

When bodies become unwell: social work, an unloved profession

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Social care has become an unloved profession: it is unloved by those receiving the care, who it stopped serving, whose respect it has lost and, most painfully of all, it is unloved by itself, since it failed to honour its commitments. (Richan and Mendelsohn, 1973, p. 16, quoted in Brandon, 1979, p. 46)

Some “users” have overwhelming tales to tell regarding the treatment they have received when they turn to social workers as the last resort in a society that ignores them. Sitting uncomfortably alongside this is the frustration described by many social workers on the front line, left to their fates by institutions and even by certain of their peers, to the extent that their bodies become unwell.

Are these isolated cases, or is there enough evidence to conclude that the conversion of social work into an unloved profession is a meaningful trend, sufficient to raise the alarm? In our view, there is no longer any room for doubt regarding the answer. The testimonies of social service users and professionals coincide. And we cannot continue to look the other way, or settle for complaints: there is an urgent need for rebellion and revolt.

The battle must not be fought over the survival of the profession, but simply for that of the person who receives professional support and the one who provides it.

Social work does not exist in a neutral economic system, or in a moral or institutional vacuum. Its growing difficulties are not merely the result of case overload, budgetary cuts or the precariousness of work. They go beyond that. They form part of a structural transformation of society that questions social justice and universal social protection systems, the drivers until recently of what we understood as collective wellbeing. This transformation is expressed in policies that prioritise the privatisation of services, outsourcing of public activity, converting social rights into commercial interests, and the uncritical application of criteria that place financial return, efficiency and control above dignified care.

The increasing incorporation across most Spanish autonomous communities of a discursive “trinomial” – freedom of choice for the user, quality and purported public-private cooperation – consolidates a market-oriented benefit model. Instruments such as social impact bonds, outcome-based payment and public-private social service partnerships are the expression of a militant political model of commercialisation that transforms the rationale for social services from a collective right to a commercialised good. They comprise a clear process of neoliberal governmentality: the State is finding itself ever more subject to the power of digital corporations, redefining itself as the protector of the market and not of rights, outsourcing public responsibility and turning into the overseer of a network of private actors.

Together with the urgency of “making bank”, a form of social hierarchisation has been implemented: some “top-ranking” citizens receive services when their profile fulfils the criteria; others are relegated to administrative limbo, turned into a “disposable” group because their needs do not offer returns, create visibility or fit the parameters of efficiency. This is not an accidental approach: it entails a redefinition of human dignity, a veiled form of social selection and a gradual internalisation of individualism and meritocracy. Mentalities shift: solidarity weakens, shared civic responsibility is eroded, social justice ceases to be based on universal rights and is transformed into fortune, privilege or profitability. A hobbled civil society loses the strength to defend equality, community cohesion and guaranteed universal care.

It is within this framework that we encounter conditions increasingly hostile to the practice of a dignified, ethical, community-focused and transformative social work. The precariousness of resources, constant saturation of the system, stifling bureaucratisation and pressure to “get results” – measured using quantitative indicators – are not temporary issues but symptoms of a structural process that erodes the cause, the very mission, of the profession. When we think of exhausted social workers, the problem is not an individual one but a collective symptom.

And so bodies are beginning to talk in primary care-level social services: chronic fatigue, persistent insomnia, muscular spasms, recurring migraines, anxiety, somatisation, nausea. These manifestations cannot be explained as personal weaknesses; rather, they are signs of an ethical and organisational tension that is becoming unbearable. The body acts as a sensor: it reveals what the systems are intended to naturalise

earlier than reports and statistics do. When the system requires action without resources, time or autonomy, but still demands results in return, the body – which maintains relationships, listening, presence, accompaniment – becomes territory ripe for involuntary resistance.

This corporeal crisis cannot be interpreted as a private ailment. It shows that the capacity of the system for guaranteeing dignified citizen care is compromised. When professionals cannot breathe, when they sleep in fits and starts, when their hands tremble, social work is struggling to breathe too.

And a form of pre-discursive resistance emerges from that vulnerability: a profound malaise that must be named, considered and transformed; not as a trade-based complaint but rather as an ethical and social denunciation, because what is at stake is not the comfort of those practising social intervention, but the dignity of those receiving it.

This malaise connects with an even deeper concern: social work is becoming an unloved profession. Unloved by the institutions that condemn it to tasks involving management, oversight and bureaucracy; unloved by public policies that reduce its role to that of a distributor of basic aid without recognising its relational, preventive or community dimensions; unloved by broad swathes of the populace, trained in meritocratic, patriarchal, racist and aporophobic discourses that focus on individual responsibility and apply the rationale of the market to demand immediate results; and, surprisingly, unloved in part by itself – a profession struggling to survive by resorting to individualised therapeutic intervention, seeking a safe place of refuge as the landscape crumbles.

This status of being an “unloved profession” has multiple effects. Ethical: it feeds blame, disillusionment, loss of morale and a sense of impotence. Structural: it fragments practice, rendering the community residual and reducing intervention to specific, measurable and administrable cases. Relational: it isolates those who attempt to uphold ethical commitment, while others adopt strategies of adjustment, resignation, wilful blindness and automation to protect themselves.

The outcome is a profession losing its meaning, its transformational capacity diminished, and a general population receiving ever more precarious, dehumanised and partial care. In response to practices that violate rights, growing institutional violence drives fear of speaking up about what is going on; fear of retaliation, professional isolation and job loss. This feeds a self-censorship that acts as a disciplinary mechanism. Breaking these complicit silences is becoming increasingly important in view of the gradual implementation of the far right, with the penetration of its ideology and the rise of political power in the institutions of the State.

In response to this situation, there are professionals who seek refuge in individual or therapeutic attention. In the end, individual and family-based therapy – though legitimate and necessary in many cases – can offer a space to maintain professional identity, control rhythms, safeguard personal health and exercise a degree of autonomy within a context of bureaucracy. But this refuge has a high cost: it reduces complex social problems to individual issues, turns the structural determinants of vulnerability into matters of personal adjustment or private resilience, and weakens the community, policy and transformational dimensions of social work. Community intervention, prevention, the construction of mutual support networks, social mobilisation, increasing the visibility of injustices and commitment to collective emancipation are all marginalised, as if they were an unattainable luxury in times of financial return and control.

This therapeutic drift also acts as a selective filter: those who can adapt survive, and those who cannot face overload, fragility and burnout. An internal fragmentation is hence imposed: the profession becomes frayed and injuries that are difficult to heal are inflicted at the personal and institutional levels. This sick body is a visible wound, a cry that proclaims what discourses have silenced.

However, recognising that resistance begins with the body does not mean settling for mere complaint. The body may represent the starting point but it is not the horizon. For the symptom to be transformed into a tool for change, detailed theoretical and methodological reflection is necessary regarding the object of social work. There is a need to recover its critical standpoint, its ambivalent nature (support, oversight, emancipation), its anchoring in everyday life, its community dimension and its ethical and political plurality. With this intention, we propose a provisional definition that is based on the observation that the object of any science is a theoretical, historical and conflictive construction loaded with political, ideological, economic and cultural values.

The object of social work would be the management of social issues through institutionalised social intervention, historically shaped through processes, relations and mechanisms that are intended to address people's everyday ailments and needs, as well as to ensure the governability of the public. This professional practice within the framework of social policies is located at the intersections of capitalism and is characterised by an ontological ambivalence deriving from the mandate: to assist and oversee, protect and discipline. A range of ethical approaches, policy positions and theoretical and methodological references coexist in the context of its practice.

Using the classic definition of social work – *social workers are agents of change* – contributes to the concealment of the multiple and irreducible antagonisms that are present. Developing an emancipating approach requires a vision of social work that is not detached from the interests in conflict and recognises their irreducibly contextual nature, based on the confrontational space in which the antagonisms of society play out.

Recognising the existence of different approaches makes it possible to shape trends that enrich common heritage through their confrontation, configured in the history of the profession, but not overlooking the profound differences in conceptions of social intervention, which are aggravated at times when society is polarised. For our part, we identify with a critical social work that incorporates into its theoretical

epistemological framework some of the contributions of a humanist materialism – an antagonist without an enemy.¹

Without a well-founded disciplinary stance, it is not possible to understand that none of the development of precariousness, commercialisation, bureaucratisation, fragmentation and individualisation are accidents: rather, they are expressions of a systemic rationale. This is the rationale of cannibal capitalism, the zombie market, managed precariousness and administered exclusion. Only by recognising this need will it be possible to articulate a transformative practice, a relative autonomy² for professionals in their activities, able to resist regressive policies, reconstruct social fabric and claim the right to care as a human right in adverse contexts.

In this regard, this exercise of collective reflection – this critical rewriting of the present – is an act neither or nostalgia nor regression. It is an act of well-founded hope, a gesture of ethical and political survival.

The signs are clear, the wounds visible and the bodies exhausted; but so are the opportunities for change. Recognising the malaise, naming, interpreting and politicising it, and weaving alternatives are at stake today: for social work no longer to be an unloved profession and instead return to being needed, loved and respected. For it to recover its ethical, community, transformative function. For it to be a space of humanity, justice and care in times of commercialisation and exclusion.

Revolt starts with the body, but the system can only be transformed if this is accompanied by thought, theory, method and action; if the revolt is shared, collective and critical; if it is sustained in a project seeking dignity for those who are witnessing the violation of their rights and for those who are offering support.

Because when bodies can no longer breathe, when institutions fail and policies exclude, what is endangered is not merely a profession: it is the right to care, the possibility of social justice, dignity in the lives of those experiencing vulnerability. And what is ultimately at stake is our collective capacity to construct a more human, egalitarian and solidarity-focused society.

Yes. Revolt starts within the individual body, which is somehow unable to breathe, but it also requires listening and the transmission of the experiences of many others, shared stories, to develop a common sentiment. Affect, as a relational extension in which multiple times, potential worlds and experiences resonate, must precede reason, as the ideal capable of catalysing protest. But protest must take organised political forms that permit the furtherance of democracy, not through the implementation of family-oriented and community-oriented antipolitical proposals such as those hidden behind populist slogans: *only the people will save the people*.

We have in mind certain few significant mobilisations of the profession in Spain, and stories shared of a nature that goes beyond the Orange Wave, which have persisted over time and contributed to enriching the common affect. The Canary Islands, Burgos, Granada and Vitoria are present in our memory, with a certain local character. But a feminised profession with such low levels of unionisation as social work can turn to many of the experiences of battles fought by the feminist movement. Among these experiences, we might recall the “arms-crossed strike”, a call to arms from the feminist movement in 1975, appealing to women not to go about their daily domestic and paid work. This initiative was intended to demonstrate the extent of social dependence on caregiving and household work, traditionally performed by women and usually invisible and unpaid. The idea was to give voice to a word of resistance from a place that power did not expect. Perhaps through that action, now 50 years in the past, the feminist movement was pointing to the path that a feminised, proletarianised and subordinate profession such as social work might follow.

References

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¹ As argued by Zizek, genuinely emancipatory thinking is not the vision of a harmonious, conflict-free future, but the truly dialectic concept of antagonism, which is wholly incompatible with the right-wing stereotype of need for an enemy to affirm our own identity (2025, pp.281-282)

² Autonomy is a dynamic category that is narrowed or expended depending on certain factors, including but not limited to organisational culture, relations with users, linked with community activists and social movements, and trade union organisation in the workplace.