

social policy

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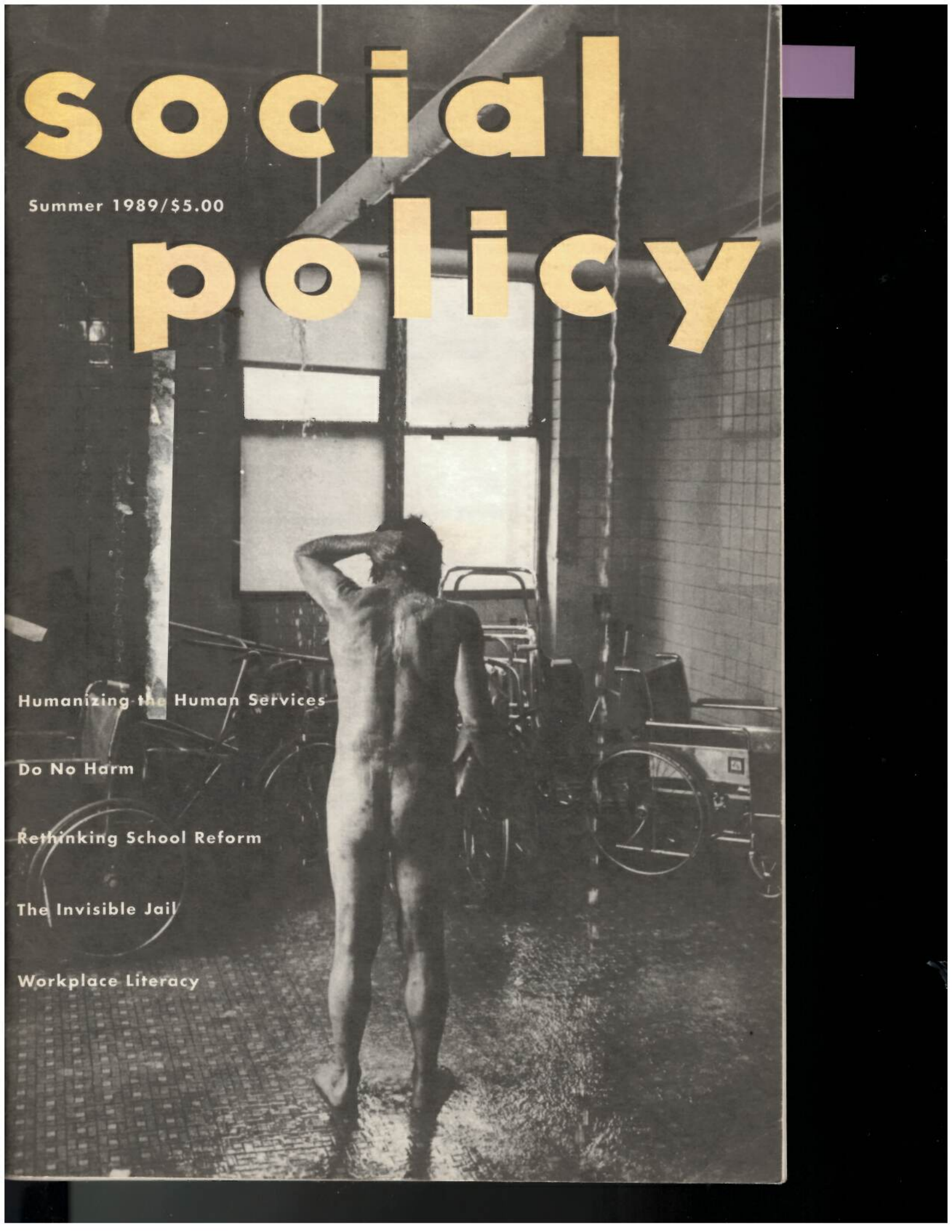
Humanizing the Human Services

Do No Harm

Rethinking School Reform

The Invisible Jail

Workplace Literacy



Do No Harm: Policy Options that Meet Human Needs

John McKnight

The medical profession has long understood that its interventions have the potential to hurt as well as to help. The Hippocratic oath, repeated by physicians to this day, concludes with the primary mandate, "This above all, do no harm." The harmful capacity of medicine is recognized in what current medical language calls iatrogenic disease—doctor-created maladies.

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Much of the positive reputation of the medical profession

flows from the ethic that assumes a good doctor, before undertaking any intervention, always asks: "Will this initiative help more than hurt?" Responsible professionals are bound by Hippocrates to consider the balance before acting. Indeed, in the most ethical practice, the burden of proof for efficacy is upon the physician.

The traditional ethical code that prominently displays the Hippocratic principle in the foreground of the medical profession stands in stark contrast to the theory, research, and practice of most other



"human service" professions. In the fields of social work, developmental disabilities, physical disability, or care of the elderly, no tradition of routinely analyzing possible negative side-effects exists. Instead, evaluation usually focuses on whether an intervention "made a difference." The intervention is presumed to help if it has any effect at all, and if it has no measurable effect, it is assumed not to have hurt.

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Some observers suggest the lack of accounting for negative effects in the human services is a consequence of those interventions not being "powerful" ones when compared to the chemicals and scalpels of medicine. Instead, there is an unstated assumption that these non-medical professions are searching for something that "works" within fields characterized by effective, neutral or abandoned initiatives, none of which could have basically injured their clients. It is this naive assumption that has degraded the non-medical human service professions and contributed to popular impressions that many of the clients of these professions are not worth a public investment. Indeed, we now hear the constant claim that the clients of human service professionals—the poor, disadvantaged, disabled, young and old—have not been helped by "pouring money on the problem."

The client is usually blamed for not blooming under this "rain of dollars." What has actually happened, however, is that money has been "poured" into the programs of human service professionals,¹ and we have no knowledge of whether the effects of their ministrations have been iatrogenic. Instead, the labelled and vulnerable in our society are blamed. From this perspective, the regressive public policies of the last decade can be understood as an era of blaming the client for many of the iatrogenic practices of human service professionals. Regressive policymakers and human service professionals have made unintended common cause because the profession is unable to analyze the negative effects its interventions have had as the potential cause of failed policy.

IF WE ARE TO RECOVER THE POTENTIAL OF PUBLIC policy as an asset for those who are labelled, exploited and excluded, it is critical that we begin to understand the iatrogenic aspects of the major agent of public policy—the human service professions. When we can conceptualize the structurally negative effects of their interventions, we can begin a reasoned decision-making process regarding the two basic questions that should determine social policy:

- *"Which of the competing human service solutions have more efficacy than negative side effects?"*
- *"Is there a less iatrogenic solution that does not involve human service methods?"*

This latter question is a critical element of the policymaking process. We often forget that a human service is only one response to a human condition. There are always many other possibilities that do not involve paid experts and therapeutic concepts.

Mark Twain reminds us that "If your only

tool is a hammer, all problems look like nails." While the human service tool has undoubted efficacy in particular situations, like the hammer, it can also do great harm when used inappropriately. All the problems of those who are vulnerable, exploited, excluded, or labelled are not nails. They do not always "need" human services. More often, they may "need" justice, income, and community.

THIS PAPER IS AN ATTEMPT TO FORMULATE A CONCEPTUAL framework to assess the iatrogenic effects of the tool called human services. What structurally negative effects does it incorporate? When is it inappropriately used? And what methods might test the iatrogenic potential?

There are at least four structurally negative characteristics of the human service tool.²

THE FIRST is the consequence of seeing individuals primarily in terms of their "needs." Each of us can be conceived as a half-glass of water.

We are partly empty. We have deficiencies.

We are also partly full. We have capacities.

Human service professionals focus on deficiencies, call them "needs," and have expert skills in giving each perceived deficiency a label. The negative effects of this diagnostic process have been thoroughly explored in the literature regarding labelling theory.³ As a result, we are generally aware that to be diagnosed and labelled as "mentally ill" or "disadvantaged" carries a heavy negative social consequence.

What is less well understood is the fact that the labelling professions force us, structurally, to focus on the empty half when the appropriate focus may be the full half. For example, many people labelled "developmentally disabled" or "physically disabled" are never going

to be "fixed" by the service professions. Nonetheless, they are frequently subjected to years of "training" to write their name or tie their shoes. These same people may have many capacities that are unused and unshared while their lives are surrounded by special services that will demonstrably fail to fix the deficiency. Denying opportunities to express capacities is often the structurally iatrogenic effect of the use of ineffective therapeutic tools.

For those whose "emptiness" cannot be filled by human services, the most obvious "need" is the opportunity to express and share their gifts, skills, capacities, and abilities with friends, neighbors, and fellow citizens in the community. As deficiency-oriented service systems obscure this fact, they inevitably harm their client *and* the community by preempting the relationship between them.⁴

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THE SECOND structurally negative effect of the use of the human service tool is its effect on public budgets. It is clear to every elected offi-

cial that the public purse is limited. Contemporary legislative process is mainly about the division of that purse. To give more to one activity (defense) usually means giving less to another (agriculture or education). Therefore, a realistic approach to public policy and expenditure always requires an understanding of trade-offs—who or what gets less as something else gets more.

This process occurs between major expenditure categories such as education, highways, defense, medicine, and agriculture. Trade-offs also take place within each of these categories. We understand this trade-off, for example, as it is publicly debated about the defense budget. Should we have more land-based bombers or more missiles? There is a choice to be made.

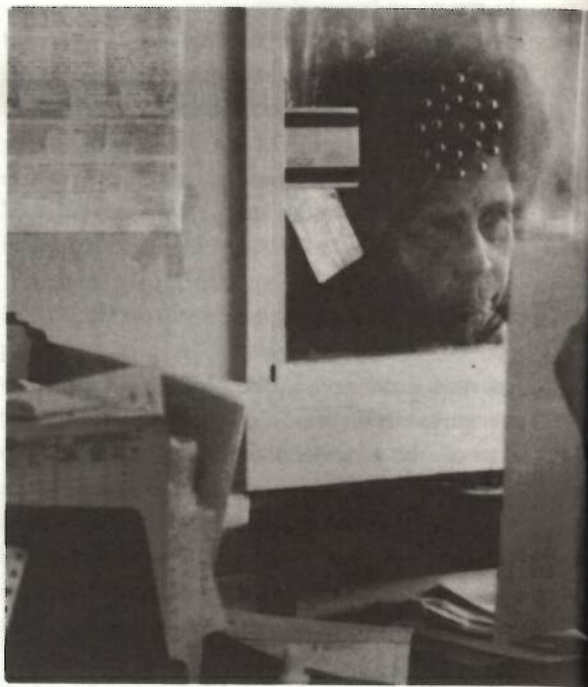
The same process occurs within the human service budget. Here, however, it is less well understood because the basic competition for the limited funds available for the "disadvantaged" is between the human service system and cash income for labelled people. Service system lobbyists and advocates see the competition for limited public resources as a jockeying between various service providers and systems. They rarely recognize or acknowledge, however, that the net effect of their lobbying is to limit cash income for those they call "needy" and increase the budget and incomes of service programs and providers.

As a recent federal study showed, between 1960 and 1985 federal and state cash assistance programs grew 105 percent in real terms, while non-cash programs for services and commodities grew 1,760 percent. By 1985, cash income programs amounted to \$32.3 billion, while commodity⁵ and service programs received \$99.7 billion.⁶

The service system's preemption of public wealth designated for the "disadvantaged" is

also demonstrated by recent studies of poverty allocations in New York City and Chicago.⁷ Both studies demonstrate that over 60 percent of all public funds allocated in those cities for low-income people are allocated for services rather than for income.

The effect of trading cash for human services is devastating for people whose lives cannot be "fixed" by service intervention.



Nonetheless, we have no effective measures that allow legislators or policymakers to assess whether public investments for services would be more enabling as cash income. As a consequence, most legislative debate surrounding labelled people is about which services to fund, and for how much.

THE THIRD structurally negative effect of the human service tool is its impact upon community and associational life. The community, a

social space where citizens turn to solve problems, may be displaced by the intervention of human service professionals as an alternative method of problem solving. Human service professionals with special expertise, technique, and technology push out the problem-solving knowledge and action of friend, neighbor, citizen, and association. As the power of profession and service system ascends, the legitima-

The consequence of this professional persuasion is devastating for those labelled people whose primary "need" is to be incorporated in community life and empowered through citizenship. These people include those frequently labelled as developmentally disabled, physically disabled, elderly, ex-convicts. They desperately "need" incorporation into community life but the community of citizens and associations has often been persuaded by human service advocates that vulnerable people:

...need to be surrounded by professional services in order to survive;

...are therefore appropriately removed from community life in order to receive these special service programs in special places;

...cannot be incorporated into community life because citizens don't know how to deal with these special people.

The result of this professional pedagogy is a disabled citizenry and impotent community associations, unable to remember or understand how labelled people were or can be included in community life.

Instead of recognizing the crucial need most labelled people have for the empowerment of joining community life as a citizen, expressing capacities and making choices, many good-willed citizens volunteer to assist service systems free of charge. In this simple act, citizen volunteers trade off their unique potential to bring a labelled person into their life and the associational life of community in exchange for the use of their time as an unpaid agent for a service system. The community group that might ask a disabled or vulnerable person to join as a member decides, instead, to raise money for wheelchairs and rehabilitation centers. The associations of com-

cy, authority, and capacity of citizens and community descend.⁸ The *citizen* retreats. The *client* advances. The power of community action weakens. The authority of the service system strengthens. And as human service tools prevail, the tools of citizenship, association, and community rust. Their uses are even forgotten. Many local people come to believe that the service tool is the only tool, and that their task as good citizens is to support taxes and charities for more services.

munity life are led to support segregated, professionally controlled athletic events rather than incorporating a labelled person into a church bowling league.

In working to meet this need for incorporation, it is necessary to recognize that the human service tool typically limits, weakens or replaces community, associational and citizen tools. This is in the nature of any approach built on the premise that vulnerable people will be better because an expert knows better.

THE FOURTH structurally negative consequence of using human service programs is that they can create, in the aggregate, environments that contradict the potential positive effect of any one program. When enough programs surround a client, they may combine to create a new environment in which none of the programs will be efficacious.

This particular iatrogenic effect is difficult to comprehend because it grows from the use of programs, any one of which might seem reasonable standing alone. Indeed, most individual service programs appear reasonable and "needed" when presented to legislators. What

is invisible is the effect of the program when it is joined by many other service programs as they surround a labelled person. With enough services surrounding a life, a new environment emerges that has its own peculiar system of incentives, rewards, and penalties.

The process is analogous to an aggregation of trees. In an urban neighborhood there are usually trees in yards and parkways. We would not say, however, that people in that neighborhood live in a forest, even though the trees in a forest may be of the same kind. We would not call an area a forest until it has enough trees to create a new environment that does not exist in the neighborhood. In the forest, the shade and fallen leaves kill off grasses. In their place appear new wild flowers and bushes. The grassland animals are replaced by those that live in trees. Prairie birds are replaced by forest birds. The forest flora and fauna create a different world; most people even act differently in a forest, even though it is a place comprised of trees familiar from their neighborhood.

By way of analogy, each individual service program is like a tree. But when enough ser-

Four Structurally Negative Effects of Human Services

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|--|---|--|
| 1. Human services emphasize deficiencies. | → | 1. Undermines the sense of capacity and self worth of a client. |
| 2. Human services create a demand on public budgets. | → | 2. Reduces the cash income and market choices of the client. |
| 3. Human services focus on problem solving by experts and systems. | → | 3. Decreases participation in community life by the client. |
| 4. A dense environment of services surrounds individuals and communities on all sides. | → | 4. Intensifies dependency, stimulates deviance, and neutralizes the positive potential of individual programs of service intervention. |

vice programs surround people, they come to live in a forest of services. The environment is different from the neighborhood or community. And people who have to live in the service forest will act differently than those people whose lives are principally defined by neighborhood relationships.

We all recognize the forests of services that are called institutions. They are places where people live wholly surrounded by service professionals, programs, and plans. The uniqueness of this environment is emphasized by large buildings, walls, fences, and so on. Nonetheless, forests of services can be created without walls or large buildings. Places called group homes, halfway houses, and convalescent homes are usually service forests. Also, some labelled individuals who live with their families can be so fully served by professionals that their life is lived in a forest although their residence is in a neighborhood.

There are also low-income neighborhoods where so many people live lives surrounded by services that the neighborhood itself becomes a forest. People who live in this neighborhood forest are now called the "underclass." This is an obvious misnomer. Instead, we should say that the neighborhood is a place where citizens act as anyone else would if their lives were similarly surrounded and controlled by paid service professionals. A more accurate label than "underclass" would be "dependent on human service systems." A more accurate differentiation of status would be to say the residents are "clients" rather than "citizens."

When the services grow dense enough around the lives of people, a circular process develops. A different environment is created for these individuals. The result of a non-community environment is that those who experi-

ence it necessarily act in unusual and deviant ways. These new ways, called inappropriate behavior, are then cited by service professionals as proof of the need for separation in a forest of services and the need for more services.

The disabling effect of this circular process is devastating to the client and to our communities. The public is understandably mystified. Each individual program appears to be reasonably needed and appropriate. However, in the aggregate, each program has become ineffective and often harmful. The situation is analogous to a person who dies of taking 20 different pills, any one of which might have been helpful.

Physicians have long recognized this interactive iatrogenic effect. Service systems have not. Instead, human service systems nearly always prescribe more programs, more services, more "targeting," and larger forests. The result is predictably counterproductive. Costs increase. Programs proliferate. Forests grow. Clients multiply. People adapt their behavior to the forest and are called maladaptive. The cycle spirals downward and the failures are blamed on the victims.

IN SUMMARY, THESE IATROGENIC EFFECTS TELL US that policymakers and practitioners should be constantly aware that the use of human service tools places a person at risk of: a reduced sense of self worth; poverty; segregation from community life; and disempowerment as a citizen. The risks demand the most serious reevaluation of policies that empower human service professionals and systems to intervene in the lives of labelled and vulnerable people.

A practical framework for this policy reevaluation would begin by placing the burden of proof upon those who propose a human service intervention as a means of helping a per-

son with a particular condition. This "burden" is analogous to that understood by the Food and Drug Administration as it evaluates the use of various medical interventions. The intervenor has the responsibility to identify the negative side effects and to prove the benefits are greater.

This is an excellent model for evaluating proposed human service interventions. The service advocate should be required to identify the negative effects, present evidence of the benefits, and demonstrate that the benefits outweigh the negative effects. The effect of such a rigorous evaluation would create a positive new force in the lives of labelled people. The service agency, department, or professional would be asked by legislators, public executives, boards of directors, foundations, or groups of labelled people to specify the negative effects of their proposals. This wholesome new discipline placed upon the service advocates would often create a revolutionary reexamination of their assumptions and practices.

In addition to the burden of proof regarding negative effects and benefits of a *particular* service intervention, the service advocate should also be required to present evidence that the intervention will not be used cumulatively, creating a service forest. Just as the ethical medical professional recognizes and protects against the negative effects of the interaction among many drugs, the human service professional should be required to identify the negative effect of aggregating programs around a person's life and define the safeguards that will be used to protect against the dependency and deviance that so frequently result from a "forest" of services.

Once both requirements are met by service advocates and the particular and interactive negative effects are clarified, policymakers

should quickly recognize that the use of a particular human service tool is not necessarily good or even neutral. They should see that a service is a potentially injurious tool and begin to ask whether other kinds of non-service resources, activities, or opportunities might be appropriate for the person said to be in need of a service. They could begin to ask, "Is there a different kind of approach that doesn't involve a human service that might be more effective and have less negative effect?"

Here again, the medical analogy is helpful. While the Food and Drug Administration may approve a medicine as being more beneficial than harmful, an ethical physician does not assume that it should therefore be prescribed. Instead, the physician asks whether there are

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other, more effective ways of dealing with the condition that do not involve use of the drug and its negative effects.

The current protocol for high blood pressure provides a good example. All the approved medicines have some significant

negative effects. Therefore, ethical physicians first seek non-medical alternatives before risking use of the medicine. This often involves advising clients to undertake an exercise program, reduce their weight, and decrease their salt intake. Similarly, a review of policy options to address conditions of vulnerable and labelled people should systematically examine non-human service responses that might provide the same or better results with fewer or no negative side effects.

THIS POLICY-OPTIONS REVIEW REQUIRES THAT POLICYMAKERS have a set of alternatives to test against proposed human service interventions. Fortunately, there are at least three alternatives that have historically proven effective in addressing the conditions of many who are vulnerable, labelable, or said to be in need.

The first option is to identify the capacities, skills, or potential contributions of the persons said to be in need. What policies, resources, or activities could result in the exercise, expression, visibility, and magnification of those assets? For example, many people labelled "developmentally disabled" have been found to thrive and flourish when they escape a "forest" of professional services and are provided community opportunities to express their unique gifts.⁹ Similarly, low-income people, neighborhoods, and public housing developments experience regeneration when they focus on their capacities rather than an exclusive emphasis upon problems, deficiencies, and needs.¹⁰ However, in the case of both groups of people, the files of the local human service agencies and authorities are filled with descriptions of their needs, deficiencies, diagnoses, and problems. Therefore, those agencies are not useful as a resource for capacity-oriented development. Policymakers will need

to find other activities and supports if the assets and capacities of people and communities are to be viewed as the basic problem-solving tools.

The second option is to provide cash income in lieu of access to prepaid or vouchered human services. This option provides an opening to many new opportunities and even creates better services. The advantages of income over services include:

- ...providing empowering choices in a free market;

- ...providing choices between services, thus creating a competitive market that should improve services;

- ...creating a market in low-income areas where mainline enterprises will have an incentive to reach out to low-income people.

There is, of course, the stereotypic concern that "disadvantaged" people might not use their income wisely. However, there is no evidence that, as a group, these people are less wise in the use of their money than doctors, psychologists, social workers, or other professionals who are now the primary beneficiaries of dollars appropriated for low-income and other labelled people.

The third option is to seek participation in community life and citizenship activities instead of human service interventions. This option flows from the fact that many vulnerable people are primarily disabled by their segregation from community life in institutions, "special" programs, or service ghettos.¹¹ Paradoxically, their lives often improve significantly when they leave service systems and become effectively incorporated in community life.¹² Therefore, the challenge is to create policies that stimulate the hospitality of citizen

associations and community groups so that they will incorporate and share the capacities and gifts of those who have been excluded because of their labels.

MY PURPOSE IN THIS ANALYSIS HAS BEEN TO ESTABLISH two basic premises:

1) Human service interventions have negative effects as well as benefits.

2) Human service interventions are only one of many ways to address the condition of people who are labelled.

Many of our failed reforms and programs during the last two decades are the result of our failure to recognize these two realities. When policymakers begin to evaluate human service proposals from the perspective of these two premises, we will create much more effective means of problem solving. Making these premises operational is reasonably simple. They can be expressed in five basic questions that can be asked by any person responsible for policies affecting those citizens who are especially vulnerable, disadvantaged, or exploited:

1. What are the negative effects of the human service proposed to help the class of people?

2. What are the situations where the proposed service may be applied with many other services and what interactive negative effects will result?

3. Will a focus on the capacities of the class of people be more effective than a service program's focus on deficiencies and needs?

4. Will providing the dollars proposed for funding the human service provide greater benefits if given to the clients as cash income?

5. Will incorporation into community life be more beneficial than special, separating service

treatments?

The last three questions incorporate the central values of a free and democratic society. They recognize that the greatest "service" our society provides is the opportunity to express our unique capacities, to have a decent income and join with our fellow citizens in creating productive communities. No human service professional or program will ever equal the healing and empowering effect of those three democratic opportunities. Therefore, policies that support citizen capacity, income, and community should have preference over other forms of intervention that are necessarily second-rate and second-best responses. Effective democratic policy is guided by three powerful principles: citizenship, income, and community.

NOTES

¹Up From Dependency, Supplement 1, Volume 1, Executive Office of the President (1986) reports the major increases between 1960 and 1985 in public allocations to service systems for low-income populations.

²For the seminal analysis of modern therapeutic counter-productivity, see Ivan Illich, *Medical Nemesis* (New York: Pantheon, 1976).

³Wolf Wolfensberger, *The Origin and Nature of Our Institutional Models* (Syracuse, New York: Human Policy Press, 1975).

⁴Mary O'Connell, *The Gift of Hospitality*, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois (1988)

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⁵While commu and vouchers suc and housing vout minority of these often preferable n allocations becau greater range of c appropriated for r requirements.

⁶Up From Dep 14.

⁷David Grossman Smolka, *New York Budget, Community of New York, New Diane Kallenback Government Spen In Cook County, Ill. Better?*, Center for and Policy Research University, Evanston
⁸Ivan Illich et al *Professions* (London 1977).

⁹*The Gift of Hospitality*
¹⁰John McKnight *Low-Income Neighbors: People Who Reside in Urban Affairs and Northwestern University, Illinois.*

¹¹E.g., see David *The Discovery of the* (Boston: Little, Brown

¹²Robert Wood *to Life* (Cambridge, Ballinger, 1981).

is a report of local initiatives designed to counteract this iatrogenic effect in the lives of people labelled developmentally disabled.

⁵While commodity programs and vouchers such as food stamps and housing vouchers represent a minority of these dollars, they are often preferable to human service allocations because they provide a greater range of choice and are appropriated for more basic life requirements.

⁶*Up From Dependency*, pp. 12-14.

⁷David Grossman and Geraldine Smolka, *New York City's Poverty Budget*, Community Service Society of New York, New York (1984); Diane Kallenback and Arthur Lyons, *Government Spending for the Poor In Cook County, Illinois: Can We Do Better?*, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois (1989).

⁸Ivan Illich et al., *Disabling Professions* (London: Marion Boyars, 1977).

⁹*The Gift of Hospitality*.

¹⁰John McKnight, *The Future of Low-Income Neighborhoods and the People Who Reside There*, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois.

¹¹E.g., see David J. Rothman, *The Discovery of the Asylum* (Boston: Little, Brown, 1971).

¹²Robert Woodson, *A Summons to Life* (Cambridge, Massachusetts: Ballinger, 1981).

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