

**SOCIAL WORK AND CAPITALISM: SOCIAL WORK
TRAINING, LABOR AND CLIENTS**

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ABSTRACT

To provide for a more radical understanding of the societal environment in which social work takes place, it has been argued that social workers must question power relations daily. But the same duty has not been foisted upon, or required of, society, which largely benefits from the work that social workers so regularly perform. Inequality, specifically, is a major component of the power relations that must be questioned socially; the magnitude of such an interrogation would give form to a social system of knowledge production that informs attitudes and beliefs about whose voice it is that matters, and whose perspective it is that “counts most,” thus opening avenues for greater democracy and social justice. Just as it is part of longstanding social structures that give shape to public and private institutions, which directly and indirectly bear on individual lives in the capitalist context, defining social problems ought to be an outgrowth of knowledge production that is at once reflexive, responsive and critical. Somewhat uniquely, these criteria can withstand the capitalist structures and institutions that now inhabit a constellation of cultures, classes, languages and geographies but do not, or have not yet, received consummate investigation with regards to social work training, labor or clients. The task set out here moreover requires that social work training and the economic causes of social inequality be brought into conversation so as to bring into sharper relief, ontologically speaking, just how threatening social work is to the

manifold contemporary capitalist forces that seek to impoverish any work which aligns itself with cultivating social justice and democracy.

Keywords: Social work, Capitalism, Inequality, Justice, Labor, Knowledge production

INTRODUCTION

Inequality persists as a result of capitalism and threatens social justice and equity in contemporary democratic society. Specifically, inequality's most noxious effects are palpable in the sphere of social work. Global capitalist activities and economic inequality necessitate that social workers defend the assumptions that undergird the ontological foundation for their labor, which does not coincide with dominant economic theory or free market philosophies. The social forces that make profitable so many things in society are by and large at an asymmetrical loss when it comes to social work, which cannot be made profitable at some sort of theoretically economic level; this in turn frustrates capitalist forces acting on consumers living at the margins of society. The state, which derives its power from the productive forces of capitalism, is complicit in impoverishing the labor and gains of social work in society that aim to realize potentially material and economic gains for the oppressed who are relegated to margins. This imperils social work and those who realize their labor among the most vulnerable. But not only are capitalist activities a threat to social work labor; they are also a threat to the marginalized themselves, the very people whose only access to equity in society gets facilitated by social work labor. Such demographics include older Mexican Americans and Black Americans, for example, especially during their experience with end-of-life care.

This paper invokes examples of social work training which suggest that the core ontology of social work is anathema to capitalism's productive forces. Of course, the scholarly dimension of social work training focuses on psychology and policy issues. Two such issues are human development and labor history. One example of a psychology issue includes the

environmental impacts and development of homeless families; another example topical to policy is the development of the Labor Management Relations Act of 1947, something a social work student might expect to research during her training as a graduate student of social work. Both are explored in this paper.

Finally, insofar as they affect psychiatric diagnoses of social work clients, the ethical and economic dimensions of securing access to therapy warrants inclusion here because it speaks to the liquidation of the social worker's capacity to serve her clients as ethically as possible. Even social worker energies get drained under the rule of capital in democratic society; although the capitalist system already wages its assault on social workers, "burnout," which manifests as a byproduct of social work labor in capitalist society, elucidates the need for social workers to safeguard the ontologically just ideals that substantiate their labor, activities and training. It may be argued that this task is to be taken up by all, as it dutifully bespeaks the creation of a just and equal social union.

ECONOMIC THEORY AND SOCIAL WORK

Major political events in recent United States history evidence that, among other capitalist societies, the America – a diverse admixture of cultural, linguistic, ethnic, sexual, gender and economic groups – faces multiple challenges to equity as the early part of the 21st century comes to a close. With regards to social justice in particular there are issues new and old which have yet to be addressed, and the plurality of political attitudes and activities that encroach on the prospects of social justice continue to make equity seem ever more improbable to realize. Most notable are the issues in human rights and citizenship that regularly get compounded by the movement or immobility of global capital, which a painful and largely unsuccessful elaboration of global markets has not been able to make impartial or "fair" by any stretch of the sober imagination. And so, inequality, which continues to grow on a global scale, now reaches profound levels that are truly unprecedented even though inequality itself is certainly not without precedent in American history. Social exclusion runs amok; violence thrives as different

manifestations of violence multiply and profit some of the richest and most powerful. It is no wonder, then, that within few years of the terrorist attacks on September 11, 2001, a clarion call was issued to social workers by some scholars (see Finn & Jacobson, 2003). It was necessary then, as it is now, to implore that social workers proactively defend their labor from possibly a number of burgeoning limitations to equitable approaches of manifesting social work within the greater context of American society.

These limitations have been and continue to be either intentionally or unintentionally propagated. All the same, they actively pursue the project of sterilizing social work's capacity to help restore justice to those beset by problems stemming from especially capitalism's disastrous onset in 2007, when the Great Recession cascading down onto the masses from the precipitous climb of Capitol Hill (Finn & Jacobson, 2003, p.57). The capitalist aim afoot political and economic machinations in contemporary American society has thoroughly pretended the destruction of social work's ability to bring about social justice where it is often most persecuted and dismissed—at the margins, where little economic gains and great risks act upon the capitalist imagination like the existential “bear in the woods,” which none have seen but nevertheless dare not look for it, lest they put themselves in financial risk whether by staking untenable investment claims or by missing out on opportunity elsewhere. Therefore, the persecution and dismissal of the social work enterprise, or initiative, which ontologically speaking is firmly anchored to ideals of social justice, is largely symptomatic of the contemporary capitalist society's inability to effectively know, or to produce, a pro-capitalist knowledge that makes social work profitable and simultaneously estranges it from its undergirding ontological foundations.

A major obstacle to the capitalist impoverishment of social work remains that the field mirrors, in a sense, the vast diversity in America, and if it functions as a reflective mechanism for the vast oppression that plagues the marginalized also, then it does so in both creative and diverse forms. Much of the ontology that undergirds social work speaks to the profundity of the innate sociality and creativity in human beings in general. Inherent to

social work praxis is a caring curiosity that drives innovation, a quality which bespeaks the power of human creativity rather than the power of markets. It is true that “the richness and flexibility of human behavior, including our capacity for cooperation and adaptation, further allow us to envisage and create a world that far outstrips the current economic and political models many regard as immutable and take for granted.” Inconsistent with how humans persevere in living, collaborating and cooperating together, however, is the present model of human behavior, which has been distilled to now deleterious degrees thanks to commonly unquestioned economic theory. Accordingly, human beings are nothing more than “naturally self-important, rational consumers, simply striving to achieve maximum individual utility.” Were this the case, though, it might logically be possible to infer that human services work, such as social work, and the concomitant labor that bolsters that work, should not exist in a capitalist society because it is fundamentally at odds with capitalism. The economic model of the human being that is in question here has, as opposed to much of the labor behind social work, actually “limited the capabilities of generations of human beings, especially under the auspices of narrow Western strictures that have allowed economic avarice and social greed to imperil the world” and its most vulnerable populations. No wonder billions continue to be born into a world that is “complicated by political and economic systems that leave them ‘born free’ into the world, while remaining – as Rousseau so famously observed – ‘everywhere ... in chains’” (Pimentel, 2016). Yet straw men fears of undue hardship to businesses, and capitalism more generally, have reared their heads time and again, besetting the public conscience with a guilt that permits unfettered economic activities to crash the national economy but which so cruelly and unconscionably dismisses the social pursuits of vulnerable populations whom social workers serve. Such was the case, for example, with the Americans with Disabilities Act (ADA), which met with opposition because critics argued that the policy was firmly anti-business. Despite the fact that this contention was proven overwhelmingly erroneous in the mid-1990s, such dialogue and capitalist conjecture in the public sphere evidences that any threat to

capitalism will appear implicitly sufficient to warrant the continued oppression of marginalized groups (Switzer, 2003).

Current and dominant orthodox economic theory embraces the ideals of a liberalizing free market system and the tacit political implications that accompany, philosophically, liberalized world trade and free flowing currents of global capital. Shiller (2012) questions this line of theory's penchant for condensing human behavior and reducing it to something that is regarded as well understood and uncontroversial. This reduction coincides with the notion that people simply want to "maximize their consumption." All that matters in this paradigm is that people get to consume increasingly more and better goods; however, there is no room to fret about other one's neighbors who may be condemned by inequality to a suboptimal existence. Rather than benevolent or malevolent, it is simply banal consumption—to some, a "truly human" scope of economics made manifest. This understanding of human behavior is problematic because it seeks to avoid the empirical eddies of human behavior that whirl among the intellectual trade winds which have justified the dismal science theoretically. Economists thus perform a dance of intellectual avoidance by describing human behavior via "utility functions" that merely unfold over the course of a lifetime. In response, social workers might contend that there is an unfortunate neglect of what contemporary psychology has to say about the human mind as a product of biological evolution, including that there are manifold behavioral patterns to consider with regards to economic activity. Fairness, say, as it is argued in psychology, is "a fundamental human universal"—nor is fairness exclusive to human beings alone. Other primates similarly possess "vestigial" and even remarkable understandings of fairness, or equity. This evolutionary ideal illuminates the shortcomings of economic analyses that simply presume the market response to crisis can be boiled down to self-interested motivations. The assessments that non-economic specialists perform on market responses to crises look vastly different than this. Moreover, if non-economists espouse a paradigm in which elements like fairness are vital to elaborating agreeable labor contracts, then the

orthodox economic model, which regularly dismisses fairness as inconsequential, is deeply mistaken.

CAPITALISM, SOCIAL WORK, TRAINING AND LABOR

A literature review of descriptive accounts of social work suggests that social work lends itself to stress and burnout. These are not productive qualities but symptoms of the social work initiative which, unlike orthodox economics, holds a special place for fairness. What is not entirely clear, however, is whether social workers experience greater stress or greater burnout than workers who labor in comparable human services fields. Research on the topic has taken an interest in a variety of factors, including demographic variables and organizational factors. Relevant studies mention only a few client-related factors commonly associated with stress and burnout among on-the-job social workers. This includes a lack of challenge; little autonomy; vagaries about responsibilities; difficulty providing services to clients; and low professional self-esteem. Such factors as supervisory support have proven to have moderate influence on social workers. It has been argued, however, that further research is necessary to discern whether supervisory support is capable of alleviating stress or mitigating burnout. Capitalism and its sundry effects on social work around the world is imperative to investigate; only then research can research efforts engender effective strategies for lessening and preventing work-related stress. Moreover, greater instances of dialogic knowledge production in this area might influence the professional effectiveness of social workers, as well as job satisfaction (Lloyd et al., 2002, p.263).

For social workers, stress and burnout can have different sources. It is possible that social workers normally carry out activities and labor in a field that is inherently problem-centric, and so, they may be regularly subject to various negative effects that arise when having to choose among alternatives that are not satisfactory. Markets perhaps do little to change the dilemmas that social workers face when having to settle for less-than-optimal choices, rather than being able to fix problems outright alongside their clients. Social workers may find themselves

regularly in positions of having to choose the option that seems best in a time of crisis or when problems arise (Lloyd et al., 2002, p.256-57). In addition, both status and autonomy may function as possible sources of stress and burnout for social workers. But this argument has been used against social workers, and so it is worth acknowledging that some “misinterpret social work as just being nice or doing the common sense things that anyone can do. It has long been suggested that there is confusion about roles and tasks within social work itself and with how to demonstrate effectiveness” (see Rushton, 1987; Lloyd et al., 2002, p.257-58). Thus, it is easy for the lay and the deeply inured to take up the anti-social work project to depreciate the value of social work due to a lack of ascertained specificity. It is thus possible that confusion and conflict should arise with regards to the function social workers perform; this perhaps exacerbates burnout, which then gets compounded by issues in job satisfaction that social workers already face or experience. Policy moreover affects social workers and their labor, chiefly when there results a decrease in autonomy, supervision, resources and support. A decrease in these elements imperils social work and its contributions to the creation of a more just society (Lloyd et al., 2002, p.257-58).

Though they do not provide any sort of measures by which to gauge burnout and stress amongst western social workers, Lloyd et al. (2002) explore the organizational structure and climate in which social workers normally perform their professional duties. They acknowledge social work sites as possible milieu for burnout prevention. Some stresses that social workers ascribe to organizational factors of their work include: a lack of funding; shortages of personnel; high turnover of workers; attitudes of other health professionals; and a bureaucratized work environment. These are all symptomatic of human services fields attempting to perform and exist fruitfully in a capitalist system. Social workers must deal with uncooperative colleagues who want to discharge patients prematurely and without counseling/emotional support, which speaks directly to financial burdens and runs counter to the just ideals that undergird social work ontology. It is no wonder that a major predictor of stress among social workers engaged in such

work environments tends to be planning and work goals which coincide with greater instances of justice in society. Some social workers identify working in an organizational climate and a climate of low morale as being stressful. One upside to descriptive literature reviews that focus on this is the idea that role ambiguity, which occurs wherever workers are unsure about the scope of their occupation and the expectations of others, might be something worth quantifying in social workers across different cultural and national settings (p.258-59). It is worth asking what high instances of role ambiguity for social workers might indicate about the capitalist effects on social work in society?

The kind of descriptive literature review that Lloyd et al. conducted over a decade ago may be replicated with current information and quantitative and qualitative research performed on current social workers, but relative to capitalism's effects on social workers, their training and their labor. In the *Economic and Philosophic Manuscripts of 1844*, Marx (1844) pens one justification for such research:

... even in the conditions of society most favorable to the worker, the inevitable result for the worker is overwork ... more competition, and for a section of the workers, starvation or beggary. The rising of wages excites in the worker the capitalist's mania to get rich, which he, however, can only satisfy by the sacrifice of his mind and body (p.23).

Stress outcomes, morbidity, job satisfaction, burnout and staff turnover are vital and certainly have potential as objects of study at present. Existing data suggests that nearly three-quarters of respondents in the United Kingdom alone showed "borderline or pathological levels of anxiety." The authors cite the disparity in mental stress and depression amongst social workers dealing with children's health and adult mental health compared to other occupational groups. The authors cite the fact that exhaustion

and depersonalization did not change much between workers dealing in child welfare and workers dealing in community mental health; however, two-in-five family service workers indicated they were likely to switch jobs. Burnout was yet another widespread issue that the authors cited in their review of the literature; amongst social workers, one of the main manifestations of burnout had to do with their feelings of personal accomplishment. The findings one study suggests that workload did not directly affect burnout, but that it had a substantial effect when adjusting for support: “Heavy workload had no direct effect on burnout but quite a substantial effect when the moderating impact of support was considered” (Lloyd et al., 2002, p.259-61).

These findings pertain specifically to social workers in the United Kingdom, yet another industrialized capitalist society, and can be somewhat misleading for students or researchers who may be looking for literature that is more universal in nature. However, the national location of social workers is comparable to another study in which 275 practicing Massachusetts social workers were randomly selected to advance knowledge on burnout and job satisfaction. Prominent issues that arose transcended national location and included a perceived lack of autonomy and influential problems with funding contributed greatly to the degree of reported job satisfaction. The study indicated that bureaucracy is inefficient, and that organizational structure likely affects burnout and job satisfaction in social workers in many capitalist contexts (Arches, 1991).

Human Development

Social work training takes interest in human development, which is dependent on an number of factors that are at once biological and environmental. While a theoretical discussion of environmental impact could draw on many possible social work frameworks, the ecological systems theory’s levels of environment can describe, for example, the various factors at work on vulnerable populations within capitalist society (Bronfenbrenner, 1994; Elliott, 2013). Ecological systems theory holds that human development is affected by a person’s

interactions with everything in his or her environment. The human environment is multidimensional, according to the theory, and is comprised of five systems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1994). These systems are interdependent and explain how individuals develop in light of contact with their systems and other agents within those systems. Complementary to the ecological systems theory is the life course perspective, which entertains the biological, psychological and social factors that interact and shape an individual's life (Hutchinson, 2014). Because these theoretical frameworks both aim to understand the context of human development, several cross-cutting themes can be applied to human development. One philosophy is that individual lives are linked and inter-reliant on several systems levels; another is the role of risk and protection in development (Hutchinson, 2013). The risk factors at work in vulnerable populations contribute to a significant level of stress. This stress could be characterized as toxic, which involves constant activation of the stress response system that overloads developing biological systems. Toxic stress is anathema to healthy human development and certainly spurred on by capitalist forces in society. With prolonged exposed to violence, for example, or a family member's substance abuse, economic hardship and a lack of sufficient adult support, the human stress response system remains activated, and it can interfere with the development of the brain and other organs. This, in turn, leads to psychological and physical health complications for social work clients and perhaps make their productivity in the workforce questionable (Harvard University Center on the Developing Child, 2016).

The primary level of the ecological systems theory is the microsystem. According to Bronfenbrenner (1994), this is the immediate setting where the individual interacts directly with others in the system and contributes to the system's construction. The life course perspective can further enhance discussion of development in the microsystem. This perspective examines at how a life event, a major incident involving sudden and long-lasting change, affects development. For the vulnerable, many of life events become transitions, or significant shifts to new roles

and statuses from those previously held (Hutchinson, 2014). The concepts of transitions and turning points are integral in the final level of the ecological system, the chronosystem, which looks at the impact of transitions over a lifespan and takes into account historical time (Bronfenbrenner, 1994). As homeless families, for example, experience numerous transitions, including in housing and employment, corresponding changes affect the family's relationships, the level of stress they experience and their development (Elliott, 2013). Between the microsystem and chronosystem in the ecological systems theory is the mesosystem, which links two or more of the microsystem environments in which an individual operates (Bronfenbrenner, 1994). Next is the exosystem, which provides another environmental level and is made up of the relationship between settings that do not contain the individual but where occurrences indirectly affect the individual in settings where they are present (Bronfenbrenner, 1994). The macrosystem also plays a significant role in human development: A macrosystem is the overall cultural context of an individual involving the smaller level systems and the beliefs and customs of a society (Bronfenbrenner, 1994). One major macrosystem level factor is economic disparity. The gap between income and affordable housing continues to grow, and it is difficult for vulnerable groups to establish economic security (Elliott, 2013).

Former New York City Mayor Michael Bloomberg changed the housing policy of providing priority access for the homeless to public housing, vouchers, and subsidized apartments to a system of time-limited rental assistance. This change in public policy caused more than a quarter of families receiving assistance to return to homelessness when the assistance ran out (2013). Families now live in shelters of "deplorable conditions, including sexual misconduct by staff members, spoiled food, asbestos exposure, lead paint and vermin" (Elliott, 2013). Not only do shelter conditions pose a threat to physical health, but also, children who grow up in densely populated home environments also have a higher degree of psychological distress (Evans, 2006). New York City's economic and housing policies, for one, ultimately impact the mental health and development of the poor and vulnerable. Unsanitary, unsafe, and unstable shelter

environment has been cited with 400 violations in the last decade, evincing that not only are social workers victims of the capitalist forces that burden them with undue burnout and stress, but also, their very own clients regularly are the victims of pro-capitalist policy changes. While immediate action should be taken to reduce risks present at the lower levels, social workers need to be aware of and address the macrosystem, that impacts development in all other areas, in order to ensure long-lasting improvements in the lives of their clients.

Labor History

Labor unions have played an important role in contributing to the social welfare of the United States, since the country's founding to the present day. Knowledge about the power and contributions of unions is something that social work training encompasses. Unions have fueled movements to improve wages as well as working conditions and quality of life for laborers. Work policies taken for granted today, including the eight-hour work day, 40-hour work week, paid time leave, employer-paid insurances, pensions and other retirement funds, apprenticeships and workplace health and safety programs, were made possible specifically through collective bargaining efforts of unions. Mishel and Waters (2003) argue that unionized employees have higher wages, less wage inequality and are more likely to enjoy comprehensive benefits from their employer. Polzin (2005) argues that despite the historic significance of unions, membership has been on the decline since hitting a record high in 1975, with 22.2 million members, or 23 percent of the labor force. The Bureau of Labor Statistics (2017) reports that in 2016 just 14.6 million workers, or 10.7 percent of the workforce, belonged to a union, and this decrease of labor union influence can be attributed, in part, to a loss of legislative protection. Social work schooling and training considers the impacts that policy – such as the Labor Management Relations Act of 1947 (informally known as the Taft-Hartley Act) – has on employment and social welfare. Business interest in the US and elsewhere has been resolutely anti-labor in its stances on union membership among employees and workers; that social work

training encompasses the benefits that unions have made to both economic and social welfare in capitalist societies is yet another threat to dominant economic forces that regularly plague the most vulnerable and put to route the activities not deemed to be the most profitable to the richest few. What follows is an example of the content of what a social worker might study in terms of her schooling and training. It is no accident that the content largely entertains labor history and public policy.

Example Content of Social Work Studies, Training

The National Labor Relations Act (NLRA) of 1935, commonly known as the Wagner Act, was the first major law to strengthen and reinforce the rights of labor unions. The legislation was introduced by Robert F. Wagner, a New York Democrat and a strong supporter of the welfare state, and the NLRA became a vital aspect to President Franklin D. Roosevelt's New Deal in assisting Americans during the Great Depression ("Wagner, Robert," 2010). The NLRA established the rights of employees to organize and bargain collectively with employers, to legally strike and to place lawful pressure on employers. Management, was also prohibited from participating in unfair labor practices that would interfere with the rights of union members to organize. The act also created the National Labor Relations Board (NLRB) which allowed the government to be the arbitrator in employer-employee disputes and to enforce provisions against unfair labor practice. While the bill showed the government's intent to come to the aid of employees, it included no regulations on unions for unfair practice. This act, passed by President Roosevelt and a Democratic majority in Congress, was one of the most influential pieces of New Deal legislation. As a result of this act, union membership and activity increased, which would eventually cause the federal government to amend the act and decrease its influence ("Wagner Act," 2010).

According to Goldfield (1989), membership in unions across the country rose from 3,584 in 1935 to 14,787 in 1947. This was a jump from 6.7 percent of the labor force having union membership to 23.9 percent, or 33.7 percent of all

nonagricultural workers. Despite having greater numbers, during World War II, Brecher (2014) states, the American Federation of Labor and the Committee for Industrial Organization discouraged strikes in order to assist the nation during the time of war. In return for ensuring the nation continued to operate at full capacity during wartime, the government granted unions certain rights, primarily maintenance-of-membership provisions, that promoted their growth. World War II, therefore, provided a substantial additional opportunity for union membership growth, with 69 percent of production workers in manufacturing being covered by collective bargaining agreements by 1946 (Brecher, 2014).

With increasing union membership, however, the greater incidence of strikes became unavoidable, despite union leaders' efforts to stymie them. While at first, Brecher (2014) states, unions refrained from striking during World War II, the occurrence of strikes gradually began to rise, with more strikes occurring in 1944 than any previous year in American history and 14,471 strikes total ensuing during the war period. Many strikes during this time were due to disputes regarding discipline, company policies, and the discharge of fellow employees instead of discrepancies over pay. Of the 118 work stoppages in Detroit auto plants in December 1944 and January 1945, for example, just four of these were attributed to wage disputes. Industry representatives, according to Brecher (2014), claimed a decrease in labor efficiency of 20 to 50 percent during the war, and the labor movement began to lose public favor.

After the war, however, workers also began to experience economic decline. According to Brecher (2014), non-war workers saw their weekly wages decrease 10 percent between spring 1945 and winter 1946, and war workers lost 31 percent of their wages. By 1947 the average worker had less purchasing power than in January 1941, and auto and steel workers were making 25 percent less than two years earlier. Due to the economic disadvantage of workers after World War II, the first few months of 1946, according to Brecher (2014), saw what the "most concentrated period of labor-management strife in the country's history" with 2,970,000 workers striking (p. 246). According to Richter and Montgomery (2003), 4.6 million

workers from industrial, educational, municipal, utility, and transportation industries were directly involved in stoppages that year. This resulted in 116 million days of idleness, or 1.45 percent of total working time. According to the United States Department of Labor (n.d.), unions were especially active in work stoppages during this time since many had endured wage freezes during the war and considered themselves due for an increase. Postwar inflation and increased demand for products also fueled their motives to strike. Such widespread work stoppages, however, produced an anti-union response among the public and, eventually, the federal government.

During the widespread work stoppages in 1946, according to Brecher (2014), the government moved to mitigate the strike movement. “Fact-finding boards” were set up in the auto industry, and the government made seizures that broke the strikes of oil, railroad, and coal mine workers. According to Aaron (1958), the Strike Wave of 1946 was the most important precursor to the Labor Management Relations Act that would follow one year later. Due in part to these strikes, there was increasing concern over the dominance of organized labor, and the insertion of the Communist Party into sections of the labor movement created greater fear. During this postwar period of acute inflation, the Republican Party gained greater power after 15 years of the New Deal and Democratic control. In this period of economic and political upheaval, and in attempt to return to the prewar state of normalcy, certain groups, including unions and the collective bargaining system, became the scapegoats for the country’s dissatisfaction (Aaron, 1958).

Amidst the anti-union sentiment and 12 years after the passage of the NLRA, President Harry Truman, a Democrat, in his 1947 State of the Union address called for labor legislation to regulate unions’ actions, a study regarding labor-management relations that would assist the government in coordinating collective bargaining, and more social legislation for workers (“State of the Union,” 1948). Truman had a Republican-majority Congress, and in February and March of 1947 House and Senate labor committees held hearings on proposed bills that sought a variety of ways to stabilize labor-management relations (“Labor Management Relations Act,” 1948). Due to the strong political

presence of the Republican Party and southern Democratic congressmen, those bills seeking to restrict labor unions rights received greatest attention.

Representative Fred A. Hartley, Jr., a Republican from New Jersey and the chairman of the House Education and Labor Committee, submitted a bill to his committee that Republican committee members drafted during March and April of 1947. This bill, considered highly critical of labor unions, proposed to amend the Wagner Act by banning the closed shop, limiting the union shop, making unions suable for breach of contract, regulating unions' internal operations, limiting union initiation fees, and restraining collective bargaining and the ability to organize strikes and boycotts, among other measures. The bill also looked to replace the National Labor Relations Board (NLRB) with a Labor Management Relations Board and an Office of the Administrator of the National Labor Relations Act, thereby separating the judicial and executive functions of the NLRB ("Labor Management Relations Act," 1948). All but three of the Democratic members of the committee denounced the bill, stating that it was "aimed at the heart of industrial democracy" because it would destroy unions ("Labor Management Relations Act," 1948). They stated that bills such as this had been the "prelude to fascist and communist triumphs in other countries" ("Labor Management Relations Act," 1948). The Democratic dissenters also claimed the bill had been influenced by the lawyers representing the National Association of Manufacturers as well as lobbyists representing industries dealing with labor conflicts ("Labor Management Relations Act," 1948). Hartley and his supporters argued the bill was not anti-labor and that it would provide laborers protection from coercive measures used by unions to gain membership and from the unions' interference in the grievance process with employers. The individual right of workers to determine what is in their best interest was championed, and mainly Republican Representatives also stated that the bill would prevent strikes and increase production ("Labor Management Relations Act," 1948). Democrats argued that the bill would commodify workers' labor and resurrect the sweatshop since employers would be able to decrease wages. Opponents to the bill issued a statement entitled "The Hartley

Bill- A New Guarantee of Industrial Slavery” (“Labor Management Relations Act,” 1948) stating that the bill would so heavily favor management that unions would no longer function. Others argued that the bill would create chaos in the relationship between labor and management and that a decline in production and economic depression would result (“Labor Management Relations Act,” 1948). The Hartley bill eventually passed in the House by a vote of 308 to 107 (National Labor Relations Board, n.d.).

On the same day that the Hartley bill passed in the House, Senator Robert A. Taft of Ohio, the Republican chairman of the Senate Labor Committee, introduced a complex but milder bill to the Senate that would make unions, as well as employers, subject to the NLRB’s unfair labor practice authority (National Labor Relations Board, n.d.). Taft’s bill also looked to reclassify management, abolish the closed shop, reorganize the NLRB, and give employees the right to not be represented collectively. The original Taft bill contained provisions that would have made the bill tougher, including provisions to make union coercion an unfair labor practice, ban industry-wide bargaining, require that union welfare funds be administered by both employers and employees, and to outlaw secondary boycotts and jurisdictional strikes instead of just categorizing them as unfair labor practices. The provision to ban industry-wide bargaining lost by a vote of 44-43, and other “toughening” amendments were also similarly defeated by close margins (“Labor Management Relations Act,” 1948), demonstrating how close the Senate bill came to imposing more restrictions on unions.

Opponents to the Taft bill stated that the “oft-stated purposed of the bill- to equalize the advantages of employers with those of the employees under the Wagner Act- was completely beside the point” (“Labor Management Relations Act,” 1948). The mostly Democratic opposition maintained that the Wagner Act had given labor legal advantages to offset the inevitable economic advantages of the employers and that this new legislation was particularly unfair as wages for workers had dropped significantly at that time. Democrat opponents read documents from employers opposing both the Hartley and Taft bills, stating

the stable industrial relations in many areas would be upset (“Labor Management Relations Act,” 1948).

During the final debate over the Taft bill, opponents reiterated that the bill would cause strikes, exaggerate work stoppages, create labor unrest, and bring discord. Others called the bill “untimely, reactionary, unfair, and unduly political” and a “serious blow at the legitimate rights of free workers” (“Labor Management Relations Act,” 1948). Senators on both sides of the political aisle promoted the bill and urged their peers to vote in its favor in order to protect unions and the nation. Taft stressed the bill was reaffirming the principles of the Wagner Act through restoration of free collective bargaining for both management and labor groups (“Labor Management Relations Act,” 1948). On March 13, 1947, the Senate passed the Taft bill by a vote of 68 to 24 and sent the Taft-Hartley bill to conference, substituting the provisions of the Hartley bill for those of the Taft bill (National Labor Relations Board, n.d.).

While the Taft-Hartley bill was in conference, the National Association of Manufacturers took out large advertisements in 287 newspapers urging the legislation to be enacted. Likewise, the American Federation of Labor placed advertisements in 110 newspapers opposing the bill (“Labor Management Relations Act,” 1948). The United States Chamber of Commerce and the Committee for Industrial Organization also applied local pressure on Congressmen. When bill emerged from the conference, it contained more of Taft’s legislative input than Hartley’s, lessening the restrictive measures on unions. The surviving provisions allowed employees to refrain from participating in a union and defined six unfair labor practices of unions. The amendments declared the closed shop illegal but allowed for limited practice of a union shop agreement. Unions were now expected to bargain in good faith, as were the employers under the Wagner Act, and were now prohibited from carrying out secondary boycotts or pressuring neutral employers from meddling in labor disputes. Lastly, unions were prevented from charging excessive dues and revisions to union elections and bargaining units were enacted (National Labor Relations Board, n.d.). The House approved the conference report by a vote of 320 to 79 on June 4, 1947, and the Senate on June 6,

1947, by a vote of 54 to 17 (“Labor Management Relations Act,” 1948).

President Truman vetoed the bill on June 20, stating that the bill was “dangerous” and contained “seeds of discord which would plague this nation for years to come” since the legislation was unfair to workers and thus would not improve relations between the labor and management (Associated Press, 1947). He stated that the bill was “drastic” and “unworkable” and would “reverse the basic direction of our national labor policy” by allowing the government to intervene in the economic life of the country (Associated Press, 1947). The House refrained from debating the veto and immediately overrode it 331 to 83, and the Senate engaged in one last lengthy debate but ultimately overrode the veto by 68 to 25 (“Labor Management Relations Act,” 1948). The Labor Management Relations Act of 1947 therefore was enacted.

While the economic struggles of workers during the Great Depression prompted legislators to strengthen labor’s ability to unionize with the National Labor Relations Act, attempts to privilege the labor movement declined sharply after the World War II. Due to greater attention paid to international matters, a high level of union activity, and a conservative reaction to years of the New Deal’s economic and social changes, labor unions fell out of favor after World War II. This sort of unsupportive political atmosphere towards unions continues today with 28 states now having Right to Work laws that have further weakened union efforts. Such “employer-friendly” legislative actions in recent years have harmed the organizing and effectiveness of labor unions (Polzin, 2005). With decreased ability to organize and advocate for fair wages and working conditions, the middle class is experiencing greater economic hardship and inequality. If the United States takes seriously the desire to strengthen the shrinking middle class, it is vital that they look to reversing decades of legislation that has harmed union organization.

Ethics & Diagnoses

Social workers help clients who are oppressed by predatory social relations to get the services they need and deserve. This potentially conflicts with ethical obligations that are strictly professional but which nonetheless are enmeshed with the healthcare system and society as a whole. This conflict especially surface due to the widespread practice of misdiagnosing clients in order to ensure eligibility for services. While immediate benefits to the client are obtained this way, social workers are nonetheless trained to consider the repercussions that beset other agents in the system. The National Association of Social Workers (NASW) (2014) observes that social workers' chief aim is to promote client well-being. Aiding clients so that they obtain easier access to needed treatment and services is one means of ensuring client well-being, and for some, this alone may excuse and catalyze the active misdiagnosis of clients. The all-encompassing effects that social work clients experience are necessary to ascertain, and this includes how the practice of overdiagnosis effects client psyches. Kirk and Kutchins (1988) signal the harmful effects of psychiatric labeling, which they believe may be detrimental to client self-esteem. At worst, overdiagnosis may cause psychological damage. Not only would this substantiate overdiagnosis as a detriment to the mental health of clients, but also, false labeling can effect complications in client initiatives for employment, child custody and so on. Thus, if a provider weighs over-diagnosing clients so as to ensure the receipt of, or continuation of, service, then frank conversation with clients involved must be had relative to the possible risks involved. Social workers, moreover, are obligated to promote the self-determination of clients, which encompasses the obligation social workers have for informing clients of the reasons for, and risks, limits and alternatives of, providing services (NASW, 2014). Therefore, even prior to a potential misdiagnosis, clients ought to have enough information in order to be empowered to make decisions about the potential complications that may arise from misdiagnosis. Furthermore, social workers are regularly trained to recognize that clients need to be given a sufficient

chance to decide whether acquiring needed services or to minimizing risks to other areas of their lives is to be prioritized. One of the ills of being on the receiving end of the labors of social workers in a capitalist system is that many clients accept misdiagnosis from the profession delivering help, especially if the same expert is perceived as having great knowledge and skill (Kirk and Kutchins, 1988). It seems less difficult for corporations to benefit from welfare in a capitalist society than citizen and marginalized groups.

While ethically justifiable to misdiagnose under some circumstances, the cumulative effect of this repeated practice could seriously damage the ability of mental health planners to respond to society's needs (Kirk and Kutchins, 1988). There is an obligation to uphold the ethics, values and knowledge as a profession (NASW, 2014). Social workers are thus trained to understand that their profession and the mental health system foster deceitful and fraudulent behavior, and that despite how detrimental it may be to social work clients this gets encouraged because at the end of the day it is profitable to those who stand to gain the most and merely a result of the downward pressure placed on the vulnerable and marginalized. Additionally, according to Wakefield (2013), significant legal consequences make over-diagnosing a dangerous for social workers. On a large scale, misdiagnosis can subvert the mental health system, creating legal difficulties for mental health professionals. This potentially damages client relationships with the social workers and their labors. Kirk and Kutchins (1998) state that misdiagnoses involve the "deception or manipulation of clients" (p. 235), and this can lead to the denigration of trust in the professional relationship and possibly create a deterrent to seeking mental health services in the future. The same authors also indicate although providers defend misdiagnosis of clients by claiming it is in the client's best interest, under the sway of capitalist forces in contemporary American society, say, the provider and agency stand to benefit from reimbursement from insurance companies. Hence, it is clear that there is an interest well beyond simply wishing to assist the client, and service providers need to be conscious of the capitalist motives for causing providers to violate ethics of practice.

To be clear, providing a misdiagnosis for clients is ethically complex and further complicated by the Diagnostic and Statistical Manual of Mental Disorders (DSM), and treatments rendered for misdiagnoses perpetuate the profitable misery that oppresses already vulnerable and marginalized social work clients. Wakefield (2013) questions whether it is fraudulent to misdiagnose a client if it satisfies “the diagnostic criteria of a DSM category of disorder, yet the category itself is defined in an overly expansive style that, the clinician truly believes, mistakenly classifies problems in living as mental disorders” (p. 135). However implicit it may be, social workers are trained to discern the extent to which they are willing to succumb to the coercion of the capitalist forces and manipulate one of their primary tools in an attempt to defy injustice and address client needs. Yet, the most important resources that social workers wield when determining the ethics of misdiagnosing clients happens to be each other. That is why the NASW (2014) emboldens social workers to deliberate collectively when solving possible ethical conflicts. And so, it is vital to social worker labor that consultations with supervisors, colleagues and others take place during processes of making ethical decisions that potentially affect all parties involved.

Ultimately, the majority of clinical social workers that provide services to clients run into the dilemma of whether to provide a misdiagnosis at some point in their practice. Indeed, there is a strong pull simply to provide a diagnosis that will facilitate further treatment; however, social workers are trained to discern the implications this portends for clients and society more broadly. Discussing risks with clients, giving consideration to the impacts misdiagnosis has on social work labor, and consulting with supervisors does not change the fact that capitalism makes providing a misdiagnosis lucrative. Regardless, providing a misdiagnosis may still be deemed ethical. This warrants critical analysis and due consideration, and should not become routinized or automatic. Social workers are thus trained to understand their obligation to uphold the immediate, as well as long-term, well-being of clients, social work labor and society.

POWER AND SOCIAL JUSTICE

Interrogating power and its sway over the contexts in which social work takes place in contemporary American society can open up new possibilities for researchers to explore dimensions in social work, economic theory and life under global capitalism; it can do much to make increasingly possible researchers' abilities to navigate novel ways in which social work labor contributes to the social project of building a more just society despite capitalist encroachment. Certain elements will command attention and merit inclusion for this to be possible; they are policy, praxis and justice. But to argue that it is first necessary to establish a new paradigm before tackling this project, which hinges on interrogating the critical elements that comprise the world in which social work manifests, is not enough, and it misses the mark. Instead, what is requisite now is a continuously emerging and dialogical means of approaching knowledge production from within and without the social environment in which social work takes place (see Linell, 2009; Marková & Gillespie, 2008; Jovchelovitch, 2007). This occasions an openness about the partiality of the knowledge that gets created, and which has already been created. And so, what also gets encouraged is an openness to various, lived paradigms that populate the public sphere but which often relegated to the margins of society, where much social work takes place and interacts with class, race, gender, sexuality, ability, and so on. It is thus reasonable that a routinized review and reformation of processes should also need to come into existence if policy, praxis and justice are to be made more routinely, and more perennially, democratized at the margins. It goes without saying that this is not naturally a byproduct of the capitalist forces that bear down on social workers and their composite labor, or the populations they serve for that matter. A radical rethinking of the very "processes, roles, and relationships" that define so much of the existing social work approaches – which regularly get adopted by real-life social workers out in the world – is vital to procuring a more just society as much as it is vital to liberating social work labors from the constraints of capitalist forces. A highly interrogative and much more public rethinking of power

relations will contribute to the overall effectiveness of social workers and the effectiveness of society's response to, and recognition of, social work' contributions and pitfalls. The social challenges to which "economic globalization, growing inequality, and social exclusion" each contribute will need to be dispensed with in a profound fashion (Finn & Jacobson, 2003, p.73-4). This is partly due to the fact that power is more than simply a sociological concept; it is a natural phenomenon that requires critical address. The need to explicate power extends well beyond the bounds of philosophical intrigue. Notwithstanding power's many intangible qualities, it commands attention because of its manifold, highly influential doubles like hegemony, coercion and domination. Unpack and analyzing power is also because, as with other relevant social phenomena, power is chiefly the product of the human intellect and dialogue: it manifests among the various human relationships and social orderings that currently abound (Parenti, 1978).

The manner in which researchers approach power also conditions its utility society. This can enable the moneyed class to at once manipulate and employ power for specific, intended purposes. Thomas Hobbes, for instance, defined the ability to secure one's desires as the power of an individual to actualize "some future apparent Good." Hobbes' conception of "good" pertains to an object, whether a goal or something else that one desires. The moral significance of such goods, however, receives no consideration, and goods are merely considered the things which social agents consider attainable. There may arise conflict among the capitalist agents that seek to secure certain interests at each other's expense. Certain quantities of competition – and personal/group gain(s) – coincide with the loss(es) of some other group or someone else. This experience occurs especially in societies whose organization hinges on privatized, competitive means of production, distribution and acquisition, such as is evident in contemporary American society. Whether purposefully or accidentally, it is essential to note that the way in which an actor is able to help or hurt another is yet a measure of that actor's power. Take, for example, neoliberalism and the free trade agreements of the last few decades. While certain industries bloomed only to wither and seek cheaper means to

exploit workers and maximize profits around poor countries, playing an economically and politically destructive game of capitalist hopscotch, private business and corporate leaders exercised a great deal of power over the material welfare of the communities they affected. This consequentially effects the demand for social work and its labor in society. Whether corporate leaders accept responsibility for the wanton destruction left in their wake, however, the fact remains that their self-serving power is advantageous to them despite the detrimental expenses suffered by those they left destitute (Parenti, 1978). Furthermore, parsing power invokes a grand, if not preeminent, concern for social justice. Some disregard this aspect as an outright trap or delusion, and yet, social justice is a concept so central to the politics of contemporary democracies that other ideals anathema to justice, such as personal/individual freedom, have not obfuscated or relegated its importance amidst the human constellation of political philosophy and public virtue; social work concerns itself with maximizing social welfare and, however implicitly, elements of training focus on this. Like power social justice requires understanding and analysis for the sake of clarity and radical progress. At the same time, outside elements not intrinsic to social justice can cast a shadow over it. Therefore, it is important to be clear about what social justice means. There may be great division amongst the most ardent supporters of social justice, and disagreements about what should be done to engender or espouse social justice may be so deeply entrenched that concrete social problems like unemployment may await solution virtually forever. It is worth asking, too, if the social justice wrought by social work portends teeth beyond its ability to stir up emotions in those who oppose capitalism and propound radical democracy. Does social justice exist amidst the realm of political measures and policy, too? Do social justice supporters do something beyond expressing and voicing their burning support in recalcitrant ways? Some are skeptical, indeed, and they believe the answer to such questions to be a resounding “no” (Miller, 1999).

Models are essential to understanding power’s potential for liberating social work. Modeling power in such a way that students are able to comprehend, and researchers able to explore,

is important for manifold reasons. One of the most compelling arguments for establishing a practicable model for power is that models can uncover links that exist amongst phenomena and that escape casual analysis. Moreover, modeling power so that it makes the knowable world manageable while relating effects and causes lucidly will lead to a better grasp of power as already being endogenous to everyday life and the social relations that underwrite so many quotidian activities. Elements of domination and exploitation are the central themes here. Apart from asking questions about distribution (i.e., “Who gets what?”), it is vital to ask who decides the outcome of such questions in the first place—a task that goes to the heart of exploitation and domination. It is further important to establish that the gainful pursuit of goods and objects of desire often includes the ability of one individual or group to influence others, especially so they think and act in ways useful to maximizing the interests of the already power (Parenti, 1978). To argue that powerful elites, or an invading military force, say, exercises power over another particular group can lead to an understanding of power that holds the oppressed, weaker groups or individuals as participants in the power of their conquerors and/or oppressors. That the weaker invite suppression through their resistance leads potentially to an argument that reduces a thing like forceful oppression to little more than a tug-of-war for power, or an endless sharing of power rather than a just distribution of it. But power is more than all this; it is the ability of an individual or a group to shape the agency and actions of some other group or someone else. There are many examples of power that encompass large swaths of people, such as classes, nations or social work clients. Many are the types of relationships that have to do with power. Most noteworthy for social work are those relationships of power that have social import (Parenti, 1978).

SOCIAL WORK, MINORITY GROUPS, AND END-OF-LIFE CARE

The experience that minority groups living in the US have with end-of-life care is a serious matter (Gill, 2009). The literature that addresses end-of-life care for these populations evinces that

the issue is soundly multidimensional. Relevant research focuses on attitudes that various minority groups may hold, and by examining these attitudes, investigators seek to capture critical information about the contribution that social work makes to various institutional effects on public health for minority groups. It is, moreover, unthinkable to ignore the cultural aspects that contribute greatly to minority group experiences with end-of-life care, which is a facet that social work takes stock of at the end-of-life stage. Various cultural experiences with individualism and authoritarianism also matter to social workers, as do the attitudes that their clients hold. Cultural values necessarily inform the decisions that minority groups make during their receipt of end-of-life care (Klessig, 1992). It has been argued that these are the cultural sites for heuristic encounters with policy, social work and healthcare, and that these interactions extend far beyond any notions of regional culture or demographic divisions at the national level (Kemmelmeyer et al., 2002). Religion plays a role in the experiences that various client demographics have with end-of-life care; attitudes towards end-of-life care, and terminal palliative care in particular, may differ widely along sacred lines. Thus, faith beliefs can imbue the various attitudes to which different publics would like to adhere (Burdette et al., 2005). Minority groups and their ethnicities and associated attitudes about “life sustaining technology,” too, give rise to observable instances in which end-of-life care is clearly fraught with culturally sensitive problems—issues that can best be described as deeply diverse and culturally complex (Blackhall et al., 1999).

Social workers qualify as social servants who live and work, day-in and day-out, in diverse contexts whose complexities are difficult to navigate even for seasoned individuals with much experience in any number of human services fields. There are clear obstacles that social workers face which make it difficult to secure quality care for individuals facing end-of-life decisions that will have lasting impacts on their last living days and also their friends and family members. In particular, social workers who serve patients receiving end-of-life care are confronted with myriad challenges, each potentially with its own nuance due partly to the complexity sketched above (Wesley, 2004). One

group is the terminally-ill Hispanic populations living throughout the US who opt for hospice services during their experience with end-of-life care. This demographic may differ widely from other, non-Hispanic patients in terms of both cultural and religious factors (Lackan et al., 2004). There may be other sociopolitical differences as well, including church-based relationships (Kraus & Bastida, 2011), health trends among elderly Hispanic groups (Masel, 2010), and frailty among Hispanic groups, especially when compared with older European Americans (Espinoza et al., 2010). Surveyed social workers have thus expressed a need for greater education and training, and policy can aid in solving issues that present unseen barriers to the kinds of quality end-of-life care that clients belonging to minority groups have access to in their final days. Policy makers whose decisions effect social workers and these clients, who live, work, serve and die under the banner of capitalism, ought to consider the diversity extant amongst end-of-life patients. Simultaneously, this substantiates the need for social workers to learn how to navigate the nuances of end-of-life care so as to ensure quality at the margins. This problem marks a point of departure for further investigation and the advocacy for yet greater effective policy vis-à-vis human services fields and especially social work. But there is also a need for researchers to go beyond simply filling existing gaps in knowledge about social workers and the impacts of diversity in end-of-life care: the larger goal involves a critique of policy pitfalls under capitalism, which raises awareness for the oft-unvoiced cultural beliefs, values, perspectives and experiences that just policy must consider. Economic relations affecting quality of end-of-life care for marginalized minority groups, warrants attention. In conjunction with diverse attitudes towards end-of-life care, inequality, even at the time of death, is informed by ethical, religious, cultural, regional and economic exclusion (Dobbs, 2008).

End-of-Life Care in Hispanic & Black Populations

It is not uncommon for social workers to report that they are conflicted as to what role they should play in addressing issues

of spiritual care during end-of-life care. Some reported feeling “ill-prepared” to handle more complex issues that coincide with working with a diverse group of patients and their faiths. Issues with physician-assisted death, for example, is but one hotly debated issue that gives social workers cause to report that they are “in need of assessment models and end-of-life decision-making interventions...” The practice of social work and the education that prepares individuals for it coalesce during the end-of-life phase for social work clients; this, then, is a node in the fabric of social workers endeavors which aim to provide quality care that is time sensitive to a number of diverse demographics (Wesley et al., 2004). The gap in knowledge regarding quality end-of-life care in minority groups such as older Mexican-Americans and Black Americans specifically reveals that social workers can feel helpless to voice cultural beliefs, values, perspectives, attitudes and experiences which may often go unvoiced until the client experience with end-of-life care, or terminal palliative care. Being better equipped and supported through apt policies, social workers might be better able to ensure quality care for patients belonging to minority groups. Looking to different economic theories like human capital theory (HCT) might further reveal how economic power and a positive correlation between minority group attitudes and experiences with good or bad quality in end-of-life care are actually seated in ethical, religious, cultural and regional nuances, as well as general economic exclusion and alienation (Dobbs, 2008). Associated attitudes might suggest, moreover, something about other minority groups, especially with regards to the challenges that social workers face who seek daily to ensure quality end-of-life care for minority group patients in healthcare settings. If it proves to be the case that manifold minority groups view end-of-life care with suspicion or negative attitudes, then another very critical point of intersectionality might exist. Measuring attitudes in order to better inform policy decisions would greatly benefit the workers on whose praxis so many end-of-life patients rely, as well as the human services field in general. Furthermore, should policy makers truly want to maximize the social worker capacity to facilitate quality end-of-life care for their clients relative to all the untoward effects of

capitalism, then any intersectionality amongst diverse groups at such a node is paramount for policy makers to consider. Intersectionality here means “the relationships among multiple dimensions and modalities of social relations and subject formations—as itself a central category of analysis” (McCall, 2005).

Older Mexican-Americans

Social workers might ably attest to the many aspects of end-of-life care in older Mexican-Americans that make an investigation of this topic unique. Yet, one question goes unasked: How do economic theories like HCT pretend to nuance and enrich current treatments of the sociopolitical effects of economics that treat economic power and attitudes toward end-of-life care as situated merely within the bounds of the ethical, religious, cultural and regional exclusions of groups like older Mexican-Americans, and other Hispanics? Durden and Hummer (2006) insist that “research on access to healthcare among Hispanics began to develop in the early 1980s” (Andersen et al., 1981, as cited in Durden & Hummer, 2006). Data compiled from the mid-1970s signals that Hispanics living in the Southwest generally had less access to medical care. One survey from roughly the same time period reveals that “foreign-born Mexican-origin elderly persons” depended greatly on Medicare (Alston & Aguirre, 1987, as cited by Durden & Hummer, 2006). Sample sizes in yet older data suggest “problems with the reliability of estimates...” Even so, the information collected about these specific and geographically condensed groups shows there is a disparity in access to healthcare among older Hispanics and Mexican-Americans. Compared with other Hispanic adult populations, Durden and Hummer acknowledge Solis et al. (1990) as having discovered that older Mexican-Americans “generally used preventive services less frequently...” (Durden & Hummer, 2006, p.1322). When compared with immigrant residents of longer duration, or native-born Mexican-Americans, LeClere et al. (1994) indicate that more recent immigrants were highly unlikely to consume or use healthcare; the same group also made fewer visits to the doctor. Other research (e.g.,

Zuvekas & Weinick, 1999; Weinick, Zuvekas, & Cohen, 2000) shows that from the 1970s to the 1980s, non-Hispanic whites and Black Americans failed to have “significant changes in the probability of having a usual source of care...” On the other hand, the number of Hispanic people without a steady source of healthcare exploded by virtually ten percent in the same period. When comparing older Mexican-Americans with non-Hispanic whites, researchers Guendelman and Wagner (2000) consider “any care, emergency services, inpatient hospitalization, nonemergency outpatient care, and preventive care.” Hispanics proved less likely to have been seen by a physician within a year’s time; to have gone to/been admitted to the hospital; or to have made use of preventive care. Moreover, “access to a regular source of care as well as socioeconomic factors” may elucidate this gap between Hispanics and non-Hispanic whites (Durden and Hummer, 2006, p.1322). The exploratory research of Angel et al. (2002) reveals associations between “health insurance coverage and medical-care use...” They find that uninsured individuals claimed fewer health-care visits than not, and that the uninsured were “less likely to have a usual source of care and more often receive care in Mexico.” Weinick et al. (2004) investigated the utilization of types of medical care among different Hispanic groups; they found that Mexican-Americans were particularly “less likely ... to have emergency room visits ... (or) any prescription medications.” In all, the literature on access to healthcare in Hispanic adults finds that they are less likely to declare their access to regular care than are non-Hispanic whites. There are exceptions, such as in the case of Puerto Ricans; however, one thing is generally true of the literature on the subject, and with regards to economics and policy in particular, this finding indicates that a problem that warrants unflagging attention: “Relatively little of the work considers the role of socioeconomic factors in limiting access for Hispanics” (Durden and Hummer, 2006, p.1323).

Black Americans

Wojtasiewicz (2006) contends that from 1996 to 2006, professional organizations, together with healthcare institutions,

made serious attempts to “develop guidelines and policies to deal with seemingly intractable conflicts that arise between clinicians and patients (or their proxies) over appropriate use of aggressive life-sustaining therapies in the face of low expectations of medical benefit.” Notwithstanding any praise these efforts deserve for having taken aim at problematic conflicts, it is uncertain whether sufficient attention was given to the negative impacts that socially marginalized patient groups face (p.8). Consider, for instance, that Wojtasiewicz cites the “well-documented tendency, among many African Americans to prefer aggressive end-of-life medical interventions...” Wojtasiewicz argues that using institutional policy to “break decision making impasses” in such cases where aggressive treatment is not considered “medically appropriate” means that policy effects will fall “disproportionately on that group.” Wojtasiewicz advises that the dissemination and application of institutional conflict-resolution policies “should be evaluated in the context of historical and current experiences of marginalization and disempowerment, lest such policies exacerbate that experience.” This is precisely why additional economic elements like HCT can help nuance and enrich policy perspectives about what marginalization and disempowerment look like in economic terms (p.8). In the aforementioned decade, which spans the mid-1990s and early 2000s, several professional organizations and healthcare institutions endeavored to engender new policies so as to adequately address conflicts that may commonly arise during end-of-life decision-making. Such policies were by nature diverse in order to appropriately attenuate the problems they were intended to resolve. The American Medical Association (AMA), for instance, as well as a smattering of Houston hospitals, endorsed one a guideline referred to as the “fair process” approach. This policy approach aimed to clarify a number of difficulties which complicated end-of-life decisions, specifically by granting greater consideration to medical opinion. Wojtasiewicz states,

Although the fair process approach typically involves multiple steps and levels of appeal in its attempt to achieve consensus, it also

typically grants final decision making to medical professionals and institutional representatives rather than to care seekers and proxies. Thus, despite its explicit emphasis on engagement and multilateralism, it is quite possible for the fair process approach to function—or at least to be perceived as functioning—instead as an ultimately unilateral policy. In other words, however procedurally fair such an approach may aspire to be, it still may serve as a vehicle for marginalization of care seekers and their proxies in end-of life situations (p.9).

One stumbling block for policy decisions which subjectively appear to marginalize subgroups is, without a doubt, a problem of power. If awarding “final decision making” agency or power to representatives of a medical institution negatively impacts African American care seekers, especially when compared to white ones, then given the diversity and tendencies of the group in such situations, then the impacts of policy will logically be disparate. It is possible to argue that not enough attention has been given to the risks associated with the impacts that policies have on groups whose variations in end-of-life decisions will be culturally influenced and not reflective of other groups in similar circumstances (Wojtasiewicz, 2006). Economics that influence an individual throughout the course of a lifetime will doubtless have an impact, too.

CONCLUSION: POSTMODERNIST CONTRIBUTIONS TO SOCIAL WORK

Those who criticize postmodernism and its contributions to social work hold that social workers should be “servants and seekers of truth,” and that they should “do their utmost to re-legitimise the quest for truth in social life and professional practice.” Perhaps social work, then, could do more to receive

the gifts presented by postmodernism (Trainor, 2002). But is social work at risk from totalizing narratives, which postmodernism certainly decries? An amalgam of social work praxis, policy and economic theory can do much to clear a path for answering this question. The NASW publishes the “Standards for Social Work Practice in Health Care Settings”, which does much to describe the ways that social workers function and secure quality end-of-life care for clients. It is, moreover, the responsibility of the social workers to “advocate for the needs and interests of clients and client systems in health care,” which includes advocating for a macroscopic change—something they are trained to do in a capitalist society. Social work can take this a step further: advocating effective policy implies advocating policy that takes into account often-unvoiced cultural beliefs, values, perspectives and experiences that end-of-life hospice patients have, even though they go unnoticed and a great deal intersectionality goes unexplored. Similarly, advocating large scale change entails the need to generate awareness for the ways that economic power informs diverse attitudes about singularly human experiences, like end-of-life care (NASW, 2004, p.26-28).

If it is the social worker’s responsibility to advocate the improvement of end-of-life care for minority groups, then it is also the social worker’s responsibility to expand her roles and profession. Social workers should then logically advocate for policy that heeds the educational needs social workers may have, which necessitates taking a hard line on radical economic democracy that is as inimical to the capitalist forces that threaten both social workers and their clients as the just ideals that undergird social work’s ontology in general. Likewise, policy makers must address the economic marginalization of diverse groups who opt for social work services in order to maximize the efforts social workers collectively make. After all, clients’ needs and interests are shaped by the ethical, religious, cultural and regional, and especially economic, factors at work in clients’ lives well beyond the bounds of healthcare (NASW, 2004, p.26-28).

In order to more effectively empower social work clients and the social workers who strive to ensure quality care for them,

policymakers should consider intersectionality and the effects of economics in diverse (and marginalized) patient groups, rethinking economic theory in general provides a method for ensuring that concomitant economic assessments can elucidate many of the overlooked areas where the intersectionality of economic marginalization across a diversity of clients. HCT, for example, takes root in the economic philosophy of Adam Smith (Dobbs, 2008), and it refers to the study of individuals who gain kinds of “productive skills and cognitive or technical knowledge” (Becker, 1964, as cited by Dobbs, 2008). This theory, however, was first used to explain individual choices in education and training, and it grew to encompass an array of economic decisions that normally occur at the individual level. Included in such choices are jobs, careers and occupations, migration, healthcare, planned family size, fertility, and even mortality (Sobel, 1982, as cited by Dobbs, 2008). Nevertheless, analyses of these kinds of individual behaviors have not always been affixed firmly at the heart of microeconomic theory itself, which incidentally gave rise to HCT (Dobbs, 2008).

The literature suggests that attitudes towards end-of-life care depend on the ethical, religious, cultural, regional, and economic factors in an individual’s life. For older Mexican-Americans, for instance, the current explanations that treat economic power and attitudes toward end-of-life care include these elements but do not pay specific attention to HCT. If older Mexican-Americans view end-of-life care with suspicion and negative attitudes, then another very critical point of intersectionality may exist. Analyzing the observations of health care professionals and social workers will help to nuance the situation at present. Researchers should moreover consider the effects of economics in diverse and marginalized patient groups. Using HCT is just one example of how economic assessment can illuminate many often-overlooked areas, such as the intersectionality of economic marginalization across diverse patient subgroups whose degree of power in society reveals that they are continuously oppressed by predatory tendencies of capitalism.

Without considering that a given society’s way of life is also to be a lens for viewing reality, or the sociocultural channel through which “truth” expresses itself to varying extents and

among different culture. The idea that such a “way of life” is merely a social construction unlikely to change is subversive, if not, corrosive. This notion an important part of the Foucauldian postmodernism legacy. For the postmodern investigating various dimensions of social work at once, any a priori premise that holds cultural values, expressions and beliefs to be intelligible outside of the “will to power” of hegemonic groups “whose interests they always and only represent,” helping social workers distinguish those cultural expressions becomes, perhaps, virtually futile (Trainor, 2002). But there is room for social workers to make any significant distinctions in the course of their profession, and in the formulations of social policy, which may or may not itself be some kind of expression of social workers’ professional “will to power” itself, especially as social work endures the capitalist affront on its training, labor and clients.

Acronyms

ADA – Americans with Disabilities Act
 AMA – American Medical Association
 HCT – Human Capital Theory
 NASW – National Association of Social Workers
 NLRA – National Labor Relations Act
 NLRB – National Labor Relations Board

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