive capacities which they consider are required in the treatment situation, not all adaptive capacities. In addition to determining which factors are indispensable, there is the question of the degree to which these factors must be developed. Rather than ask, in evaluating an individual's potential, how closely some particular strength approximates the ideal or average, it might be more useful and pertinent to ask if he has any of this strength to build on, or whether he has enough. What constitutes enough is a difficult question. Rogers does not set any arbitrary yardstick but uses "some" as a modifier of several of the criteria he puts forward. 19

Previous as well as current functioning can also be considered under this category. The same principle applies here: the availability of adaptive capacities which appear lacking in relation to the problem, may be assessed not only by looking at other areas of current functioning,

19 Rogers, op. cit., p. 77.
but at past functioning in the same or other areas. Waelder in assessing ego-strength looks to the previous history of the person, specifically his achievements, his efforts in relation to his purposes, his behaviour in difficult situations\(^{20}\) - evidence which seems geared to the question, "has he solved difficulties before?" (as well as "how does he go about it?"). If so it is presumable more likely that he will be able to solve the present one, from the point of view of his own confidence, from past experience, and of his skills. Dollard and Miller are again the most explicit as to the significance of previous functioning, which is essentially the same as that of current functioning: if the problem is recurrent or of recent onset, it indicates that there have been a period or periods free of the problem in which "learning" took place (and, presumably, satisfactions experienced) which would strengthen the picture of motivation and capacity.\(^{21}\) (These points of current and previous adjustment are of course closely related to the factor of "the problem" and its bearing on treatability, particularly its extent and duration. However we are just looking at the reverse side of the coin.)

Another source of evidence for capacities which may appear to be lacking at first glance is within the problem


\(^{21}\) Dollard and Miller, loc. cit.
itself: Hendrick points out what is often "felt" but all too rarely stated, that the advantageous characteristic may be used (and concealed) "in the structure of the neurosis", may be absorbed by the struggle to attain special attention or may be repressed.  

The consideration of total functioning may, as already suggested, have another value, in the same way as do the characteristics of intelligence, age, health, appearance: namely as having some bearing on satisfactions that have been experienced or which exist for the client (other than in the problem area) and therefore a bearing on motivation. In general it is assumed that the more satisfactions an individual has experienced, the more confidence he has of obtaining others and therefore the more hope of solving his problem.

However, by discovering capacities in other areas of current functioning, in the past, or repressed or distorted within the problem, we have still only discovered capacities which are latent in relation to the problem area. The recognition of their existence does not necessarily guarantee that they will be applied or developed. To a greater or lesser degree it could probably be said that there is no person who does not possess potentialities which are never realized.

---


21 Dollard and Miller, loc. cit.
3. Arguments for Motivation as the essential component of personal potential.

Some writers suggest or state that motivation is the determining factor, or at least a most useful index of it. Carl Rogers has recently described ways in which he and his associates have tried to measure personality change in psychotherapy, by means of measuring self-perception and ideal self at the beginning and at the end of psychotherapy. One of their hypotheses seemed to be borne out by the results of the investigation, namely that the discrepancy between these two decreased, with a "significant increase in congruence between the self and ideal," the change being in the former and in the direction of the latter. Underlying this hypothesis was the speculation that what the individual wants to be he is capable of becoming and that therefore establishing a measure of what he wants to be or of his motivation, would provide a measure of his capacity for change in psychotherapy.

Similarly Deutsch gives a suggestive explanation of what is essentially involved in the whole process of change, in the following statements: "adjustment to reality is the main purpose of all education, including psychoanalytic therapy. The individual's capacity for adjustment presupposes a certain degree of satisfaction with the

---

environment, and this in turn depends on his own emotional state. The bridge between the environment and the individual, from the beginning of his life, is his affective relationship to this environment. The acceptance of reality is determined by love and need of protection on the one hand and by fear of punishment and of emotional isolation on the other."

This statement with all its implications could be the core of the whole question of prognosis. The essential prerequisite for further adjustment is "a certain degree of satisfaction with the environment." This suggests, as is made more explicit further on in her statement, that the individual feels need and/or "affection" for the environment. (Environment in its broadest sense includes people and objects, tangible and intangible influences, life in general. "Reality" is a more satisfactory term than environment, including the individual's inner reality, his own components and attributes.) In other words the environment has some attraction for him, and having this attraction he is motivated to "relate" to it, to learn how to "get on" with it, so that his needs will be met and his satisfaction enhanced. His attitude is one of approach rather than one of retreat or withdrawal. Complete withdrawal or dissatisfaction with reality probably does not occur short of death, but there certainly exist people who consistently avoid certain aspects of reality either physically.

24 Deutsch, loc. cit.
emotionally, or intellectually. An attacking approach toward reality may still be an "approach", and indicates a "relationship" with the environment and a wish to correct that relationship, even if by trying to get the environment to do the adjusting! If a total lack of satisfaction with the environment, and so of motivation, were the main deterrent to treatment, then it would be the rare individual who was lacking in "capacity for adjustment".

There is some similarity to this idea in the study of Preston et al, who find that one factor correlating with movement in marital problems is the degree to which the partner being considered is withdrawing from the relationship with the other marital partner: the less evidence there is of such withdrawal, the more likely movement will be. One could interpret this in the following way: that the applicant who has some or many satisfactions in the relationship, though it is disturbed in some ways, has more reason or motivation to remove the dissatisfactions; whereas the applicant who shows evidence already of withdrawing from the relationship with the partner finds fewer satisfactions in it or has given up hope of doing so.

Even more explicitly and assertively than Rogers and Deutsch, another source states the primacy of motivation. Reusch and Bateson use the term "communication" to indicate

many of the same "strengths" the authorities have cited as criteria and which we have concluded can be summed up in the concept of "relationship to reality". They state the effect of communication on development and on adjustment:

"Communication facilitates specialization, differentiation and maturation of the individual. In the process of maturation reliance upon protective and corrective actions of others is gradually replaced by interdependence upon contemporaries in terms of communication. Instead of looking to elders for guidance, the adult person seeks information from contemporaries on how best to solve a problem. Exchange is substituted for receiving, and action of self replaces actions of others." 26 And further, "Successful communication with self and with others implies correction by others as well as self-correction. In such a continuing process, up-to-date information about the self, the world and the relationship of the world leads to the acquisition of appropriate techniques, and eventually increases the individual's chances of mastery of life. Successful communication therefore becomes synonymous with adaptation and life." 27

After summarizing the importance of communication for development and adjustment they proceed to describe problems and their treatment in the same terms. "Abnormalities


27 Loc. cit.
of behaviour are described in terms of disturbances of communication. In the past, these disturbances have been summarized under the heading of psychopathology. It is well to remember that the term 'organic' refers to disruption of the internal communication machinery, that 'intra-personal' refers to a network limited to one individual, and that 'inter-personal' refers to a network composed of several individuals."28 As for treatment, which aims at improving the disturbed communication system, they state that "Regardless of the school of thought adhered to, or the technical terms used, the therapist's operations always occur in a social context. Implicitly, therefore, all therapists use communication as a method of influencing the patient."29 Here is stated the paradox that exists in treatment, namely that the very process in which the individual is deficient is the means of his becoming proficient.

How is this possible? How can he communicate (be treated) if he can't communicate (has a problem)? The authors state: "Fundamentally all people can be helped to improve their means of communication. Only the level at which patient and doctor start their work varies; some patients are very sick, some are better off, and the speed of improvement fluctuates depending upon a variety of factors. But over a period of years, and without exception,

28 Loc. cit.
improvement can be observed if the patient has the motivation to improve and the desire to survive. Motivation is the factor which impels the individual to communicate or to learn to do so. "The human being's need for social action is the moving force which compels him to master the tools of communication. Without these his ability to gather information is imperilled and gratification of vital needs is threatened." From this point of view it is probably the persistence of "vital needs", ultimately of "life", that determines the basis of personal potential. Their persistence depends, not only on the degree to which environmental influences have encouraged or discouraged the "original impulses" of the individual, but also on the strength of the original impulses themselves, that is, on the constitutional endowment with which the individual met his environment.

In view of the opinions of these three authors it is interesting to remember that we noted the wideness with which the factor of motivation seemed to be recognized. The fact too that the indicators of motivation seemed to be more specific and to lend themselves to systematization further confirms the impression that it has received considerable attention. Although this factor may be the essential one, it does not eliminate the importance of the

degree of health or adjustment achieved, but indicates one reason for its importance. If not the essential factor, the sine qua non of treatment, it is a valuable and desirable bonus. As suggested above, its bearing is on "the level at which patient and doctor start their work", and in view of the other components of over-all treatability, will have a significant part to play. We have already noted that it would have an influence on motivation itself. We might also consider it as an index of motivation.

In reviewing the group of criteria as a whole, we found that two main categories seemed to be singled out, namely motivation and capacity. The latter included a range of capacities whose assessment would indicate the level of adjustment achieved by the individual, while the former included evidence of the individual's wish for change in terms of his problem. A cursory and subjective appraisal of these two categories suggested to the writer that "capacity" is of diagnostic rather than prognostic value whereas "motivation" is more pertinent to the latter. There were arguments on the part of a few authorities supporting the idea of motivation as the essential determinant of personal potential, and of capacity as a determinant of the "level" at which treatment was commenced. However there is no clear line between the two concepts, each contributing to and expressing the other. This again suggests the vagueness
with which terms are used and raises the question as to whether, if any one were defined and reduced to measurable units it would not include the others.
CHAPTER IV: CONCLUSION.

1. **Summary:**

In undertaking this thesis, we undertook an initial reconnaissance into the whole question of treatability, particularly into one of its components, personal potential. We stated the reasons for studying the treatability of social problems as based on the need to constantly improve services and to provide a basis for selectivity when this is required by excessive demand for services. We outlined the components of treatability: the scope of casework, the development of the profession, community resources, agency function, skill of the worker, the problem, the reality situation and the client. We did not evaluate these in terms of their validity and relative importance, but proceeded to select the client as our main focus in the study. We traced briefly the development of the concept of personal potential, and defined it as the ability of the person to resolve his inner problem by means of casework help.

We made a survey of professional literature in search of existing criteria of personal potential, in order to determine whether criteria are generally agreed upon and whether they could be tested by scientific means for statistical reliability and validity. We found that the literature was limited in quantity, but within what was available, that there was no uniformity as to the nature of the criteria or the way in which they were expressed.
Almost all were very broad and as a result over-lapping, and in need of definition.

2. **Conclusions and recommendations:**

We had to conclude that the literature contains almost no indices of personal potential which could successfully be applied in a research study to a number of cases or in professional practice. Although the criteria may have pragmatic meaning to the users, their meanings are not apparent and so they are unusable in their present form, except by the originators. We concluded also that the question of personal potential is relatively untouched and very little understood. Not only is the amount of literature limited, and the number of criteria proportionately tremendous, but there does not exist general agreement as to the specific components and manifestations of personal potential, not only in terms of what they are but also to what degree and in what combination they are important.

Meanwhile, in the absence of established criteria or indices of this factor, practitioners still have to rely for the time being on the use of "clinical judgements" in their assessment of it. The state of affairs described points to the need for further research, beginning with the formulation of operational concepts, however crude at first, which can be detected, measured and empirically tested, in place of the hodge-podge of unanalysed insights,
generalizations, and observations. One might start by testing the few criteria for which standards of measurement exist, namely intelligence, age and health, with the aid of other human relations professions skilled in measuring these. One might devote some effort to analysing clinical judgements further, as these seem to be the main source of the criteria and are essentially grounded in experience. Practitioners with experience "intuitively" recognize indications of an individual's ability to change. In view of the experience necessary, it is questionable just how "intuitive" are these responses to what the client tells, and how he acts. Another approach would be to take any one of the criteria, which are not currently measureable, and establish an operational definition and indices for it.

In following the latter suggestion, one might select a criterion which more than others approaches a state of definability or measurability, such as self-referral. Or one might tackle one which seems, in the light of theory and practice so far, to offer considerable promise, for instance, motivation. We noticed in our survey of the literature, that there was a tendency for the criteria to group themselves into the concepts, and indices of the concepts, of "wish for change" and "state of emotional health" or "adjustment". In considering these two main areas, there seemed to be reason for regarding motivation as determining personal potential, and regarding the level
of adjustment, as determining the level at which treatment starts. In addition to the theoretical justification for focussing research on motivation, is the practical consideration of the availability of material. The "indices" of motivation tend to be more concrete than those for other criteria, and in the field of psychology there is a quantity of literature on the subject of motivation in general.

3. Implications for other aspects of social casework.

The discussion about motivation and capacity indicated not only that motivation may be the determining factor in personal potential, but that motivation exists in everyone, and so that we are all changing and anyone can be helped to change. This raises serious questions as to the adequacy of our treatment skills, and underlines our responsibility constantly to further our professional ability to determine what is impeding the individual, what he wants and how we can help him. The latter point goes beyond techniques and facilities to our own attitudes and ultimately to our own motivation and development.

Besides learning to define, recognize and assess motivation we must establish clearly our focus. When we speak of motivation, what do we mean? Motivation "for what"? In this study we have tentatively defined personal potential as the individual's ability to solve his problem by means of casework treatment. Consequently, motivation
would be assessed in the same context, i.e. the desire to solve his problem by means of casework treatment. (The latter point is a relevant part of the definition as the individual might want to solve his problem, but without help, or with some other form of help.) This again raises the question of what we mean by "problem", and suggests that before we can arrive at anything definitive about personal potential we must refine our understanding and statement of social diagnosis. According to our definition in this study, the relevant "problem" is the inner problem of the individual as diagnosed by the worker, rather than the "problem" felt by the individual, or felt by his family, society or the worker.

This raises further questions as to our professional orientation and philosophy. How far are we still oriented to symptoms rather than underlying needs? How far are we oriented to "situations" rather than individuals? Do we not as Miss Hamilton suggests evaluate capacity (and motivation) to be good parents, good marital partners, good citizens? In the last century one of the pioneers of social work stated that "In our charitable efforts we think more of what a man ought to be than of what he is or what he may become; and we ruthlessly force our conventions and standards upon him, with a sterness which we would consider stupid indeed did an educator use it in forcing his mature intellectual convictions upon an undeveloped mind."¹

We cannot reassure ourselves that we are not making this mistake any more. Most social workers today would not consider imposing the "conventions and standards" probably referred to by Miss Addams, because our standards and conventions are changed. However we are just as liable to impose new and current standards and conventions, in terms of maturity, normalcy, and so on.

If our treatment is to be soundly based, the individual's goal must be established; and in establishing the client's goal we must be able to penetrate through the distorted "wants" to the healthy needs which invariably underly them and assess the presence and strength of these. If social treatment depends on supporting the healthy aspect of personality we must find them, and not be deceived by superficial behaviour, or superficial motives. If we believe that "all behaviour is purposive" and that growth is the innate tendency of the organism, then any "motive" however negative seeming, can be reduced to positive terms. The negative nature of a motive is not the innate abnormality of the organism or the badness of the person, but the distortion that has taken place in natural tendencies as a result of the life he has experienced or his interpretation of it. The important thing for prognosis should be the location of these positive tendencies in relation to the degree of discomfort the client is facing, and in whatever healthy or unhealthy form they appear, and for treatment,
to support what is wholesome in these strivings. If we do believe in the self-determination of the client and our function in helping him as enabling growth to take place, then we must clarify our thinking about how this belief and this process are to be applied when the needs of one individual conflict with those of a member of his family or with society.

Once our frame of reference is clear, we are still faced with the job of discovering how to assess motivation, to establish what the need of the individual is, and to determine the strength of his wish for growth and change in those aspects of himself where development has been hindered. Perhaps a fruitful suggestion for accomplishing this purpose would be a more creative use of the intake interview. The latter itself constitutes a demonstration of motivation or the ability to change; a "trial-run", or "dress-rehearsal";2 as one of the authorities terms it. We know from theory and experience that the individual must unlearn or re-learn about himself or society in the same way he originally learned or mis-learned, i.e. through experience in social relationships. To be corrective, this social relationship must provide what was originally lacking, that is, acceptance of and opportunities for development. Providing such an

---

2 Helen Perlman and Douglass Orr, M.D., Notes in the Pacific Northwest Regional Institute.
environment of "acceptance" sounds easy but it is not. It means accepting the individual's needs in whatever distorted form they now appear. It means recognizing them through the many superimposed disguises he has donned. It means believing in the basically positive motive underlying the most negative behaviour, and believing in the individual in whatever condition he presents himself, without benefit of understanding the reasons for his condition, immediately or perhaps ever. It may be that this is the only fair test of the impulse toward growth, and that until his response to such an environment is observed, potential cannot be conclusively determined.

We would do well to remind ourselves of the words of Miss Richmond which are at once sobering and encouraging, and which apply equally to the strivings of individuals and of the profession which seeks to serve them: "We are all going somewhere and have not yet arrived. Our character is 'not cut in marble', but is the sum of our past experiences - a sum which is to be changed, inevitably, by our future experiences."\(^3\)

BIBLIOGRAPHY

(a) General References


(1. Guiding Principles Defined.
(2. Guiding Principles Applied.
(3. Importance of the Initial Interview with
( the Unmarried Mother.

(b) Specific References


Rogers, Carl R., *Personality Change in Psychotherapy*. Unpublished paper read at the Fifth International Congress on Mental Health held in Toronto, August 1954.


Waelder, Robert, "Introductory Lectures on Psychoanalysis". (Unpublished lectures given under the auspices of St. Elizabeth's Hospital, Federal Security Agency, Washington, D. C., (Dr. Winfred Overholser, Superintendent.) 1940.