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Critical Theory and Social Work: Historical context and contemporary manifestations

Introduction

Throughout its history social work has been influenced by the wider socio-political environment within which it is located. From the Charity Organisation Society (COS) and the moral reformers of the 19th/20th centuries, the eugenics policies of the early 20th century, the welfarism of the mid-late 20th century, to the neoliberal managerialism of the present day. A cursory glance at these developments shows the influence of various political ideologies, from the left, right and middle ground of British politics.

In this chapter I want to look at one particular political influence on social welfare, that of 'critical theory', a set of ideas and practices that developed from those on the left of the political spectrum and has subsequently influenced, and been influenced by, other political/theoretical perspectives such as postmodernism and poststructuralism. This is not to say that there are not profound differences between the aforementioned traditions, merely to say that even in critique, by engaging with earlier writers, it helped clarify the thinking of later theorists, even if the conclusions they reached were very different. As these theoretical perspectives interacted with the political struggles of the day they influenced both the politics of identity and difference, perspectives which paved the way for the current popularity within left wing political thought for intersectional politics that seeks to understand how various identities intersect and influence the personal and political lives of subjects. We now have inter alia critical race theory, critical disability studies, critical psychiatry, critical psychology and even, for our purposes, critical social work. Indeed, it would be rare to hear a contemporary social or psychological academic state that they considered themselves to be an *uncritical* theorist.

To illustrate the influence of some of these developments I first give a brief summary of some key considerations and terms within critical theory, paying particular attention to the thought a group of theorists who became known as the Frankfurt School. This is not that because these writers are necessarily the most influential on critical thought, such influences are diverse and wide-ranging. For example, it is possible that the thought of those associated with Stuart Hall's Centre for Cultural Studies at the University of Birmingham, UK had more influence on the radical of that time (Hall et al. 1978; Hall, 2016). However, my intention is to give those readers unfamiliar with the work of the Frankfurt School a basic synopsis and provide further references for more detailed engagement with their ideas. This is because whilst most will associate critical theory with the ideas of Marx, who did indeed influence the Frankfurt School, relatively fewer will be aware of the ideas of these twentieth century social theorists whose work is often summarised as 'Critical Theory'.

I then look at the way such thought challenged some key ideas of liberal thought, particularly reason and rationality and how these have been developed by later theorists concerned with challenging social injustice. In order to demonstrate this I look at debates within disability and mental health in general, and in attempts at challenging stigma in particular. By way of a conclusion I discuss some of the implications for social work and social workers.

What is Critical Theory?[1]

In 1923 Felix Weil set up the *Institute for Social Research* at Frankfurt University, more commonly known as the *Frankfurt School*. Its first director was an Austrian economist and historian called Carl

[1] How (1993) provides a good introduction to Critical Theory. There are also a number of good online resources such as https://plato.stanford.edu/entries/critical-theory/

Grunberg but it is more closely associated with his replacement, Max Horkheimer, who took over in 1930s. The Institute attracted an association of Left wing intellectuals including theorists such as Erich Fromm, Franz Neuman, Otto Kirchheimer, Friedrich Pollock, Theodor Adorno and Herbert Marcuse. Whilst their theories often overlapped, generally along the lines of trying to combine Marx's histrocial materialism with Freudian psychoanalysis, it was only for a sfrieret time, in America during the period of the Zeitschrift fur Sozialforschung (a 'publication for social progress') that they formed a genuine school.[2]

The work developed by the Frankfurt School became known as 'critical theory'. Whilst writers such as Ramsey (2000) claim that critical theory was a codename for Marxism, it would be more accurate to view it as an umbrella term to cover the wide ranging but related theoretical work of the members of the School. Critical theory has as its goal human liberation, and works 'to create a world which satisfies the needs and powers' of human beings (Horkheimer 1972, 246). The aim is not only to explain but also transform all the circumstances that limit human freedom. For Horkheimer (1993), a critical theory of society, 'has as its object human beings as producers of their own historical form of life' (p. 21). With the rise of fascism and the decline of revolutionary class-consciousness the work of the Frankfurt School took a pessimistic turn, the prospect of social transformation being seen as off the agenda for the foreseeable future. Nevertheless, the writings of the Frankfurt School, in particular that of Adorno and Marcuse, influenced the radical Western movements of the 1960s, many of whom in turn influenced the development of critical thinking within wider society and also social work. The writings are deep, thought-provoking and also problematic but are essential for anyone wishing to understand the development of radical thought in the latter part of the twentieth-century.[3]

An important concept within critical theory is that of *immanent critique*. If a society has the potential to create a fairer, more just, social system and yet fails to do so then it should be subject to critique from within its own walls. The influence on social work can be seen in the radical social work movement's slogan of 'In and Against the State' (ref). This emphasised the contradictory aspect of state social work in that it acknowledged that it was a profession embedded within the machinery of the state but that it also had the potential to challenge and change the values and practices of the profession in the pursuit of social justice. Similar criticisms emerged within other disciplines such as psychology and psychiatry. In this respect it is worth noting that despite the varied external critiques of the psy-professions, many of the most perceptive have been from those trained and/or working in the fields (e.g. Szasz, 1961; Thomas, 1997; Johnstone, 2000; Parker, 2007).

Another important concept is that of *praxis*, which refers to the 'theory/practice' relationship and of how social science may serve the goal of social justice. The important point to note is the emphasis on theory not being some metaphysical abstraction with guidelines for how we should live and intervene in society, but that people's experiences and subjectivities should influence theoretical insights. To put it in common parlance, there are some things you cannot learn from just reading books, you also need to interact with others. Oliver and Sapey (2006) give the example of the social worker allocated the 'case' of a tetraplegic woman. With limited knowledge of the woman's condition or how it affected her life the social worker agreed to spend a full day with the woman, from before she got out of bed in the morning to when she got back into it at night. This gave her far

[2] Many of the members of the Institute were Jewish and fled to the USA at various points during the 1930s.
[3] My focus is on the earlier generation of critical theorists. However, whilst not essential to my argument the work of later writers associated with the school, such as Jurgen Habermas, has also been both highly acclaimed and critiqued within social theory and political circles.

more insight into the needs of her client than she would have got from reading medical books about the causes and 'cures' of her condition.

This move to acknowledging that many users of services are 'experts by experience' has helped challenge the dominance of professional knowledge. This does not necessarily dismiss the value of medical expertise but rather questions its ability to provide certain insights. So, in the above example, knowing the medical/genetic causes of tetraplegia, whilst obviously important, is of little help in understanding what it is like to confront daily life with it; for that we need experience not science.

Praxis, in ancient Greece, was a way for practical reasoning to lead to wise action, with the moral disposition to act truly and rightly. In modern times, this moral or ethical component is usually translated as a commitment towards a particular end. With roots in the philosophical work of Aristotle the notion of praxis has influenced a range of thinkers from all sides of the political spectrum As Karl Marx proclaimed: 'the philosophers have only interpreted the world in various ways; the point is to change it' (Marx, 1845, online). For the highly influential educationalist and political activist Paulo Freire, praxis is reflection and action upon the world in order to transform it (Freire, 1970).

Rather than, as is often the case, practice is seen as separate from theory, praxis aims to bring together practice, reflection, education and research in an integrated whole. One important contribution was by Hannah Arendt who, in her book *The Human Condition* criticised much of Western philosophy for being too preoccupied with the contemplative life (*vita contemplativa*) and neglectful of the active life (*vita activa*). For Arendt (1958) the implication of this was to miss the relevance of philosophical ideas to daily real life. For her, it is our capacity to grapple with and analyse ideas, and engage in active praxis, that is the mark of human uniqueness.

However, for Horkheimer, it was not a preoccupation with philosophical thought that was the main concern, rather it was the lack of reflection within the masses that was the problem. For him, the instrumentalism of contemporary society brought about by the commodification and classification processes of modernity had turned people into unthinking automatons, looking at the world in quantitative as opposed to qualitative terms. The creative, freethinking individual is subsumed by the needs of the modern technological age, 'The substance of individuality itself, to which the idea of autonomy was bound, did not survive the process of industrialization' (Horkheimer, 1941, p.36). Consequently, 'today, man needs factual knowledge, the automaton ability to react correctly, but he does not need the quiet consideration of diverse possibilities which presupposes the freedom and leisure of choice' (ibid. p.39).

Horkheimer may have been writing over 75 years ago but his argument has resonance today in the way that an anti-intellectual attitude prevails within contemporary society and social work. For example, then Health Minister Jacqui Smith, speaking at the 2002 Community Care Live conference said that social work 'is a very practical job. It is about protecting people and changing their lives, not about being able to give a fluent and theoretical explanation of why they got into difficulties in the first place' (Community Care, 2002, online). Indeed, the increasing managerialism within social work and the way in which the 'worker-client' relationship is increasingly characterised by control and supervision rather than care, on 'doing the job' within the remit of legislation, policy and organisational dictate without active intellectual reflection, on practice, rather than *praxis* has become a concern for some within the profession. Concerned that social work should not be defined by its function for the state but by its value base, Jones et al. (2004) exhort the profession to 'coalesce and organise around a shared vision of what a genuinely anti-oppressive social work might

be like' (online). Social workers are urged to engage with the 'resources of hope available in the new collective movements for an alternative, and better, world', one based around core 'anti-capitalist' values, such as solidarity and liberty (ibid.). This is, in effect, a contemporary version of the early radical social work movement's call to work both 'In and Against the State'.

It can also be argued that the popularity of 'evidence based practice' is an example of instrumental reason, as symptomatic of social work being reduced to 'managing' rather than eliminating social injustice. The focus is on what works as opposed to discussions about what is being done, why it is being done and whether it should be done or not. Evidence based practice eliminates the need for moral judgement and reflection; it does not require intellectual thought, just research.

Social workers then need to adopt immanent critique and praxis if they are to be more than technicians heeding the calls of their employers.

Critical Theory in the Contemporary Period

The Frankfurt School's thought had a pessimistic slant, something influenced by the experience of fascism and the loss of belief over the possibility of working-class emancipation. This saw a turn to culture as a focus for research and potential progressive social change. For the 1960s/70s generation of activists, who were also contending with the defeat of the revolutionary fervour of their own time, critical theory proved influential as they, in turn, began to focus on culture and identity more so than economics and working-class revolution.

Given that there are various perspectives on the causes and solutions to humanity's problems it should be no surprise that a range of at times overlapping and/or competing perspectives have developed. Often these have emerged in conjunction with the social movements of the day, such as feminist, anti-racist, disability and queer critiques of normative assumptions and related social oppression. In this respect, it would be more accurate to talk about critical theories than critical theory. However, they share a belief that social inquiry should be aimed at decreasing domination and increasing freedom. For many, there was a need to challenge unequal social relations through other means, often within the workplace and/or the mechanisms of the state, for example by legislative and social policy means.

In what follows I wish to look at two contemporary tactics by which some attempt to challenge social inequality, namely anti-stigma campaigns in relation to mental 'disorder' and the embracement of vulnerability with a particular focus on disability.

Horkheimer (and Adorno) were disillusioned with Enlightenment theories of reason and universalism. Reason, for them, leads to the destruction of the subject, with socially constructed inhibitions becoming part of individual consciousness. Horkheimer's critique of reason lay in part on the correct observation that the abstract notion of universality and equality did not fit with a pluralistic and inegalitarian world.

Such sentiments have become increasingly popular within contemporary 'critical' schools of thought. For example, many of the concerns of the earlier critical theorists are incorporated into critical disability studies with society's privileging of rationality, autonomy and competence said to 'other' those subjects who, for whatever reason, fail to live up to this ideal. Influenced by poststructuralism, such critics seek to destabilise binaries and fixed notions of what it means to be human. The idea of the human subject, a key component of liberal thought since the Enlightenment, is not only contested but stands accused of propagating oppressive social relations both at home

and across the globe. The Subject (with a capital S) is a burden of which we would be better relieved, as in actuality, such a Subject is invariably 'man-white-western-male-adult-reasonable-heterosexual-living in towns-speaking a standard language' (quoted in Goodley, 2007, p.154). For Goodley, this is inevitable as the humanist subject defines himself by what he excludes.

Those who fail to meet this vision of the human are then classed as 'other', as less human, or non-human. Within the field of critical disability studies biopedagogies are said to 'serve to produce the archetypal (masculine, cisgender, white, non-disabled, middle class, straight) citizen and autonomous human subject under neoliberal capitalism. Those considered other to this limited conceptualisation of humanity are positioned to fail' (Rice, et al., 2016, p.6). In other words, some of us are more human than others, and there are some who are excluded from the category altogether.

Similarly, within the field of critical psychiatry, the distinction between madness and reason, normal and abnormal, illness and heath is called into question. For Derrida (YEAR), even supposedly more progressive attempts to write about madness ended up reinforcing the divide as such endeavours tended to be written from the perspective of reason. The classification and diagnosis of aspects of human experience as mental disorders is far from an exact science, and the medicalisation of distress is a relatively recent historical phenomenon. For radical critics such as Thomas Szasz, a psychiatrist himself, the very concept of mental illness is a myth, one that is used to control people who exhibit behaviours that we as a society cannot understand or tolerate (Szasz, 1961). The mind, like the economy, can only be sick in a metaphorical, not literal, sense.

Once so labelled, it is also the case that a person's status can change in ways that can undermine his humanity. Others may cease to see him/her as a person, with a history, desires and aspirations, but as 'the schizophrenic', the mad, as object rather than subject. The person becomes the patient and liable to lose many of the rights of citizenship that most people take for granted, such as the right to liberty unless convicted of a crime, and the right to refuse medical treatment even if doctors deem it to be in our best interest. Once given a psychiatric diagnosis, the now patient, subject to certain conditions being met, can be detained indefinitely under mental health legislation and given medical treatment against his or her will. In order to address some of these concerns several strategies have been proposed to alleviate discrimination and stigma and improve the rights of citizenship of those labelled as mentally ill or learning disabled.

Challenging Stigma

Within the arena of mental health, four broad models of anti-discrimination have been identified: the brain disease model; the libertarian model; the disability inclusion model; and the 'continuum', or individual growth model (Sayce, 2000).

The brain disease model essentially sees mental illnesses as similar to other bodily diseases, with their roots in genetic and/or biochemical malfunction. Suffering from a mental illness then is not due to moral weakness, problematic family relationships or environmental factors but is located within the biological make-up of the individual sufferer. This perspective has found favour with many families, in part, because it absolves the family of any responsibility for the problems of the sufferer. However, this has to be seen in context as not only a rejection of familial influence and of the embracement of biomedical psychiatry, but also as a response to the Langian notion that family upbringing plays a large part in the development of future mental illness. Such was the strength of this idea in the 1970s that carers could find themselves castigated for 'causing' the schizophrenia of their offspring (see Sedgwick, 1982 for a good discussion and critique of this viewpoint).

For our purposes, the anti-stigma rationale of this approach is that if mental illness is a disease just like other bodily disease then no stigma should be attached to it. It is no fault of the individual that they are mentally ill, they are just unlucky. They are not to blame for their behaviour so should not be assigned any responsibility. However, if individuals are seen as not being in control of their actions then it follows that they need monitoring and controlling on the presumption that they lack judgement. In essence, the less responsibility you have means the fewer rights of citizenship you possess. However, as Sayce points out 'A non-discriminatory position is one which recognises that mental disorder per se does not invalidate judgement. Many citizens make unwise decisions. User/survivors should not be expected to be any wiser than anyone else. Overruling someone's decision – even when it seems, to well-motivated professionals, to be an unwise decision – must be heavily constrained. And if users commit crimes, it should not be assumed that it is not their fault' (p.95). She goes on, 'The "no-fault" brain disease model removes the moral taint of mental illness but raises new difficulties on numerous fronts. Allocating no fault, and no responsibility, is fundamentally problematic in terms of the sharing of rights and responsibilities necessary to citizenship' (p.99).

Advocates of the libertarian model demand equal civil rights and in return are willing to accept equal criminal responsibility. Mental health law allows people diagnosed as suffering from a mental disorder to be detained against their will, not necessarily on account of what they have done but on account of what professionals think they will do in future. A form of 'pre-emptive strike' if you will. Influenced by the writings of such as Szasz (1961), in essence the libertarian activists argue that they should be locked up for what they do, not what professionals think they will do. The libertarian movement has had a valuable role in highlighting the often coercive nature of mental health legislation but it also leads to situations where obviously incapacitated people, clearly ill and/or disabled without full responsibility for their actions, are treated within a punitive prison system rather than receiving the care that they require. Sayce (2000) gives the example of some libertarian extremists in the USA who refused to campaign to save a man with learning disabilities from execution on the grounds that he should accept full responsibility for his actions. For them, whilst his potential execution was a tragedy, it was nothing compared to the deaths and forced incarceration of tens of thousands of psychiatric patients annually.

The 'disability inclusion model' is the one that Sayce sees as having the most potential in realising increased citizenship rights for mental health users/survivors by challenging discrimination 'wherever it occurs, from the government committee report to the conversation in a bar' (p.143). She views this model as being highly inclusive as 'it can accommodate people seeking healing or cure, through any means from chanting to Prozac, but being "healed" or "in recovery" is quite unnecessary to be in this change movement, which explicitly values people whether they "recover" or not' (p.143). It argues against attaching shame to mental health problems whilst, simultaneously, seeking to change attitudes and practices by use of such things as legislative changes and public awareness campaigns.

All such perspectives have their strengths and weaknesses. However, from a theoretical/philosophical stance it is arguably the idea of the 'continuum' that has most advocates today. From this perspective, to understand mental health/distress it is necessary to view it as a continuum, with mental health at one end of the continuum and mental distress at the other. We are all placed somewhere on the continuum and we will all, at some point, move along it, for better or worse, in one direction or another. In other words, there is no rigid divide between mental health and mental illness; therefore, to classify some people as mentally ill sets up an 'us and them' situation, with 'them' being stigmatised and oppressed. The influence of postmodernism and

poststructuralism is clear here as these arguments do much more than merely disrupt the binaries of disabled/able-bodied, illness/health, they question the legitimacy of attempts at classification, the objects classified being seen as merely the effect of language.

Such insights are extremely useful and serve to make us aware of the dangers of medicalising human experience; nevertheless there are many problems with the notion of mental health and illness as operating on a continuum. First, the continuum argument may be valid in the sense that all mental experiences involve the emotions and also that there is no rigid, ahistorical or apolitical dividing line between what gets classed as normal or abnormal; yesterday's naughty child is today's ADHD sufferer, the shy adult now has 'avoidant personality disorder'. However, to conflate all emotional states as belonging on the same continuum, for example severe depression with life's ups and downs, is as absurd as conflating a child's sand pit with the Sahara desert; both may contain sand, but that is where the similarity ends.

Another weakness in the continuum proponents' case is that, in reality, there has to be boundary, however unstable and subject to change, between those who require professional intervention and those who do not. For example,

> even the most radical and progressive mental-health resource programmes, such as therapeutic communities and user/survivor asylum and support interventions, make assessments as to who should and who should not access their services. In other words, they operate eligibility criteria, making a distinction between people on the basis of their mental state. They may reject the medical model of classification and treatment, but they themselves classify and differentiate. Whatever model of mind is used to make the distinction, the end result is the same: the continuum is broken.
>
> (McLaughlin, 2011, online)

There is also within this model a presumption of vulnerability within each of us. Whilst this is obviously true, it fails to see the political and historical specificity of the concept of vulnerability, which when viewed from a critical perspective casts doubt on the political gains to be made from the embracement of vulnerability.

Uniting Critical perspectives: Radical Vulnerability[4]

The utilisation of the concept of vulnerability is ubiquitous within UK social services and disciplinary systems of assessment for, and provision of, services, for example in the allocation/prioritisation of social housing, the protection of children, young people and many adults, and also plays a part within the criminal justice system. Such ubiquity can give the impression of a natural, ahistoric concept rather than a relatively recent framework for understanding both individual problems and social relations. Whilst not a new term it is one that has expanded in recent years to encompass ever more people within its reach.

For some, the concept of vulnerability can be harnessed for progressive social and political purposes, becoming a platform for collective forms of action from which social justice can be achieved. Vulnerability, from this perspective, offers the opportunity for a reconceptualization of human relations in general (e.g. Brown 2010) and for specific groups such as the physically disabled or

[4] I discuss these issues in more detail in McLaughlin, K. (2017) 'Disabling the Subject: From radical vulnerability to vulnerable radicals', *Annual Review of Critical Psychology* (any sections reproduced here are by permission).

people with learning disabilities in particular (e.g. Goodley and Runswick-Cole, 2016). For Goodley, taking an affirmative approach to vulnerability,

'shifts us away from a humanist reliance on the independent sovereign self to a post-human celebration of interdependence. The vulnerable self depends upon others to live. Numerous disabled selves that are normatively understood as dependent are now recast as sources of interdependence. Disability, we might suggest, demands interdependency, thus inviting new ways of thinking about what it means to be a (post) human subject' (Ecclestone and Goodley, 2016, p.180).

Others have highlighted problems with the way the discourse of vulnerability operates within modern society, seeing the operation of the vulnerability discourse as paving the way to state paternalism (Furedi, 2004), reducing socio-political problems to psychoemotional ones (Wainwright and Calnan, 2002; Frawley, 2015) and representing a process of political stagnation and decline of a belief in wider social change (McLaughlin, 2012). The concept has also been critiqued in relation to particular areas such as education (Ecclestone and Hayes, 2008) and specific groups such as young people (Brown, 2015), disabled people (Oliver, 1990) and people with learning difficulties (Hollomotz, 2009). Vulnerability, then, has become a key component of contemporary sociological and political discourse, leading Brown (2015) to argue that we are living within a 'vulnerability zeitgeist'.

A belief in the innate vulnerability of certain people or groups can also lead to a patronising, protective attitude towards them that can undermine their rights and deny them agency. Such a discourse acts to single out and 'other' certain groups in ways that can be controlling, stigmatising and oppressive (Brown, 2015).

In recognition of this, many disabled theorists and activists choose not to challenge the presumption of vulnerability, but rather to embrace it and seek to expand the category by emphasising that vulnerability is an inevitable part of the human condition (e.g. Oliver and Sapey, 2006; Fineman, 2010). In doing so, the intention is to highlight the ways in which we are all vulnerable, some more so than others, some for longer than others, but nevertheless, vulnerability is a human universal. In addition, it is pointed out that to cope with life we all require the help and support of others, whether that is in the form of such things as social organisation, emotional connection or healthcare. From this perspective, acknowledging, embracing, celebrating even, our common vulnerability, can play a part in fostering a more tolerant and inclusive society, as well as a more socially just welfare state as a counter to the current neo-liberal one.

For such writers the aim is to

> 'depathologise official categories by recasting vulnerability as a progressive attribute of a relational citizenship, integral to the "fragile and contingent nature of personhood" where we are all "potentially vulnerable" and where vulnerability is a "universal" ontolological dimension of human experience and identity'.
>
> (Ecclestone and Goodley, 2016, p.177).

Such an approach, it is hoped, will allow people to be protected from any detrimental effects of potential vulnerabilities and also from pathologising and intrusive state-sponsored interventions, whilst simultaneously allowing those with current actual vulnerabilities to be supported according to their specific situation and associated needs.

From these perspectives, collective and specific vulnerabilities are presented as a potential source of political mobilisation, for example by highlighting the suffering caused by contemporary social,

economic and political relations. Vulnerability is here utilised for anti-capitalist and social reformist purposes. For example, Butler links notions of vulnerability to that of precarity as a vehicle to combat oppression: 'precariousness [is] a function of our social vulnerability and exposure that is always given some political form, and precarity as differentially distributed [is] one important dimension of the unequal distribution of conditions required for continued life' (quoted in Ecclestone and Goodley, 2016, p.178). In a similar vein to standpoint theory, where the oppressed are said to have a better understanding of the reality of social conditions than the rulers, precarity and vulnerability can awaken us to the problems of the age.

Analyses of vulnerability often acknowledge that like risk and fear it is primarily a subjective, not objective phenomenon. However, for Ahmed (2014), what is relatively unconsidered is the question of 'why some bodies are more afraid than others? How do feelings of vulnerability take shape?' (p.68). Ahmed notes that whilst fear may be experienced individually it is 'structural and mediated, rather than an immediate bodily response to an objective danger' (p.69), and hence such feelings of vulnerability 'shape women's bodies as well as how those bodies inhabit space' (ibid. p.70).

However, if feelings of vulnerability are structured and mediated, they are also historically specific in relation to how they are experienced, conceptualised and strategized, both in relation to how to improve both individual feelings and the social conditions from within which they arise. For example, the rise of 'work stress' was, to a large degree, a result of trade unions recasting problematic workplace relations in the language of individual vulnerability, the change in focus being due to the weakening of older more collective responses, such as industrial action, to such issues (Wainwright and Calnan, 2002). The rise of the 'survivor identity' in recent years has also been influenced by the changing nature of both individual and group demands for recognition of individual vulnerability rather than collective strength (McLaughlin, 2012).

The main contribution of the continuum model's advocates is the way in which they highlight the historical construction of contemporary psychiatric/disability theory, diagnosis and practice, including the role of politics and social change in our understanding of the causes of, and attempts to alleviate, mental distress. However, their main weakness is a failure fully to appreciate the impact of such factors on the current mental-health debate. If the traditional concept of mental illness arose due to the interplay of wider social phenomena, so too did the current trend to view us all as on a continuum and in need of therapeutic help to maintain our equilibrium. In other words, their historical analyses fail to adequately analyse the present historical epoch.

Conclusion: Considerations for Critical Social Work

Within social work the term critical theory is used to cover a range of perspectives. For example, Healey (2001) uses the term critical social work to refer to a broad range of practice theories that share the following orientations:

> 'a recognition that large scale social processes, particularly those associated with class, race and gender, contribute fundamentally to the personal and social issues social workers encounter in their practice; the adoption of a self-reflexive and critical stance to the often contradictory effects of social work practice and social policies; a commitment to co-participatory rather than authoritarian practice relations. This involves workers and service users, as a well as academic, practitioners and service users as co-participants engaged with, but still distinct from, one another; working with and for oppressed populations to achieve social transformation' (online).

Aspects of such a definition have been discussed above in relation to some popular trends within critical intellectual thought. By way of a conclusion I wish to detail some of the implications for social work that give rise to, and hopefully, generate a discussion and gain views from practice as to how these are wrestled with in the intensity of frontline practice.

The anti-stigma models discussed above need to be considered by social work practitioners. At times a flexible approach will be necessary. For example, the libertarian approach is commendable in allowing clients the freedom to make their own mistakes and alerts us to the dangers of an authoritarian, risk-averse form of practice. The latter can be seen in the overuse of Community Treatment Orders which, it has been argued, are more about protecting professionals than patients; the professionals covering their backs in case something goes wrong post-discharge (McLaughlin and Cordell, 2013). However, it is the case that at times intervention is necessary against the wishes of the patient. Social workers have to balance this predicament. It is not an easy one, but that is a good thing. We should never lose sight of the importance of the power we have over many vulnerable people and any such decision should not be taken without careful consideration of all relevant factors. The brain disease model, whilst oft-criticised as medicalisation, also needs to be considered in that we will often be arguing that, for a variety of reasons, such as mental or intellectual incapacity, that individuals are not *fully* responsible for their actions. We do not want to go to the extreme of prosecuting or imprisoning those who are not, or were not at the time, in full control of their faculties. The disability inclusion model can allow the law and campaigns to address instances of discrimination. Social workers are well placed here given their statutory powers. However, debates over what we mean by 'inclusion' are important, as it is possible that it becomes a byword for tokenism. The continuum and vulnerability models alert us to the fluid nature of the human condition and the dangers of objectifying others. However, we should not be afraid to differentiate between those who need help and those who do not. Viewing everyone as vulnerable and mental health as a continuum does not necessarily help those who do require professional intervention. Also, for those who see state oppression as problematic, it is difficult to see how emphasising our vulnerability and mental weakness will change the wider social structures and power base.

This chapter has sought to give readers an introduction to some common critical perspectives and to highlight the overlaps and tensions between them. For social workers, the contradictions and tension within the role will have already been all too clear to them as they go about their daily work. However, I hope I have helped to give them some more context to the dilemmas they have to consider as they attempt what is at times a careful balancing act between various political and philosophical perspectives.

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