Relational social work and the Virus. Teachings from Covid–19 pandemic crisis

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Abstract

The pandemic crisis caused by Covid-19 had a strong impact on welfare organizations, social workers' professional commitment, services' users and carers conditions. With this paper I propose a theoretical reflection on lessons offered from Covid-19 pandemic. This unexpected crisis challenges welfare organizations and, at the same time, offered to social workers, managers and policy makers important learning opportunities, as to be more sensitive and respectful of their own and other's vulnerabilities. Today more than ever, it is necessary to concentrate on «human».

Keywords

Health crisis, Covid19, social work, care, welfare society

Introduction

A crisis is by definition the upheaval of a consolidated order, the destruction and dispersion of old psychological and organisational structures that are upset by unpredictable dynamics. The health crisis caused by Covid19 has been aggressive, difficult to control and had (and is having) significant implications on the structures of the affected societies, primarily in the health sector and in all welfare systems. The *changes* that await us will be enormous, but in addition to the horrible suffering that a crisis of such proportions generates, we also receive precious «lessons». In this situation scholars, researchers, social workers can achieve a deep sense of truth and even of professional «usefulness» thanks to the unpredictable situation unfolding before their eyes. We should take advantage of this time to let our judgment skills help us improve our seriousness of thought and generosity of action. This study intends to focus on some considerations connected to classic concepts of professional social work methodology.

What happens if I get sick?

A first consideration arising from the current health crisis is the sudden collapse of our *sense of existential security*. In our minds of Western citizens, who have always been protected by a national health system connected to a dense network of private and non-private services, the thought of the possibility of being left «alone» in coping with illnesses and discomfort unexpectedly creeps in. We feel like tightrope walkers who suddenly look below and discover they no longer have a safety net. All of a sudden, our healthcare system is «psychologically» taken away from us. *'Psychologically'* because we have always known that hospitals and doctors cannot give us guarantees, that they are not always able to cure our diseases. Therefore, it is not a question of discovering that medicine has limits and that it is fallible like any human activity. We have always known that. This pandemic has led us to a new awareness: the health system exists, but we may find ourselves experiencing illness *as if it were not there*! Every healthy person starts to wonder: what happens if I get sick?

During a crisis, healthcare becomes weak and fragile, also (and above all) due to its known strength. Being/feeling strong generally contributes to a dangerous *centralisation,* that is a harbinger of possible *cracks.* In the frantic management of the pandemic, it is trivial to highlight that health systems are based on the presumption of *their* technical supremacy, as we live in a «technological» culture where technology prevails over everything else. However, if a levee fails and the Virus spreads, it is not only because of the impotence of scientific medicine and health organisations. It is clear that at least one other relevant factor contributed, by at least fifty per cent, to the downfall. Specifically, we are referring to the weakness or «inexperience» of our immune system. Furthermore, the effectiveness of health facilities is also determined by environmental (*ecological)* factors that are generally taken for granted. We have to acknowledge the health importance of specific characteristics of the physical-natural *environment*, the context in which doctors on the one hand, and sick people on the other, fight their battle together («in relation to each other», one could reasonably say). Today, Illich's thinking about the ecological nature of health becomes even more relevant:

> For more than a century, the analysis of disease trends has shown that the environment is the primary determinant of the general health of any population. Medical geography, the history of diseases, medical anthropology and the social history of attitudes towards illness have shown that food, water and air play a decisive role in determining how adults feel and at what age they tend to die, in correlation with the level of socio-political equality (Illich, 1975).

Furthermore, there is a more powerful non-specific «therapeutic» factor that has always supported the action of doctors, and which is now emerging following the current health crisis. This factor is sociological since it concerns *citizens' propensity for moral action* (i.e. to do the necessary «mutual good»). Reference is made both to the morality of sick people who have to fight against their disease, and to the one of *healthy* people who try

as much as possible to remain so by avoiding getting sick. When people need to behave responsibly for their health, *Healthcare* works in partnership with social interventions. Social and health interventions are like two great rivers that are artificially distinguished at the organisational level but which, in the life-world, meet and flow together in the same riverbed.

About integrated care

To continue this reasoning, it is necessary to consider the concepts of curing and caring. In the first case, reference is made to a series of *functional* practices aimed at the «scientific» elimination of an organic pathology (*healing*) or the technical control of its progress (*palliation*). In the second case, however, we mean a series of *existential* practices aimed at «humanly» supporting those who are sick or in need or vulnerable. The healer intends to strengthen all the biological, emotional, cognitive and spiritual *resources* fighting against that illness to *cope, resist* it and, if possible, to overcome it. If the concept of curing is a typically «health» strategy, the notion of caring is a typical «social» one. *Cure* and *care* is an analytical and theoretical distinction. It is crucial precisely because, in practice, in the complexity of human life, the two concept combine and blend. In the fight against Covid19, the humble logic of *care* becomes relevant everywhere. There is currently no *curing* against this Virus. *Direct* therapies are few and still uncertain. Does this mean that medicine is not «fighting»? Of course, it is. However, healthcare professionals fight the crisis mainly with a pervasive style borrowed from social work. Attention, solicitude, reasonable concerns, which are constitutive elements of the care typical of social work, are brought into play. The elements that make health care work in such a complex, precarious and uncertain situation, are the same that are traditionally used in social services. The difference lays in the fact that in social work this logic is not an exception as it is carried out at structural level. In fact, social workers *always* go beyond the boundaries of their technical knowledge, *always* look «further», *always* operates in «other» ways, not only when they are forced or cannot do otherwise. *Social workers* always aim at achieving results by trying to «work together» with people. Social workers always hope to find motivated collaborators who will work together with them to *understand how to promote* (rather than «build») the desired well-being. Social workers express *care* to activate/support/direct *care,* to create *linkages* between themselves and others, to build and/or strengthen *relationships*. Whether social workers operate in *community social work*, or *casework,* they willingly and professionally involves people motivated to work together to achieve the desired change.

Working closely with people dealing with difficult situations does not mean ignoring that often they are not responsible for such difficulties. Often the «causes» of their current condition do not depend on their will or elude their control. In these situations,

social workers can fight against structural factors by supporting people in their «becoming aware» (Freire, 1971) and acting «against» oppressions, by *seeking alliances* at various levels.

Welfare society in practice

The proposed reflections lead us to reason about *social politics*. Where possible, the pandemic crisis requires an active and civic-minded confrontation. Within the inevitable confusion and worries caused by the emergency, a *social policy* «plan» was defined, frantic and improvised, but attributable to a logic that sociologists would theoretically approve. The theory states that the capacity and effectiveness of welfare measures that have to deal with a massive problem always depend on the intelligence and strength that *society as a whole* can express. This orientation has been defined under the term «welfare society» (Donati, 2011). To understand this point, it is necessary to consider the meaning attributed to the expression «society as a whole», that is, society as a reality embracing everything that can be included in it. This means all institutions, all associative bodies, all powers, and all kinds of relationship. The concept of social welfare can be easily misunderstood. Often it is understood only as the set of well-being initiatives that arise spontaneously within the so-called «life-worlds» (vedi l'opera di Schütz). For example, the continuous and widespread aid carried out by informal entities (such as individual citizens, families, and civic associations) of the *civil society* where citizens live, work, have fun, have as their goal both personal and common good. Among the most admirable manifestations of «social welfare» expressed in all the local areas during the long weeks of health emergency and consequent restrictions on our freedom of movement, it deserves to be mentioned the excellent work carried out by volunteers. Organised volunteering is a classic expression of the *welfare society*. Just think of the *health volunteering* carried out by those who drive ambulances and offer first health assistance on-site; the neighbourhood *volunteering* that has ensured the home delivery of groceries or food packages for people who cannot afford the cost of this service; the volunteer work performed by street workers who meet homeless people or work on the street. Another relevant form of volunteering is that performed by university students in *service-learning*, as part of their degree courses in social and health professions.

Unite to divide

In the exceptional situation we are experiencing, the unity of the whole country takes on a paradoxical character, which lends itself to various considerations. The synergistic unification of the various macroscopic social «bodies» is aimed at achieving the opposite effect in ordinary social relations: a capillary, systematic disintegration of fundamental

social bonds. Social contacts are prohibited! The *social* «cure» imposed by the legislative interventions issued during the health crisis, approved by a large majority, and finally accepted by all sectors of society (such as schools, public bodies, industries, department stores, hotels, ski resorts, football stadiums, museums, and exhibitions and fairs) is, in fact, a *disconnecting* «therapy». It is an *anti-social* cure, which aims to demolish *social cohesion physically.* Social cohesion is requested (all united) but in the form of its opposite (all united while being distant)*.* In the classic representation of society according to the schemes of *network analysis*, the ideal *density* of a quarantined society should be close to zero: only *nodes*, should be seen, and no *links*. Each «node» should stand there on its own, not be «linked» to anyone else. In the time of Covid-19, morality is suddenly (hopefully temporarily) turned upside down. In times of fear, the expected good is no longer trust, but its opposite. Distrust «is better». To affirm that society functions as the enemy of the Virus, sociologists should go to measure the level of distrust, fear of others and paranoia, no longer the rate of *social capital,* that is, the trust and desire to do things together. However, «social capital» is, fortunately, a *chaotic concept* (Ward & Tambulon, 2002). In addition to the indicator of sociability (being willing to open up to others) it also includes the one of *sense of civic duty* (*civicness,* in Putnam's approach), that is being «moral citizens» (Arendt & Kroh, 1964) attentive to the common good. In normal times, being good citizens means being willing to associate with others; in times of risk of infection, the common good is respected by obeying the recently enacted laws, thus violating that principle. Actually, by doing this together, a social «cure» that seems anti-sociological, disrupting society and its intrinsic way of functioning, generates an unexpected kind of cohesion and sense of community.

Social work actually means «social at work»

The forced limitations on relationships, albeit mitigated by *computers* and *smartphones*, leads to theoretically consider the implicit obstacle, created by this unnatural block, which prevents social workers from performing their specific role. How can social workers do their job when the government requires them *not to gathering people together in a circle* to plan a project together?

Social workers are experts in «bringing people together», their art consists of gathering people around a table, or better still in a circle. *Social workers* exploit the often unexpressed or repressed desire of people to «stay together» to generate that «warmth» and that relational feeling that soothe the pain for a life perceived (by the people and/or by the operators who help them) as complicated, unbearable or unfair.

In other words, *social workers* are mainly *networking workers*, called to facilitate small group meetings. Grieving, for example, is a proven condition in which meeting other people in the same situation provides fundamental support (indeed «the main» support), according to the *peer support* concept.

In Social Work, therefore, relationship is a «primary» element. Relationship comes first, as purpose is defined later by the operators and the people relating to each other. The first step of social assistance is that all interlocutors learn to speak and feel «equal» in a collaborative process.

If we take away from social workers the possibility of building and facilitating relationships, they will not be able to operate at full potential. However, social workers have shown to be able to respond to the emergency by reorganising their services creatively.

In the synergy of a *welfare society*, social workers are aware that is mostly up to them to encourage users, especially those who struggle most cognitively, to hold on, comply with the requirements of the law, and understand its painful *motivations*. At the same time, however, it is necessary to properly understand the extent of the effort that social workers have to make or have to impose to themselves. Their asking users, out of the blue, to cut all connections, not to reach out and ask for help when they need it, not to talk to their neighbours, it is comparable — to some degree — to a doctor's euthanising a patient or terminating a pregnancy; or to a judge's acquittal of a powerful Mafia boss because of some legal technicality or statute of limitations. All the above functions have to be performed for superior and legitimate needs, but always with a heavy heart and being aware that duty calls you to do the opposite of what you are required to do as a professional social worker.

Between fear and hope

In difficult times, social workers have a special responsibility to bring *trust and hope* into the lives of individuals and communities. As stated in the Global Definition of Social Work (Folgheraiter, 2015) A *social worker* is a *social change* promoter. In other words, he/she is the operator who involves people and helps them to visualise and desire the small or large changes beneficial to themselves and their loved ones. This is based on the assumption that people believe that their difficulties can improve, that is, that they *hope* enough (or do not despair too much). Walking on a tightrope over the void of the most unthinkable situations in life is part of a social worker's job. The starting point for a social worker is the acceptance of that miserable or frightening situation. Ignoring fear or anguish does not help. It is only by acknowledging this feeling, and not denying it or despising it, that *social workers* can enter into a relationship with suffering people and can help them cope with their pain by planning the necessary changes together. Moreover, this can only be done if we assume that, despite everything, something good can be done.

In the current crisis, social workers raise hope but without denying or misunderstanding fear. Whoever does not feel fear for, or even ridicules, situations in which the contagion can happen anywhere and spread according to mathematical curves unknown

to us, is just an arrogant person who will never know the actual meaning of hope. The great philosopher Hans Jonas says it well below.

> Fear, even though it has fallen into a certain moral and psychological discredit, is just as much a part of responsibility as hope, and we must here again plead the cause since fear is more necessary today than in any other era in which animated by faith in the good course of human affairs, it could be considered as a weakness of the faint-hearted and neurotic […] [However] not allowing fear to distract us from acting, but rather feeling responsible for the unknown, constitutes, in the face of the final uncertainty of hope, a condition for the responsibility of acting: precisely what is defined as the courage of responsibility (Jonas, 2014, p. 284-285).

The pandemic looks like one of those scourges that somehow escaped from the famous box that Pandora received as a gift from Zeus, who probably liked the young girl. It was a stupid gift. It contained all the evils of the world. Pandora, by order of Zeus, should never have opened it, but out of curiosity (for lack of fear), she did. After all the evils were out, convinced by now that the box was empty, Pandora realised that there was still something in the box. So, she gently pulled it out.

It was Hope.

Conclusions

The pandemic caused by Covid19 has had and is having devastating consequences, but at the same time, it has also brought along some benefits for scholars, researchers and social workers. The Virus has helped us not only to do a useful review but to understand, better and in-depth, the central notions of social work methodology. From now on, social workers and teachers will be more sensitive, more attentive, more respectful of others' and their vulnerability. The Virus has also taught a lot to our society and our institutions. In recent months, the Virus has taught the welfare system how to strengthen itself. Therefore, if a new pandemic develops in a few decades or better in a few centuries, our health and civil protection structures will be better prepared. Certain huge mistakes, justified by chaos and turmoil and lack of strategy, will be avoided.

The Virus has been an excellent teacher. It has shown us in detail how hospitals, doctors and residential facilities can be protected in the event of mass infectious outbreaks. Never again will so many doctors and nurses die. Healthcare facilities will never again lethally infect patients.

The Virus has taught health and social care managers and executives how to be flexible. It showed them how to find impossible solutions on the spot, such as how to go from thirty to one hundred intensive care beds in a few days by overturning hospital organisations that seemed to be unchangeable. It has even induced policymakers to acknowledge the incredible organisational skills of volunteer organisations that know

how to set up a field hospital from scratch in seven days and how to distribute concrete aid to people and families in difficulty.

The Virus has proved to be also an excellent sociologist. It forced us to attempt an unprecedented social experiment on a planetary level. It suddenly blocked globalisation, which has always been defined as unstoppable. It suddenly halved traffic on squares, roads and highways of all the most industrialised countries. By showing us that all the above is possible, it shook the foundations of our consumer culture much vigorously than Illich's ideas.

The Virus has also provided us with several insights into moral philosophy. It compelled our societies to wake up and question themselves. It taught us to focus on the «human» elements still present in late-modernity society. It explained to us that the protection of the most vulnerable people, and not just profits, are the real pillars of truly advanced civilisations.

So, down with the Virus and all its enormous damage. However, let us appreciate all the good it has created. The following are the words of Olga Tokarczuk, the 2018 recipient of the Nobel Prize for Literature: «(The Virus)... It has made us realise that no matter how weak and vulnerable we feel in the face of danger, we are also surrounded by people who are more vulnerable, to whom our help is essential. It has reminded us of how fragile our older parents and grandparents are, and how very much they need our care. It has shown us that our frenetic movements imperil the world. Moreover, it has raised a question we have rarely dared to ask ourselves: what is it, exactly, that we keep going off in search of?».

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