

Paternalism – caught between rejection and acceptance: taking care and taking control in community work

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Introduction

Over the last years, many research projects on transformations of the 'European' welfare state have been carried out. One of the most fundamental issues dealt with in these projects was the following question: are we experiencing a transformation from a 'social state' to a 'penal state'? (see for instance the book of Pierre Bourdieu, the famous French sociologist, *Misère du Monde*). In these debates, however, the transformations of social professions, in particular of community workers, is often neglected. Therefore, in this article, we wonder if and how methods and approaches of community workers have become more penalizing. It turns out that indeed a tougher approach to the communities involved has developed in recent years. But it is far too simple to label the new approaches as penalizing. The word 'patronizing' is a more accurate term to describe what is going on. We argue that there is a resurgence of paternalism in community work, a process which is both ambiguous and complex. This development is discernible in many countries, both in continental Europe and in the Anglo-Saxon world. But, as we will see, paternalism on the continent is not necessarily the same paternalism as in Britain (or in the United States). In our account of the resurgence of paternalism, we will distinguish between caring paternalism and neoliberal paternalism.

The history of paternalism, paternalism as history?

In the 1970s, most European welfare states successfully left paternalism – welfare professionals acting and making decisions on behalf of others 'for their own good' – behind them. From then onwards, patients, the unemployed, inhabitants of marginalized neighbourhoods and prisoners were treated as independent, responsible citizens. As of then, they would receive

help only if they wanted to – it was no longer forced upon them. Paternalism had become history, just as old-fashioned as going to church on Sunday or the widespread (if ‘Western’) taboo on sex before marriage. Since the leftist 1970s and liberal 1980s, paternalism has become a notion regarded with great disdain. Today, the requests of the citizen must be respected; people are mature enough to formulate their own requests for help. Community workers must keep their ideas to themselves and respect the wishes of autonomous, capable citizens. These days it’s not paternalism which is the maxim of professional community work, but ‘demand influence’, ‘demand-oriented’ or ‘demand-driven working’ and ‘personal responsibility.’

For some, this has been cause for concern about marginal citizens, who are left to fend for themselves under the guise of anti-paternalism. Images of the filthy and dishevelled homeless and psychiatric patients who currently inhabit large cities support their fears. Because of this, anti-paternalism is only half of the story regarding contemporary social policy: currently, paternalism is not only rejected, it is also accepted. In the last few years, there has been a tendency towards more, harder and earlier interventions, and towards greater and more intense involvement with marginal individuals. It is not only a question of more severe punishments, but also of more ‘outreaching activity’: more and unrequested interference in the lives of the homeless, of poor people, of the unemployed and of inhabitants of disadvantaged neighbourhoods. In short, paternalism is once again allowed and wanted.

How can paternalism’s ambiguous status in social policy and practice be explained? Is the present rejection and acceptance of paternalism contradictory or complementary? We will see that answers to these questions depend on a precise distinction between two types of modern paternalism: a caring one and a neoliberal one. We will make an attempt to explain the ambiguous status of paternalism by looking at the historical developments in thinking about paternalism, self-development and self-determination in welfare, care and community development over the last fifty years (Duyvendak, 1999; Tonkens, 1999).

Guided self-development

‘Paternalism’ is a word which only became familiar amongst community workers once it was considered outdated, namely at the end of the 1960s. In the 1950s, paternalism was still entirely matter-of-course. It was considered obvious that community workers knew what was best for their ‘clients’. This paternalism was not aimed at the control and repression of clients, as was commonly thought about in the 1950s, and during the following decades. It was actually aimed at their self-development. Self-development

in the 1940s/1950s, however, was not something that people claimed for themselves, but what according to others was good for them. We call this *guided self-development* to distinguish from the later ideal of *spontaneous self-development*, which is discussed below (Tonkens, 1999). Community workers knew best what was good for their client. They had an obvious authority as a result of their expertise: the knowledge of professionals was of a different, higher class than lay and/or self-knowledge. The client's perspective was indeed informative, but then mainly as a symptom of his or her problem, not as a valuable point of view (Mol and Van Lieshout, 1989). We call this *paternalistic spokesmanship* (Tonkens, 1999): a professional speaks on someone else's behalf because they are not considered to be an equal individual with an equal point of view.

This paternalistic spokesmanship must be understood within the context of the ideal of guided self-development. In the 1950s, guided self-development was centred around the individual, the family or the neighbourhood; the societal context was accepted as a given and was not a subject of intervention. People had to conform. The community worker saw what the other didn't (rightly or correctly) see: who this other was and could become. From this viewpoint, the community worker actively tried to stimulate the development of others' selves. The assistance was directive.

This meant that for people with social problems they weren't left to fend for themselves: they were very much worked on. In the Netherlands, so called anti-social people ended up in segregated neighbourhoods where they were taught how to run a respectable household. Children were not the only ones who had to be taught principles of cleanliness, quiet and order, but ill-bred adults as well. The guided self-development placed 'anti-socials' in a pedagogical relationship with countless professionals from which they – it was generally accepted – could learn a lot.

In the Netherlands at least, these how-to-live-schools were located in clearly demarcated parts of the city, often in the more peripheral housing areas. This segregation of problem families and individuals was a mild ordeal compared to the physical distance which was created for many psychiatric patients and the mentally handicapped from the mainstream of society. These people disappeared – again for their own good – more and more from the scene. Separate institutions were considered to be the best solution for them. A large number of them were thought of to be beyond hope, making education useless. No popular education was devoted to them.

The paternalistic spokesmanship of the 1950s must be understood against the backdrop of the role of specialists at the time. In the 1950s, self-development was seen as a matter for specialists like social and community workers. They had authority in matters of abstract knowledge and morals,

two subjects whose connection was not disputed. Those with more knowledge were considered as morally superior and vice versa. Specialists knew better than others what self-development was and how it must be stimulated. This superiority was so self-evident and experienced so little opposition that it went unquestioned.

Spontaneous self-development

Throughout the course of the 1960s, paternalism was vehemently attacked. This offensive must be understood in the context of a new development ideal, namely that of *spontaneous development*. There was, in the words of Clecak (1983), talk of a democratization of the person-being. It was no longer self-evident that some individuals should be considered valuable people whose viewpoint – not only about themselves but also about others – must be heard and respected, while other individuals were considered worthless people whose opinion did not have to be respected – not about others, and not even regarding themselves.

Democratization meant that professionals could still represent others, but then only on behalf of and no longer for them, based therefore on identification, in an attempt to articulate the perspective of others. We call this *identifying spokespersonship* (Tonkens, 1999). As the societal structures were no longer given but ‘engineerable’ and the hierarchy between people lost its legitimacy, it also became problematic that people in positions of power and authority spoke for others (Duyvendak, 1999).

Rather than the individual, the family, the neighbourhood or society became the subject of intervention. People were seen as being basically good and as having a tendency towards spontaneous self-development. Societal structures, on the other hand, impeded the self-development of the individual. Self-development was only possible in the absence of societal impediments. This required social change, a demand which, certainly in the developed world in the 1970s and 1980s, was heard everywhere. But societal change was not the only way; societal impediments could also be avoided by escaping from society.

In this last perspective, self-development became not a development *towards* something, but *away* from it. Those who developed themselves became less well-adjusted, less conditioned, less inhibited by the dominant social norms. In this view, being less of all those things translated automatically into being more yourself, and therefore closer to yourself. The professional help of all sorts of groups and individuals more and more became centred around the removal or loosening of restraints and not so much on the encouragement or stimulation of something. Social and community workers no longer claimed a deeper knowledge of the people’s

selves, but did claim knowledge of society and its disastrous influence. They abstained from judgements about the nature of the people involved, but now focused on society. Professionals in the 1970s were averse to professional paternalism, but they remained paternalists in a political sense.

New relationships

These new relationships suddenly gave marginal individuals the role of folk heroes. The less socially adjusted and integrated these individuals were, the 'better' they were. In the new relationships, marginality became a social issue: the marginal individuals themselves were no longer the problem, society was. Society would have to change so that it did justice to the unique nature of the marginal individuals. What is more, marginal individuals such as psychiatric patients and the mentally handicapped went from being poor wretches to shining examples. Exactly because they were not well-adjusted, they were not alienated, more themselves and thus a guide in the search for a better world. Social maladjustment was no longer a sign of dysfunctionality, antisociality or immorality, but a sign of mental health which societal problems revealed. Exactly because marginal individuals did not conform, they were not alienated from themselves and were therefore actually wiser and more expert than the so-called specialists. This 'praise of maladjustment' was professed in many ways, with regard to many groups. What the mentally handicapped, the insane, runaway youth and other marginal individuals wanted and thought was no longer a symptom of their abnormality but an interesting, almost exemplary viewpoint.

With this, expertise became more of a handicap than an advantage. Those who had obtained abstract knowledge and a position as a specialist no longer could claim moral authority. Moral authority belonged rather with those who were not 'contaminated' by expertise. With this, the legitimacy of paternalism disappeared.

Specialists, amongst whom were many community workers, more and more came to be considered as those who impeded the self-development of their clients. Also, when these community workers became less involved with the development of their former clients (seeing as they also believed that development had to come from these groups themselves) and focused more on changing 'societal structures', they could still count on receiving criticism. This time the criticism was focused on their political paternalism: how could these starry-eyed idealists be so sure that they knew best what would be best for everyone?

The distance which the 'normal' world had frantically retained in the post-war years from maladjusted individuals and groups disappeared in the radical 1960s and 1970s. Anti-socialness became an honorary title; the

maladjusted were cherished, clasped to the breast and held up as an example. Community workers came to the shameful conclusion that they had been teaching maladjusted groups for years, while they, the community workers, could have learned so much from exactly these maladjusted people about society's injustice. But the change in relationship between the individual and society – the transition from the individual conforming to society to society conforming to individuals – not only had extreme consequences for this group of maladjusted people when it was decided that it would be best for the institutionalized 'resident patients', as well as for the rest of society, for the physical separation to be abolished. Now that 'being normal' no longer had a solid definition, they might (and indeed must!) come out of the forests back to the city.

Self-determination

The anti-paternalism of the 1960s/1970s was extremely successful. In the 1980s and early 1990s, anti-paternalism remained a directive for much social policy. The idea that the client's perspective was relevant became even more prominent during these years. During these liberal years, the ideal of self-development transformed into one of self-determination: people are autonomous beings who, above all, should not be limited by others. With this, identifying spokespersonship in fact became impossible. People could only speak for themselves.

This self-determination ideal has a number of striking similarities with the guided self-development ideal from the 1950s. In self-determination, the individual rather than society again becomes the focus of change. The individual develops within the given social structure. The radical criticism of society which accompanied self-development, disappears. Citizens must once again be well-adjusted within the societal order, which means being mature, autonomous and capable, so one can survive in a liberal, market-oriented society.

Community workers are theoretically welcome once again, provided they adopt an attitude of service rather than of domination. To encourage the self-determination of their clients, they must offer advice, help and support, which clients can choose to follow or ignore. The liberalism which has become dominant is primarily anti-paternalistic. Citizens are theoretically autonomous; they can adequately express their own desires. They have no need of, nor do they feel forced into, paternalistic interventions: care and welfare must therefore be 'demand-oriented'. Those who don't ask for help don't need it and those who do need help, ask for it – so liberals think.

Marginal individuals are no longer interesting and exemplary, but are 'losers'. For many, the question is not even whether or not they can be

helped; they merely disappear from the social assistance radar as a result of the massive cutbacks in the social sector and the new ideal of self-determination. There are very few resources for community development; inhabitants who do not request it are simply not cared for. It is, after all, their autonomous choice if they wish to abandon professional help. In the care for the handicapped, it is not so much the cutbacks as the autonomy ideal which leads to 'socialization' and 'deinstitutionalization': more and more large institutions are closed or scaled down, and progressively more clients move to a residence in the city. The deinstitutionalization appears not only to result in more freedom, but also in great loneliness, neglect and nuisance. In contrast with the 1970s, people no longer pay attention to the societal context in which these (ex-) patients now find themselves. The transition from the separate institutions to real life in heterogeneous neighbourhoods seems to be a big one for some patients, also because the help available to them is insufficient and – due to the autonomy theory – is only hesitatingly offered. Self-determination gives economic cutbacks a moral rather than financial legitimacy: social assistance only leads to dependence.

In liberalism, the pronouncement that people are autonomous is not only descriptive but also prescriptive. Out of respect for our fellow human beings, liberalism proposes not only that we must consider others as autonomous and capable, but also that they *must* be so. But many people are not autonomous or cannot manage their freedom as liberals would like them to. During these days of self-determination, community workers have to push and to punish their clients more than ever before. The emphasis on the freedom and autonomy of citizens leads, paradoxically enough, to a greater focus on criminality and punishment and less on consideration for education. For example, the approach to young people who broke the rules and laws in the 1970s/1980s was still strongly focused on assistance and education, starting from the idea that these young people were not yet adults *nor* autonomous. In the 1990s, however, these young people are seen both as adults and as autonomous. As a result, they are given less assistance and education on the one hand, and on the other hand are punished more severely and more often. The attempt to take youth more seriously leads to a situation where education and treatment are seen as peripheral matters and the main focus is on punishment.

Two forms of neo-paternalism

From the mid-1990s, we begin to see a change in thinking about paternalism, which results in the ambiguity regarding paternalism which is briefly discussed above. On one side, the ideal of self-determinism is still very forceful, as is the anti-paternalism which it accompanies. On the other side,

from this period forward we hear about a rediscovery and reassessment of paternalism, now formulated in terms of ‘unsolicited intervention’, ‘outreach programs’, ‘prevention’ and so on. How can this contradiction be explained? Are we indeed talking about contradiction, or are these two tendencies actually complementary?

To begin with, neo-paternalism is not a singular entity: there are roughly two distinguishable variants, which are respectively liberal and anti-liberal. The *liberal* neo-paternalism, as discussed above, is extremely reticent regarding paternalism in general. It stresses the autonomy of the individual, and this autonomy forbids paternalism and ‘undemanded’ interventions except in cases of damage to the self or to others. One person’s freedom can only be limited by the freedom of another. Each must do what he feels he must do, unless doing so will cause damage, or threaten to cause damage, to others. Unfortunately, that happens from time to time. Therefore, from the liberal perspective there is a great necessity for neo-paternalism. Much outreach assistance finds its legitimacy in the possibility of damage, in this case nuisance. Community workers must intervene, even if they haven’t been asked by the people involved, when those people cause trouble. This neo-paternalism is a perfect match for the old anti-paternalism. It claims, after all, that paternalism isn’t allowed, unless . . . (cf. Berghmans, 1992).

Neo-liberal paternalism creates a group of people who are considered to be hopeless. And because damage is the only reason for intervention, this intervention becomes predominantly negative, focusing on penalties and punishment. Alongside this, however, develops an anti-liberal, more concerned and caring neo-paternalism. This approach claims that liberalism, with its emphasis on autonomy and its limitation of involvement to damaging or dangerous situations, leads to neglect, isolation and decline, in short, to drama which falls outside of the liberal perspective. These neo-paternalists propose that professional intervention in cases of decline, neglect and remiss is a sign of compassion, humanity and, finally, of respect for those who can no longer help themselves. Paternalism is not a disgrace but a professional virtue. The liberal notion that only the principle of damage is enough of a cause for professional action in their view much is too narrow a basis for community work. It legitimates other citizens looking the other way. It creates a new multitude of people who are denied help, not because these people cannot be helped, but because they simply are not capable of articulating that they want to be helped and therefore do not get considered in ‘demand oriented’ care. In their oh-so-autonomous wisdom, they may decide to waste away.

In recent forms of this caring neo-paternalism and outreaching community work, the biggest theme is no longer societal criticism but criticism of the profession(al). Many initiators of outreach assistance claim that

community workers cannot just stand there and watch when people are neglected, isolated, grow filthy and when children are not well cared for, even though there may be no evidence of nuisance or other forms of damage. Community workers shouldn't wait for their clients to come to their office hours with a lucid question but should go out and find neglected individuals to whom they can offer help. Caring neo-paternalism obviously has an entirely different view on community work than liberal neo-paternalism. In this 'caring' school of thought, everyone can be helped in one way or another.

Conclusion

How can the simultaneous rejection and acceptance of paternalism be explained? And what to think of it? By taking a closer look, we can distinguish two forms of neo-paternalism, one liberal and one caring, which both reject and accept paternalism. The liberal neo-paternalism is very close to classic paternalism: it argues that paternalism is not permitted, unless in cases of harm, harassment or criminality. The growth of this paternalism can be explained mainly by two factors. First, the assumed autonomy and capability of citizens seems not to be living up to expectations. Secondly, liberalism comes up with the idea that intervention may occur only in cases of harm or request by the individual because this theory shifts attention from suffering, misery and (lack of) welfare towards harm and trouble. With regard to young people, for example, less attention is being paid to their welfare and more to punishing bad behaviour. Moreover, the latter is no longer linked to development of the individual but to crime prevention.

Caring neo-paternalism is a criticism of and reaction against this combination of liberal anti-paternalism on the one hand and acts of punishment on the other. Without relying on classic forms of paternalism, this approach claims that everyday misery, even if it does not lead to nuisance or other damage, can be a reason for unrequested help. The criterion here is not harm, but the quality of existence. These modern, paternalistic community workers can rationalize more easily intervening in someone's life, not least because they do so with more compassion and less severity. They are, however, no hard-core paternalists, but act – for the good of the weakest groups – according to what they feel is needed rather than what is prescribed. For them, it is a question of choosing the lesser of two evils, which to them is paternalistic action. They also keep a critical distance from both unbridled paternalism and the inescapability of treatment for one's own good: they balance between taking care and taking control.

If anything is revealed by this short history of paternalism, it is that community workers cannot rid themselves of paternalism, whether they are liberal or progressive. Attempts to eliminate paternalism are not only

fruitless, but also undesirable. Its elimination would irrevocably lead to a growth in the category of people who fall outside the realm of assistance. Only benevolent and well-intentioned paternalists never give up.

In our research, we discovered in several Western European countries this tendency towards caring paternalism. This is a new phase in community work, which we tend to welcome as progress. Research in Anglo-Saxon countries, and in particular in the United States, does show, however, an increase in neoliberal paternalistic social work. It is said to be in the interest of people that they are treated in a tough way; better anyway than in comparison to the soft approach of the 1970s (in Britain and the USA it is characterized as 'tough love'). The consequence of this policy is not only that there are more people in prison and correctional institutions than ever before, but also that many marginal people are neglected and not cared for. How tough is the Third Way, how compassionate, or neo-liberal?

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