

REVIEWS/RECENZJE

Wahab S.

For their own good? Sex work, social control and social workers, a historical perspective. "The Journal of Sociology & Social Welfare", 2002, 29 (4): 39–57.

Reviewed by: Ida Daszczyńska

Stéphanie Wahab in her article shows how hard it was and still is for society and social workers to be able to hear the real voice of sex workers. Her twenty-page-long text provides an overview of the social responses to prostitution since the mid-1800s and demonstrates how responses by social workers have been shaped by shifting social contexts. This paper also presents three main constructs which have influenced social work responses to sex work: (1) the notion that women needed to be protected for their own good, (2) competing class values, and (3) social control.

Wahab's work shows that it was always hard for social workers to fully understand the situation and needs of sex workers. The primary issue, Wahab assumes, was that the social workers were trying to "protect women for their own good"; they were trying to find reasons why women choose this kind of work and then shaped help accordingly. This idea that women need to be protected for their own good is grounded in a sexist view of women and it deprives them of their voices. The more a woman deviated from what was considered acceptable female conduct, the more she was seen as lacking in moral character and the weaker she was perceived to be. Moreover, many of both early and more contemporary social workers considered prostitutes the weakest of the weak. Rarely have sex workers been regarded as experts on their own. Wahab indicates a very important, but general danger: in the relationship between social workers and their clients, it is always the social workers who have the advantage over any vulnerable group. It is impossible for social workers to deliver good quality help, if they do not understand and do not empower the vulnerable group. Of course, nowadays, we write a lot about treating clients as experts about themselves; however, in social work practice, as Wahab shows later in her article, it is still very rare, especially in the case of sex workers.

With historical perspective, Wahab analyzes many different views on female sex workers. Much of the early social work practice with prostitutes took the form of evangelization during the mid-1800s. This article shows that the reformers linked prostitution to male dominance in economic, political and social life. Prostitutes, according to the reformers, were victims of male aggression; prostitution was analyzed in terms of women's lack of protection rather than their lack of equal rights. The possibility could not be accepted that women were less victims, and perhaps exercised agency more in their choice to engage in such employment. Evangelicals chose to adopt an individualized "treatment" approach that essentially held *fallen women* accountable by focusing on individual weaknesses and targeting these females for intervention strategies. As Wahab points out, this practice of saving women from their destructive (and perhaps dangerous) selves influenced – in charity organizations, settlements and contemporary social service programs – the future legal reforms and social work practice in this area. It is hard to negate such an observation, but, for sure, it would be interesting to read a few examples of organizations and programs.

Wahab analyzes many other periods in time important to the relationship between sex workers and social workers. This includes, for example, organized movements against "White Slavery" which were prominent during the Progressive Era. The specter of White Slavery became an image used to depict commercial sex as a form of slavery in general in which women were "trafficked" into the trade against their will by third parties (typically foreign men). But, as Wahab shows, studies suggest that very few prostitutes, when asked, reported being trapped or coerced into bondage. This movement against "White Slavery" was one of the forces that led to the development of laws regulating prostitution. As a consequence, by 1920, almost every city in the U.S. had outlawed soliciting and had enacted abatement laws to close down brothels. Wahab in this paragraph, because she focuses on the historical perspective of social work and sex work, does not identify any consequences of this law for sex workers.

Wahab's text also examines issues connected with sexually transmitted diseases. It is presumed that vigorous attention to social hygiene moved prostitution debates out of the religious realm and into the realm of science and politics. Wahab also notes that although (heterosexual) prostitution encounters typically involve a female worker and a male client, historical and contemporary, social and legal reform efforts have almost exclusively targeted the former. It is really important to highlight that it is women's bodies (not men's) that have been regulated and controlled as a result of social concerns around prostitution. That was another form of oppression which was accepted by society and, as a result, by social workers.

There were a few social work institutions focusing on prostitution at the end of the nineteenth century: Charity Organizations Society (COS) and the Settlement Houses. The first social idea was, in practice, mostly focused on social control more than providing good help. Contributing to this were issues of morality – above all, a belief that the poor were morally responsible for their own circumstances and that flaws were the guiding forces behind charity organizations. Unlike the Evangelical workers, who saw women as

victims of male aggression, COS workers regarded women as simply incapable of “making good decisions” and, therefore, making themselves susceptible to sexual advances. There was still no possibility of hearing the true voice of sex workers, because they were still only victims. The only difference was, in COS opinions, that these females were victims of their own making.

The situation was better in the Settlement Houses who paid more attention to the impact of external conditions on individual lives than did the COS. Settlement Houses also differed from charity organizations in their perceptions of the urban moral situation and the responsibilities of the middle class toward the poor. Settlement leaders, for instance, tended to be less outwardly judgmental of the urban poor than their COS counterparts. But, on the other hand, their scholarly investigations into prostitution included hidden agendas, subconscious motivations and assumptions about sexual and social relationships. This was evident in their “academic questionnaires” and coding of the data. Categories for responses to “reasons for entering the business” included mental deficiency, degeneracy and weakness of character.

With the onset of WWI, the prostitute was no longer seen as a victim of White Slavery. Instead, war propaganda constructed the prostitute as a diseased predator – a woman who “could do more harm than any German fleet of airplanes”. After the “harm” approach, there was a time of numerous psychoanalytic theories about female sex workers: prostitution could, purportedly, be traced back to the “neurotic”, “frigid” and/or “masochistic” personality and many similar ideas (2002: 40).

Finally, by the mid-1970s, sex workers’ rights organizations sprang up across the USA and the world. This was the first time that sex workers’ voices could be heard. This rights movement was founded on three general tenets. First, members of the movement do not believe that all sex work is forced and/or coerced. On the contrary, activists argue that many sex workers freely choose the occupation. Second, members argue that sex work should be recognized as legitimate employment. Third, members argue that it is a violation of a woman’s civil rights to be denied the opportunity to engage in sex work.

Consequently, the presence of sex worker rights groups has provided a space in which sex workers speak for themselves and educate others – including social workers – about diverse experiences, desires and needs. This marked a huge chance for social workers to finally stand by the side of sex workers. But, as Wahab offers in her conclusion, the view of prostitutes as pathological deviants and victims of feeble-mindedness – which were held by social workers in the 1950s – continues to influence much of contemporary social work efforts with this population today.

Wahab’s article provides extensive knowledge about relations between sex workers and social workers. What is highlighted here is that the social worker response to sex work was influenced by (1) the notion that women needed to be protected for their own good, (2) competing class values and (3) social control. Wahab examines in detail institutions which were, in theory, created to offer help to sex workers. Yet all of her examples “do not pass the test”; they do not create a space for sex workers to explain their needs (even though many of sociologists were trying to “understand” the problem

through research). What can we learn from this article? As Wahab aptly comments in the conclusion: the more things change, the more they stay the same. Her article was written in 2002, so maybe things have changed for the better since then? In my opinion, there are few exceptions from the rule that, in general, nothing changes.

Link B.G., Phelan J.C., Bresnahan M., Stueve A., Pescosolido B. *Public conceptions of mental illness: Labels, causes, dangerousness, and social distance*. "American Journal of Public Health", 1999, 89 (9): 1328–1333.

Reviewed by: Anna Miechurska

I decided to write a review of this particular article because of my interest in the subject of mental health. My thesis concerns the stigmatization and exclusion of the mentally ill and, therefore, I am looking for articles which precisely concern this. This article really intrigued me because one of my thesis chapters will cover similar topics.

Perusing much of the research and literature reaching far back, it is well known that culture has a very great impact on the perception of mental illness. Cultural stereotypes can, therefore, significantly influence offers of aid addressed to the mentally ill. Moreover, a large proportion of mentally ill people do not undertake treatment because of the stigma. Studies also show that, to an increasing degree, the perception of the mentally ill is that they are dangerous; this increases the stigma with which people with mental disorders must contend. Public reaction to a proposal of social housing for people afflicted with psychological disorders can be summarized by the words: "not in my backyard" (1999: 1328). An important role in the fight against stigmatization of the mentally ill is tracking public attitudes towards such persons. But this is not easy.

The aim of this study was to assess the concept of mental illness and note the list of causes, the level of danger and the social distance expressed with regard to the psychologically ill. The research presented in the article involves a study conducted in 1996 on 1,444 respondents via the General Social Survey. The study used 5 vignettes which described cases of people struggling with disorders such as schizophrenia, depression, alcoholism, drug addiction and the "trouble person". Each vignette described a situation associated with these disorders and was prepared in accordance with the DSM-IV. The study was designed to test whether respondents could identify mental illness and assess its treatment (even though the description given indicated a milder course of illness). With the above descriptions of the situation, respondents determined, for example, the causes, the risk of danger from these people or a willingness to cooperate with the described person.

To discover the level of public recognition of mental illness, respondents were asked about the probability that a disorder will occur in the individual described in the vignette. According to the respondents, the scene evidenced the following psychological disorders: schizophrenia – 88%; depressive disorders – 69%; alcohol dependence – 49%; cocaine addiction – 44%; and a "troubled" person – around 22%. It follows from this that the majority of the population identifies schizophrenia and depressive disorders as mental illnesses.

Participants were also asked about the causes of the disorders described in the vignettes. The most frequent cause of choice was a "stressful situation". Schizophrenia

and depression were identified more frequently with genetic and biological factors. Among alcohol addictions, the second most frequently chosen reason was education and upbringing while drug addiction illustrated a bad character.

Respondents were also asked about whether the individuals described could be considered dangerous. Here seen as the most dangerous were drug addicts (87%), followed by those addicted to alcohol (71%), people with schizophrenia (63%) or depression (47%) and, at the end, a troubled person (29%).

Further queries addressed the issue of social distance. Participants were asked whether the person described in the vignette could spend the evening, become friends, undertake close cooperation and enter into marriage with the respondent. Respondents evidenced the greatest distance in relation to a person addicted to drugs (87%) or alcohol (71%) – and then subsequently to a person with schizophrenia (61%) or depression (33%); the troubled person was last (19%). As the results show, the majority of respondents do not want to enter into closer interaction.

The test results were unsatisfactory. Public concerns could lead to the fact that the mentally ill suffer rejection. The fear of stigmatization and exclusion will not lead the afflicted to benefit from professional help. Strong stereotypes about dangers, and a desire to distance oneself from persons suffering from psychological disorders, remain at a very high level. This attitude of society towards people with mental illness is likely to have a very negative impact.

It is my belief that fear of the mentally ill remains to this day. Persons with psychological problems are assessed stereotypically; the degree of social distance increases with each year. Today – apart from the thief, murderer, or rapist – a person viewed as deviating from the norm is also a person suffering from a mental disorder. Such a situation certainly creates a big challenge for social work. I am thinking here not only of work with the individuals who are ill, but also with whole communities, both at the local and national levels. The negative consequences which a diagnosis of mental illness brings involve stigmatization. This leaves a big imprint on people struggling with disease as well as on the members of their family.

On the one hand, a big plus of this article is the author's reference to studies from previous years and a comparison of the results. An interesting thing for me was the way in which scenarios were used in the study; I have not come across earlier research which describes such specific situations and individuals. On the other hand, a downside of this article is the small number of significant conclusions. I think that broad and interesting studies deserve more suggestions as an outcome and a more extensive summary.

Cosano-Rivas F., Hombrados-Mendieta I.
Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. "International Social Work", 2011, 56 (2): 228–246.

Reviewed by: Eva Wachtler

Burnout has become a well-known term in our society and probably nearly everyone has somehow an idea about its meaning, but "What has social work to do with burnout? Isn't it something that just appears in the management sector or in politics?" These questions came into my mind when I read the title of this article for the first time.

The article deals with this topic: it is about the effects of burnout on social work. To be more specific, the main focus of the article is to point out the relation between burnout and job satisfaction, life satisfaction, and social support in the field of social work. The two Spanish authors, both from the University of Malaga, made a sample study with social workers in Malaga, Spain.

Regarding the structure of the article, I can see that it is well organized. The first section represents the problem statement of burnout in social work. Indeed, the research interest in burnout has recently increased within different professions. So there exist several studies, but just a few focus on burnout in social work, even if it is well-known that social work is one of the main risk work fields affected by burnout. For instance, as criticized by the authors, Lázaro S. suggests that growing bureaucratization, intense contact with the clients, role ambiguity and lack of resources causes burnout among social workers in Spain.

So there are several studies about burnout, but there is no single definition. With reference to this problem, the authors of this article give an overview of different definitions of burnout, and finally define their own understanding of the term used in the article. The authors mention that many studies associate burnout with excessive bureaucratization, low professional self-confidence, and low autonomy at work, role ambiguity, lack of social support or avoiding contact with users. In this article the authors define burnout as follows:

We use the term burnout to refer to emotional exhaustion, depersonalization and low personal accomplishment. Burnout refers primarily to states of occupational stress prevalent among human services professionals (Cosano-Rivas, Hombrados-Mendieta 2011: 230).

Regarding this first section of the article, it was very good that the authors gave an overview of the numerous definitions and that they make clear what burnout means for them, but, in my opinion, the part where they argue why they chose this above mentioned definition is missing.

As the study focuses on the relation between social support/workplace support, job satisfaction and life satisfaction in social work, these terms are defined in the second

part of the article. But also in this part an explanation as to why they focus on these variables associated with burnout is missing. However, the authors provide a very good review of the existing literature.

After representing this background, the authors finally point out their main research question:

the main purpose of this study was to analyze the relationship between burnout, workplace support, job satisfaction and life satisfaction among a sample of social workers from Malaga, Spain, and whether workplace support buffers the negative effects of burnout. In particular, we investigated whether: (1) burnout was negatively related to workplace support, job satisfaction and life satisfaction; and (2) workplace support functions as a mediator variable that buffers the effects of burnout on work satisfaction and life satisfaction (Cosano-Rivas, Hombrados-Mendieta 2011: 234).

After this, in a third section of the article, the sample study method is described. They show how the participants of the study were selected and describe the different scales used. This part is very well organized, because the reader can understand the results better.

So, finally, the fourth part of the article lists the results of the study in a very precise way. As an analyzing method they used a structural equation model using the scores of life satisfaction, job satisfaction, workplace support and burnout and to validate this they used the Maximum Likelihood Estimation method and the LISREL 8.30 and PRELIS 2 software. Therefore their outcomes are represented in great detail, including the usage of figures. In this article review I will not describe them, but will rather give an overview and connect these with the discussion part of the article.

The main results of the study are as follows: burnout has negative effects on life satisfaction, job satisfaction and workplace support. However on the other hand, workplace support can have a positive influence on job satisfaction, because it can reduce the negative consequence of burnout on life satisfaction and job satisfaction among social workers. In this context it is important to notice that workplace support has an indirect influence on life satisfaction and a direct one on job satisfaction, so work dissatisfaction can reduce life satisfaction. Therefore the authors suggest raising social support, by using strategies like supervisors or a self-help group. In this context the authors demonstrate the connection between their results and other studies which support their outcomes.

In the last part of the article the authors point out that their study will contribute to the improvement and development of social work, but, meanwhile, they also declare a need for further studies. Last but not least, the authors list some limitations of their study that they had to take into account and give some recommendations for further studies.

Overall, I think that this article gives a very good overview of the relationship between burnout and social work. Before reading this I never thought about this specific aspect, therefore I suggest this article to everybody who would like to improve the knowledge about the topic, even if the article is not that specific.

In addition, this article shows the importance of this issue today and points out the need for further studies which could describe burnout among social workers more particularly. For example, it would be interesting to know if there is a gender-difference among social workers regarding burnout or under what conditions social support can contribute to prevent this phenomenon in social work.