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Mutual Aid: A Contribution to Best-Practice Social Work
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Mutual Aid: A Contribution to Best-Practice Social Work

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This keynote speech, delivered in French and translated to English with minor adjustments for publication, presents some of the author’s ideas about mutual-aid practice as best-practice social work. The author discusses the etiology and centrality of mutual aid in social work with groups, presents five characteristics of mutual-aid practice that reflect best-practice social work and identifies four key characteristics—joy in sharing, faith, courage, and curiosity—of mutual-aid practitioners. Similarities between mutual-aid practice and evidence-based group work, practice evaluation and participatory-action research are discussed as well. The author presents group work as inherently evidence based and challenges the idea that subjective measures alone may not be valid in reaching this determination.

KEYWORDS social work values, anti-oppression social work, social group work, mutual aid, mutual-aid practice, evidence-based practice, evidence-based group work, best-practice group work, strengths-based group work

INTRODUCTION

Good afternoon, ladies and gentlemen, colleagues, old and new friends. I am pleased to be here with you today in response to an invitation to talk about mutual aid as a contribution to best-practice group work. As you might imagine, as I began the work of preparing for this talk, I engaged in
reflection about mutual aid and group work. What you could not imagine, however, is that as I entered this conceptual work, I also entered into a struggle that took me some time to understand. Eventually, I realized that my struggle revolved around the very topic on which I was invited to speak: mutual aid as a contribution to best-practice group work.

Ultimately, I realized that I could not speak about the contribution of mutual aid to group work because for me catalyzing mutual aid is group work, and mutual aid in motion is a sign that group work is taking place. I will even go so far as to propose that mutual-aid process is evidence of group work, or at least social work with groups in action. It is a process through which people (1) develop collaborative, supportive, and trustworthy relationships; (2) identify and use existing strengths and/or to develop new ones; and (3) work together toward individual and/or collective psychosocial goals, which reflects the very essence of social work with groups as I understand it. Thus, in my mind to catalyze mutual aid and to engage in group work are synonymous. In research jargon they have a perfect positive correlation known as “plus one:” one and the same, interchangeable. Furthermore, if we believe in the validity of our clients’ subjective experiences as a legitimate guide for shaping our actions, I further argue that when a group participant claims that mutual aid is taking place, the best possible evidence of its existence is manifest.

Therefore, not only do I believe that mutual aid is best-practice group work, I believe that mutual-aid practice (aka group work to me) is evidence of best-practice social work. This—how mutual aid reflects best-practice social work, I am happy to talk about.

Rather than discuss mutual aid as a contribution to best-practice group work, then, I will share with you some of my thinking about mutual aid as evidence of best-practice social work. I realize that some of my ideas might be controversial, and I heartily welcome good-will dialogue. I hope that my ideas will stimulate reflection about your own practice and that you will be left with the feeling that you have a solid platform for better talking about group work to those who do not yet know how it meets many of our profession’s most central practice values and mandates.

**MUTUAL AID AND SOCIAL WORK**

**Mutual Aid: The Concept**

Mutual aid is not a new concept. It comes to social work from biology, zoology, and social science (see, e.g., Wilson, 1975). A classic example from the animal kingdom is the ability of ants to develop social and architectural wonders that no ant alone could ever achieve. Another is the gathering of hungry whales to make special waves that with their tails can together stir up a critical mass of fish for dinner that no tail alone could muster. Small scale . . . large scale: neither of these creatures could achieve alone what they achieve together.
Mutual Aid in Action

The concept of mutual aid came into sociological consciousness with Peter Kropotkin, a Russian social scientist who wrote a great deal in the late 19th and early 20th centuries about the impact of mutual aid on mankind. Kropotkin (1903) proposed that Darwin’s law of mutual struggle may explain the evolution of physical prowess but that no matter where one looks—from the hunting groups of prehistoric man to the Middle-Age guilds to the North Atlantic Treaty Organization of today—one will see that it is mutual aid rather than mutual struggle that advances civil society.

As a social work concept mutual aid has been always recognized as the hallmark of practice with groups and belongs to social work alone; no other helping profession places it at its very epicenter. The term was not common to our professional vocabulary until William Schwartz (1961) introduced it into the everyday language of social group work in the mid-20th century. However, from its earliest days as a professional method, group work has adopted as its sine qua non the task of helping people to help one another even as they help themselves (Schwartz & Zalba, 1971).

Characteristics of Mutual Aid

The dynamics of mutual aid have been identified and discussed elsewhere (Shulman, 2006; Steinberg, 2004). I will not repeat them here, but here are five ways in which I believe this particular process is evidence of best-practice social work. There are certainly others, but today I focus on these five.

MUTUAL AID AS STRENGTHS-DRIVEN PROCESS

First, mutual aid, which refers to various forms of help that people can offer one another (process) or experience together (result) (Steinberg, 2004), is inherently strengths driven. For people to help either themselves or others, they must identify and reach for everything they have going for them—in short, draw on their strengths. Thus, mutual-aid practice is an inherently strengths-based way of working. A “strengths-free” group, such as one that focuses on deficits, cannot catalyze mutual aid.

Whatever keeps people going, as it were—the ability to stay alive amid family chaos, great psychological insight or social abilities, the capacity for comfort in their own skins or successful relationships—social work refers to such things as strengths. The task of social work practice is to help them to seek out and harness these things in their own service, and in the case of group work to do so in the service of others as well, small scale (as individual exchange) and large scale (as in social change).

In group work it is the presence of strengths that sets the stage for the helping process (why and how it should take place and how it can benefit individual members and the whole group) and that makes mutual aid (the
discovery and exchange of strengths) possible. Thus, to group work the presence of strengths is assumed, however difficult they may be to reach, for without them there is no basis for group work in the first place. If they are not made explicitly visible by group process, then in the same way that one might define resistance as an appropriate response to “poor” practice (e.g., lack of tuning in or empathy, etc.), one can argue the absence of strengths as a result of “poor” practice (i.e., lack of skill in helping members to identify strengths).

I propose, therefore, that if mutual aid relies on the existence of strengths and that strengths-centered practice characterizes social work (see, e.g., Chapin, 1995; Compton, Galaway, & Cournoyer, 2005; Council on Social Work Education [CSWE], 2001; Lee, 2001; Lietz, 2007), the presence of mutual aid is evidence not of best-practice group work, per se, but in its total reliance on strengths signifies evidence of best-practice social work.

Mutual-aid practice as inherently holistic

Second and closely related is the mandate for holistic work, that is, an approach to helping that integrates the whole of the recipient. The belief that people are always more than the sum of their needs or problems or circumstances is a fundamental and distinguishing feature of social work (Breton, 1994; Gitterman & Shulman, 2005; Lee, 2001; Lietz, 2007). If the whole of a person is not engaged into the helping process, be it self- or other centered, one is left to wonder from whence the strengths that are needed for strength-based work will come. Certainly, they will not be found in a person’s limitations or weaknesses or frailties.

At this mandate social work with groups also excels, because a vision for mutual aid is always and can only be formulated with the whole of people in mind, not just their needy or problematic parts (Breton, 2005). It is precisely in the other, non-needy elements of people’s being that the ingredients for mutual aid reside: skills and talents, knowledge, insights, the wisdom of life lessons learned, and other capacities. These are what make up the pool of necessary human resources for the work component of social work, whatever the immediate task at hand—be it individual work or group work. Thus, in any social work endeavor, the whole of a person must be invited to participate in any helping process, and such invitation is acutely necessary for the group work method, which expects people to develop their capacities beyond self help to helping others as well (Malekoff & Kurland, 2005).

Mutual aid as inherently psychosocial process

Third, a hallmark of social work practice is the use of a psychosocial paradigm to identify needs and goals, to shape interventions, and to intervene at all levels from micro to macro (Shulman, 2006). Mutual aid, which
demands constant reflection on the personal even as it takes place through the interpersonal, is inherently psycho and social in concept and in action (Glassman & Kates, 1990; Roberts & Northen, 1976; Steinberg, 2004).

Clearly, it takes time for practitioners to learn how to focus on the psycho and social aspects of helping, how to reach for both, and how to always keep them in view together. Eventually, this duality of focus we call “psychosocial” becomes quite natural to group workers, because the method requires so many other types of dual focus as well, such as one “eye” on the group as system with the other on each individual; one “eye” on the group with the other on the system in which it operates; one “eye” on group purpose with the other on individual goals; one “eye” on facilitating self-help with the other on catalyzing exchange of strengths; one “eye” on the explicit personal and interpersonal with the other on the latent personal and interpersonal, and so on. These are but a few of the dual-focus demands of group work, making the need to juggle psychological/personal and social/interpersonal needs and goals just one more frame of reference to integrate into this highly complex form of practice (Gitterman & Salmon, 2008).

**Mutual Aid, Mutual-Aid Practice, and Oppression**

Fourth, as a concept, mutual aid has exceptional goodness of fit with the historical antioppression stance of social work (Breton, 1994, 1995, 2006; Lee, 2001; Marsiglia, 2003; Steinberg, 2004; Shulman & Gitterman, 2005) even though antioppression practice is not always at the forefront of professional dialogue. In recent years, however, at my school, Hunter College School of Social Work, a public institution in New York City, examining and discussing the relationship of social work to social oppression has regained some momentum, although much of the current dialogue uses the terms antioppression and antioppressive social work interchangeably.

Curious as to how people see the terms, I have been asking students and practitioners what they mean by one or the other. The response is always that they mean the same thing. After some reflection on this response, I have concluded that they are in fact slightly different in effect if not in intent and that they are particularly inherent to group work.

Here is how I see the difference. Broadly speaking, to be antioppression is to be constantly alert to and to consciously target for full-force intervention oppressive social systems that reside outside of the profession. Essentially it is an “other-directed” focus: social work is a system that must fight other systems that do or try to oppress. The profession of social work is not necessarily seen as one of those oppressing systems but, rather, the champion that fights oppression elsewhere.

Although antioppressive social work apparently has come to symbolize the same concept for many, I see it as inherently and importantly
“self-” directed: a conscious effort to refrain from adding to that oppression by being oppressive ourselves, as a profession and as individual members of that profession. Some might argue the distinction is without a difference, but I see the distinction as imperative. It is quite possible for someone to be antioppression and still to be oppressive, even inadvertently. Thus, I understand antioppressive practice as a conscious effort to restrain our own internal tendencies (individually and collectively, as a profession) to oppress. The mission of antioppressive social work is to reduce our own power in order to develop its capacity in others.

Dialogues about reducing oppression often focus on the need to bring society closer to social justice, but the potential to oppress is not, unfortunately, only outside of the social welfare field. There is plenty of evidence that organizations with “social welfare” self-images and that plenty of social work practitioners oppress the very people they profess to serve (Glassman & Kates, 1990; Goodman & Munoz, 2004; Konopka, 1983). Thus, one could in fact have an antioppression self-image (as many social workers have) and still be oppressive in action (as many social workers are, in my experience). In this unbelievably complex and often frustrating world, it takes the tiniest little push to conclude that our vision is best, to blame victims for their circumstances, to punish tiresome nonconformists or dissenters, to find dignity in the “meritorious” but not in others, to value self-determination in ideal but not honor it in practice. In group work, for example, social workers can find a population just too “fragile” or “limited” for a strength-based process like mutual aid.

Human beings always bring their foibles to everything they do, and if we relax our vigil on our own human tendencies for even one tiny moment—if we blink “on the job” just once, we can become oppressive, even unwittingly. I have heard social workers who profess to value mutual aid talk so much in a group meeting that there is no room for any kind of group process, let alone mutual aid. I have even heard colleagues admit that they do not reach for strengths in certain groups for fear that members will begin to feel better about themselves and lose sight of the harm they have inflicted on others. Thus, to be antioppressive means to me a conscious pledge of continual vigilance—to remain aware of our own tendencies to oppress and to do all we can to refrain from adding to the oppression around us inside and outside of the field. The practitioner who insists on a particular problem definition despite a client’s argument to the contrary oppresses or who believes for even a moment that he or she has the answers is en route to being oppressive (Glassman & Kates, 1990). The practitioner who punishes difference oppresses (Konopka, 1983). The practitioner who sides with one group faction against another oppresses (Bernstein, 1973, 1993; Steinberg, 2004). Even the practitioner who focuses on what’s “wrong” with people unwittingly oppresses by negating the very part of them that could promote change and growth (Breton, 1994). Once
we focus on the sum of people’s weaknesses, we inevitably feel obligated to take over where we believe they have left off, metaphorically speaking, to be helpful. However, we no longer do with them but instead, at or for or to or upon them, all of which, given our professional value base, are oppressive relationships.

In contrast, the desire to catalyze mutual aid keeps practitioner and practice honest by requiring all participants to share in power over what is, what should be, and how to get there (Gitterman, 2002, 2003; Steinberg, 2004). A practitioner who professes to value empowerment but is oppressive in practice cannot catalyze mutual aid and is seen by clients (rightly so) as yet another false prophet (East, Manning, & Parsons, 2002; Goodman, 1997, 2006). Certainly, there are countless cases in history when mutual aid has been catalyzed precisely under such conditions, precisely because oppression was so great that it forced mutual aid into existence, much like two geological plates can create, through their collision and friction, a new mountain. However, one does not intentionally oppress people in order to help them to identify their strengths, just as one does not cause a child to fall down to teach it how to get up!

In summary, the very intent of mutual-aid practice as empowerment precludes oppression. It seeks to help people to identify, develop, and exercise their strengths, making both an antioppression focus a natural fit and antioppressive behaviors essential (Breton, 1994, 1995, 2006; Cohen & Mullender, 2005; Gitterman & Shulman, 2005; Lee, 2001; Marsiglia, 2003; Steinberg, 2004). Both are needed to practice social work. Both are needed to practice group work.

MUTUAL AID AS EVIDENCE

Finally, I believe that to see mutual aid in motion is to see evidence of effective practice and as such, a reflection of best-practice social work as expressed through this method (see, e.g., Cournoyer, 2004; Macgowan, 2008; Shulman, 2006; Steinberg, 2004).

Today’s professional literature is filled with discussions and debates about evidence and evidence-based practice (see, e.g., Cournoyer, 2004; Elliot, 2003; Gambrill, 2006; Webb, 2001): role, meaning and value; conceptual and operational definitions; arguments about application, inclusion, and exclusion. If I had not been in the profession for 30 years, I would think that evidence is a new concept in social work. Relevance, accountability, evaluation, effectiveness, evidence . . . these are not new ideas in our field. Good social work has always relied on relevant service and evidence thereof, even if as a field we occasionally slip in our commitment to include the voices of those we serve in making the determination.

In mutual-aid practice membership voices are more than integral to determining effectiveness of process. They are, individually and collectively,
the definitive voice, and to constantly seek their judgment is not only fundamental to group work but provides direction for all action. In brief, it is what keeps a helping process alive. If the process is not perceived as helpful from group members’ points of view, I argue that in fact, help is not taking place. I argue that it is necessary for help to be perceived, experienced, or felt for it to have taken place. Many will argue with this position, proposing that there are cases in which recipients may be incapable of understanding interventions as helpful. My counterargument is that if a process defined as helpful by the practitioner is not perceived as such by the recipient, it is the practitioner’s dilemma to find ways to reach the recipient and with him or her to develop a mutual understanding of a process (whether the original or a new one) as helpful. Only then will consumers of social work be truly informed, capable of judging services, and capable of delivering evidence of effectiveness. It is our task, however, to help them to assume such a position. And this, group work does superbly.

Group work has always understood that evidence is inherent in the feedback loop that must exist for help (be it self-help or helping others) to take place—that a loop must be developed through which perception and response follow each other as participants say *in vivo*, Yes, this is helpful or No, this is not helpful.

As with any practice evaluation—the practice component of which requires a change in direction (e.g., from AB design to ABC or AC, etc.) as soon as the research component notices a dip in effectiveness—mutual-aid process can never be ineffective if only because the moment the practitioner hears “No, this is not helpful,” one cannot continue without clarification, exploration, and reformulation.

To state that mutual-aid practice can be ineffective is to state an oxymoron. By definition mutual aid is evidence of effective process—a living, breathing, ongoing source of evidence that makes mutual-aid practice to me, evidence-based practice. Note the close parallel in process with evidence-based practice with groups (Macgowan, 2008):

<table>
<thead>
<tr>
<th>Stages of Evidence-Based Practice</th>
<th>Mutual-Aid Problem Solving Process</th>
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<tbody>
<tr>
<td>Formulate a practice question that can be answered</td>
<td>Help group members to shape the work to be done (however defined)</td>
</tr>
<tr>
<td>Search for evidence</td>
<td>Catalyze a systematic process of exploration, discovery, and clarification</td>
</tr>
<tr>
<td>Examine the evidence critically</td>
<td>Seek ongoing feedback about process effectiveness</td>
</tr>
<tr>
<td>Apply the best evidence with judgment, skill, (helping group and concern for relevance and appropriateness—however defined)</td>
<td>Respond in accordance with feedback members to shape the work to be done</td>
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</table>
This process is based on a model developed by Kurland and Salmon (1998), who borrowed it from progressive educator of the early 20th century, John Dewey (1910) and adapted it toward a systematic way of (1) assessing need, (2) developing a responsive helping process, and (3) evaluating utility of response (effectiveness). Thus, whether conceptualized as a form of practice evaluation because of a constant reliance on evidence to shape next steps or participatory-action research because of the constant feedback loop, to catalyze mutual aid is to catalyze a form of interaction that is evidence driven: action, reaction, action, and reaction—each sequence shaped by evidence of relevance or lack thereof. Always in need of evidence to remain relevant, the helping process takes shape in accordance with perceptions of its participants (Steinberg, 2004), which some might even argue is in fact the purest form of evidence.

Not all practice with groups is evidence driven nor do all forms of process have the capacity to provide evidence of effectiveness. However, as a system of interaction that relies on effectiveness to stay in play, if it is in play (as can be determined only by its participants), then its very motion can be conceptualized as evidence of effectiveness. What should not be confused is capacity to be so with the capacity of practitioner to make it so.

Summary
I have identified five major characteristics of group work that I believe reach beyond best-practice group work to reflect best-practice social work: strengths-centered, holistic, and psychosocial focus, antioppression/antioppressive action, and inherently evidence of effective intervention. I was also asked to talk about the characteristics of the mutual-aid practitioner. There are many more than those that I discuss below, but I focus on these because I believe that without them mutual aid is impossible and because I wish to emphasize our ability as socialization agents to instill them in others even though they are commonly thought of as innate traits.

THE MUTUAL-AID GROUP WORKER
Joy in Sharing
The mutual-aid practitioner enjoys sharing. One must enjoy sharing to willingly give up many of the inherent benefits of professional power, such as being the center of attention, wide-reaching authority, being held in high esteem by our ability to make things happen (like negotiating a complex system), and the glory that comes with being the “solution finder.” These are but a few of the things that need to be shared for mutual-aid practice to occur, and they must be shared because only through decentralized power
and shared responsibility in all group matters do members have the freedom to monitor the process for effectiveness (Malekoff, Salmon, & Steinberg, 2006).

Can joy in sharing be learned, or is it simply a personality trait? I believe that indeed, we can help students to create opportunities through which they experience the rewards of sharing, such as less responsibility for a group’s success, not having to have all of the answers and the human connection that comes from the “ensemble” work of mutual aid. I see this joy in my classroom all the time, when students recount stories of having said to a group for the first time, “I don’t know; does anyone else have an idea?” Inevitably they are rewarded with an abundance of ideas to consider on one hand and on the other, appreciation by members for the right to contribute as they can and will to the helping process. All our students need is this permission to share—to move away from the heavily burdensome “be-all/end-all” position of central authority and into a role that does bring a certain kind of expertise to the group but does not presume to have the greatest or only expertise in any area.

Faith

Second, the mutual-aid practitioner is a person of faith. Strength-centered practice is not just a professional ideal or value to preach, it is a way of relating that assumes that people always can and will rise to an occasion if given the chance and if necessary, a little help. That is faith.

Can faith be learned, or are some people simply lucky enough to have it whereas others do not? Some argue that whether we see a glass half-full or half-empty is the result of a fundamental character trait: you are either an optimist or a pessimist at heart. I do not agree. I believe that we can help students to develop faith by setting the stage for epiphanies. We can help them to create opportunities through which they will experience “cause” and “effect” of faith. We can teach them how to reframe their perceptions to focus on what people have going for them rather than their shortcomings. We can show them how to behave as if—as if they have faith when they do not—knowing that behaving as if sets into motion a way of relating to others that engenders strength. Finally, we can teach them skills to help them to bring out the best in themselves and others. Consider this recent scenario:

Student: (looking sad) Yesterday we had a long silence in my group! I couldn’t get anyone to participate.

Instructor: Oh, really? Perhaps you did not wait long enough.

Student: Oh no (shaking his head). I waited a long time.

Instructor: Mmm . . . Who has a watch (asking the class)? (A student responds in the affirmative and gives the instructor a watch).

Instructor: (looking at the watch) Okay, let us sit in silence for a bit.
After a while the class becomes uncomfortable, people start to giggle, move around in their seats.

Eventually, we resume:

Instructor: (addressing the student) So . . . did you wait this long?

Student: No, I'm sure I didn't! . . . That was so long . . . How long was it?

Instructor: One minute . . . (collective class giggles) What do you think? Do you think that if you had waited a little longer someone might have jumped into the silence—might have said something?

Student: Yes, perhaps (looking unconvinced).

Instructor: (addressing the class) Have faith in the group! Where you leave off someone else will always pick up, but only of course if you have faith enough to make room for it. (turning to the student) Next time, see if you can wait for two minutes.

Next time his group is silent, the student does wait a little longer. He does not really have faith yet, but he behaves as if, and of course, someone else in the group fills the void. Furthermore, each time he waits out the silence his faith grows a little, believing more strongly that he alone is not responsible for making something interesting out of silence. That is the beginning of a journey to faith. Faith is essential to mutual aid, because only with faith that others can fill a void is room made for them to actually do so.

Courage

Third, the mutual-aid practitioner is a person of courage. One must be courageous to accept and stay in the mess and chaos of mutual aid (Salmon & Steinberg, 2007). Mutual aid has many voices in close quarters and accepts multiple ideas and viewpoints, many of them passionate. Process lacks predictability. Real talk about real things easily leads to exposures of difference, conflict, and confrontation (Steinberg, 2004). Taboos and other uncharted territories must be traveled. People who are rarely heard scream to be heard. People who cannot see or hear well talk over one another. The internal noise of adolescent development attempts to drown us out. Groups of children want to climb the walls—literally! Amid all this, “wicked” psychosocial problems so deeply rooted are revealed that the search for meaningful solutions makes everyone dizzy.

This is the landscape of the mutual-aid practitioner, who goes forth valiantly, never looking back, down into the “swamp,” as Donald Schön (1983) refers to it. Spiraling ever downward, the mutual-aid practitioner takes the group into the muddy and murky world of problem solving, never knowing where they will touch ground but secure in the knowledge that it is precisely this descent that creates the potential for this experience at this time with these people to be relevant, meaningful, useful—effective.
Curiosity

Finally, the mutual-aid practitioner is curious, and it is this curiosity that makes him a de facto researcher. It is said that curiosity killed the cat, but in the world of group work, curiosity brings mutual aid to life. Although joy in sharing and courage are necessary for mutual aid to take place, it is the combination of curiosity and faith that sets the process in motion. Earlier, I referred to mutual-aid practice as a form of evidence-based research: always hunting for more information to make the hidden explicit, to clarify needs and goals for work, to truly understand mind-sets, and to really feel the feelings (ours and those of others). The greatest threat to mutual aid is the world of assumptions, and to avoid them, there is almost always yet more to ask. We think but are not sure we know? We risk going down the wrong path. Not bothering to be sure, we take practice toward irrelevance. This is what takes practice away from any potential for mutual aid. In contrast, it is curiosity that moves (in the language of research) practice toward the following process:

- clarity in problem formulation (explicit identification of problems to be addressed)
- comprehensive and sensitive data collection (clear understanding of issues contained in the problem)
- explicit evidence (problems articulated by those who experience them)
- contextual interpretation (meaning and impact of the issues as experienced by those to whom they belong)
- dissemination (feedback loop).

It is this curiosity, this process, that drives mutual-aid practice, that keeps practice ethical and effective, and in my opinion that makes group work inherently evidence based or perhaps better said, *evidence dependent*.

Some will argue that not enough external and objective measurement has taken place to make such a claim. Some will argue that this method of measurement is not systematic enough or standardized enough to qualify as evidence or to conceptualize it as such lacks fidelity to scientific protocol. Certainly, there is merit to examining these questions more closely as they are played out in the real world of human practice. There are admittedly many confounding variables in the evaluation of human practice, not the least of which are in this case (1) varying conceptual and operational definitions of mutual aid, (2) practitioner knowledge and skill, (3) measuring a method by assessing its human interpretation, and (4) infinite contextual variables, such as setting, power differentials, nature, expectations, and tone of process, and so on.

We have, however, a growing capacity to deconstruct mutual aid and related practitioner behaviors available for testing (see, among others, Shulman,
If it were up to me, the primary practice course in all schools of social work would be group work! I am not the first to propose that to know group work is to know individual practice and social action as well. Here, I also propose that to know group work is to catalyze and maintain a systematic process so completely evidence dependent that at any instant in which mutual aid vanishes the process can be called ineffective. Group work engages the personal and the interpersonal. It requires the contribution of multiple strengths and relies on the participation of whole persons to identify those strengths. If external oppression is ignored or interventions become oppressive, poof—the potential for mutual aid simply vanishes. A method of social work practice that cannot exist without ongoing evidence of effectiveness, group work is particularly adept at keeping practice, practitioner, and profession honest.

My goals for today were to share with you some ways in which I believe mutual-aid practice reflects best-practice social work, to identify some essential characteristics of mutual-aid practice, and to illustrate how I believe that mutual aid, group work, and evidence are inextricably related. I hope I have done that. Thank you.

ACKNOWLEDGMENT

This article was first presented as a keynote presentation at the 10th Annual Journées Simone-Paré Université Laval École de Service Sociale in Québec,
Canada, on April 17, 2009. The author has chosen to retain the tone of this keynote speech, originally delivered in French, with minor adjustments for publication to remain faithful to its original intent, which was to respond to a request for her thinking about the contribution of mutual aid to best-practice social work.

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