



CHAPTER 4

Stories of Initiates: The Lived Experience of Female Social Workers in the Implementation of the Welfare State in Chile, 1925–1950

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INTRODUCTION¹

In 1928, the social worker Raquel Carrasco, who called herself “an initiate in social service”, described her work as “the most transcendental work of physical and moral renewal [taking place] in the darkest atmosphere of

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misery, despair and pain”.² The social worker, in her words, was “a center of strength and light [...] the fruit of the silent and tenacious action of each day, of each hour”, whose “infinite abnegation and love” took advantage of the teachings received and brought into play her resources.³ Carrasco also recognized that the work required altruism and sacrifice. “Digging up misery” involved struggling “with the ignorance of the people, with prejudices of all kinds”, and making one’s way “without looking at obstacles, stumbling blocks, or difficulties”.⁴

The School of Social Service was created in 1925, and Raquel Carrasco had been part of the first generation of students. Social work was a new profession in the country. Its birth was the initiative of a small group of doctors who adopted the idea of training social workers from the United States and Europe. The aspiration was to help the poorest in a “scientific” way, to bring hygienic principles to the people and, above all, to prevent social ills. Social workers were to help those who needed it and carry out a “social diagnosis” in search of the causes of problems.⁵ Social services, a “scientific and modern form of altruism”,⁶ implied that those who performed them should “prepare themselves for this task and carry it out using a generous heart and the desire to help others, and also possessing all the knowledge, experiences and the advances that can be factors of success”.⁷

The new School of Social Service was part of a set of transformations in Chile in the first decades of the twentieth century that forged a new type of state. The post-colonial society that emerged from the independence struggles of 1810–1818 gave way to the rule of an oligarchy that monopolized positions of power and held socio-cultural prestige and economic privileges.⁸ In the late nineteenth century, however, social discontent grew due to the proletarianization of the labour force and the impoverishment of urban life. The middle class had begun to expand, and new social

² Carrasco, R. (1928). Reflexiones de una iniciada en el Servicio Social. *Servicio Social*, II (1), 10.

³ Carrasco (1928), 11.

⁴ Carrasco (1928), 12–13.

⁵ *Monografía de la Escuela de Servicio Social de la Junta de Beneficencia de Santiago de Chile*. (1929). Imprenta Universitaria, 4.

⁶ *Monografía de la Escuela de Servicio Social* (1929), 4.

⁷ *Monografía de la Escuela de Servicio Social* (1929), 10.

⁸ Cariola, C. and Sunkel, O. (1983). *Un siglo de historia económica de Chile 1830–1930: Dos ensayos y una bibliografía*. Ediciones Cultura Hispánica.

actors—political parties, students, intellectuals and professionals—criticized the inferior living conditions of the poorest, which had resulted in a cycle of protest and strikes.⁹

After a political crisis, a middle-class government replaced the oligarchic order, which had shown itself to be decadent in the early years of the twentieth century. This government sought to integrate popular interests and changed the structure of the Chilean state. These processes resulted in what is known as the Chilean welfare state, which was made possible by creating state institutions responsible for implementing the new legislation and creating mechanisms to bring about change. Likewise, professionals played a central role at the managerial level, and different historians have highlighted the role of doctors, lawyers and engineers in designing policies.¹⁰

This chapter aims to examine female social workers as one of the primary agents of the Chilean welfare state, under the premise that they forged its inception, development and consolidation from a perspective that has been hitherto little studied. If the state has commonly been investigated from its political and organizational aspects, approaching it now as a lived experience brings new questions and insights. The social workers' accounts that reflect their experience of the professionalization of their work open a from-below view to analyse the construction of the welfare state in Chile.

The words of Raquel Carrasco reflect the different aspects that we wish to explore. Firstly, the work of the social workers is closely linked to the construction of this new state. The profession was created to implement social policies targeted at the working class, and the orientation of the training of social workers was the same as that of the state apparatus: modernizing, scientific and welfare-oriented. Therefore, the construction of this new social architecture was subject to the ups and downs and complexities inherent to a project of change, an issue that the female social workers also shared on their way to professionalization.

⁹ Cariola and Sunkel (1983).

¹⁰ Vargas, J. E. (2016). Los médicos, entre la clientela particular y los empleos del Estado 1870–1951. *Ars Medica*, 14(2), 47–78; Zárate, M. S. and Campo, A. del (2014). Curar, prevenir y asistir: Medicina y salud en la historia chilena. *Nuevo Mundo Mundos Nuevos*. Retrieved 22 March 2022, from <https://nuevomundo.revues.org/66805>; Ibáñez, A. (1983). Los ingenieros, el Estado y la política en Chile: del Ministerio de Fomento a la Corporación de Fomento, 1927–1939. *Historia*, 18, 45–102.

Secondly, Raquel Carrasco's experiences reflect the difficulties social workers faced in state-building, given that the state is not reduced to its organizational structure or political objectives but is, above all, a process of permanent construction, reformulation and stabilization.¹¹ In this way, the work of the social workers can be understood as a micro-history that reflects a more extensive process in which illusions, difficulties, obstacles and diverse arrangements were interwoven. It is possible to understand the state as an entity that shapes subjectivities and, at the same time, acquires form through experiences objectified in social processes.¹² In this case, we examine state-building from the particular experiences of women social workers, state agents whose situated existence, in a specific space and temporality, is both an individual and a social reality, where various historical processes and levels interconnect.¹³ As has recently been pointed out, it is a return to the history of individuals but from a different perspective, understanding that abstract categories, such as the state, owe their existence to the historical life experience of people.¹⁴

Finally, the sources used are mainly articles from the *Revista de Trabajo Social*, where social workers and other professionals published academic articles and case studies. However, despite its academic nature, the social workers' accounts included several personal assessments, such as emotions, opinions and anecdotes that were intertwined with strictly professional judgements.¹⁵ Hence, their writings open a new perspective on

¹¹ Bevir, M. and Rhodes, R. (2010). *The state as cultural practice*. Oxford University Press, 1.

¹² Kivimäki, V., Suodenjoki, S. and Vahtikari, T. (eds.) (2021). *Lived nation as the history of experiences and emotions in Finland, 1800–2000*. Palgrave Macmillan.

¹³ Regarding the notion of the welfare state, Moscoso and Zaragoza propose crossing the boundary between the institutional (the state or welfare policies) and the individual (subjective well-being) to arrive at a notion that combines objective and subjective elements. Moscoso, J. and Zaragoza, J. M. (2014). Historias de bienestar: desde la historia de las emociones a las políticas de la experiencia. *Cuadernos de Historia Contemporánea*, 36, 81–82.

¹⁴ Hoegaerts, J. and Olsen, S. (2021). The history of experience: Afterword. In V. Kivimäki, S. Suodenjoki and T. Vahtikari (eds.), *Lived nation as the history of experiences and emotions in Finland, 1800–2000*. Palgrave Macmillan, 378.

¹⁵ The *Revista Servicio Social* was published continuously from 1927 to 1969 in Santiago de Chile. It published academic articles and case studies by lawyers, doctors and social workers.

Chile's social and cultural history, as their accounts imply an exposition of themselves in history, what Peter Goldie calls "the narrative sense of self".¹⁶

In a narrative, we do not just read a sequence of events, but witness the adoption of a perspective, a structured story that carries an evaluative and emotional transmission.¹⁷ Extending the narrative of state action from the feelings, thoughts and opinions experienced by the social actors allows us to establish a link between the micro- and macro-social context. Lived experience does not nullify the possibility of constructing a long-range history. On the contrary, it is viable from the particular and situated experience.

The period of 1925–1950 has been chosen because two processes coincide in those twenty-five years. On the one hand, the professionalization of social services in Chile occurred, and social workers acquired internal consolidation and social recognition. They gradually managed to establish some of the attributes of modern professions,¹⁸ achieving disciplinary autonomy (they directed their own training), developing trade unions,¹⁹ formulating a code of ethics and expanding their influence in Latin America.²⁰

On the other hand, these years also coincided with the formation of the Chilean welfare state. In the following decades, benefits were expanded, and, in 1952, a new cycle began with the creation of two large social institutions, the *Servicio Nacional de Salud* (National Health Service) and the *Servicio de Seguro Social* (Social Security Service), both inspired by the

¹⁶ Goldie, Peter (2012). *The mess inside: Narrative, emotion and the mind*. Oxford University Press, 118.

¹⁷ Goldie (2012), 2.

¹⁸ Wilensky, H. (1964). The professionalization of everyone? *American Journal of Sociology*, 70(2), 138.

¹⁹ Farah, J. (2011). La consolidación de un espíritu gremial: Nacimiento y primeros pasos del Colegio de Asistentes Sociales (1955–1965). In M. González (ed.), *Historias de Trabajo Social en Chile, 1925–2008: Contribución para nuevos relatos*. Ediciones Técnicas de Educación Superior, 73–107.

²⁰ González, M. (2016). Conocer, luchar, enseñar: Avances pioneros de la investigación y la producción intelectual desde el Trabajo Social en Chile, 1925–1973. In P. Vidal (ed.), *Trabajo Social en Chile: Un siglo de Trayectoria*. Editorial RIL, 120–124; González, M. (2014). Vino nuevo en odres viejos: Servicio social de mediados de siglo XX en Chile. La construcción de la consolidación profesional, 1950–1973. In R. Lizana (ed.), *Trabajo social e investigación*. Espacio Editorial, 41.

British welfare state and dissolved with the neoliberal reforms of Augusto Pinochet thirty years later.²¹

ORIGIN AND GROWTH OF THE CHILEAN WELFARE STATE

Between 1900 and 1973, Chile experienced a growing process of state expansion. The origin of the process was the confluence of two forces: workers' protests demanding better working conditions and denouncing the corruption of the ruling oligarchy; and the poor health and social conditions in which a large part of the population lived, decimated by infectious and contagious diseases, crammed into tiny, unventilated rooms, with a low life expectancy and high infant mortality, poverty and unemployment.²²

Under the existing political regime, only a small elite participated. It was governed by liberal orthodoxy and the major decisions were left in the hands of private companies.²³ Thus, social problems were left to the goodwill of aristocratic families who, while retaining economic, political and cultural privileges for themselves, had established a network of charitable organizations administered by local philanthropists and executed by ladies of high society.²⁴

This socio-political structure underwent a crisis at the end of the nineteenth century. In the first two decades of the twentieth century, several laws were passed on housing, child and maternal protection, and the minimum regulation of working conditions.²⁵ Popular pressure culminated in

²¹ Researchers often approach the Chilean welfare state in these two stages, although the same model of development gradually deepened. It can be seen in Arellano (1985); Larrañaga, O. (2010). *Las nuevas políticas de protección social en perspectiva histórica*. PNUD, 3–8.

²² Gazmuri, C. (1980). *Testimonios de una crisis: Chile 1900–1925*. Editorial Universitaria. De Ramón, A. and Gross, P. (1984). Algunos testimonios de las condiciones de vida en Santiago de Chile, 1888–1918. *EURE*, 11(31), 67–74.

²³ Barros, L. and Vergara, X. (1978). *El modo de ser aristocrático: El caso de la oligarquía chilena hacia 1900*. Editorial Aconcagua.

²⁴ Illanes, M. A. (2007). *Cuerpo y sangre de la política: La construcción histórica de las visadoras sociales en Chile, 1887–1940*. LOM.

²⁵ Grez, S. (2001). El escarpado camino hacia la legislación social: debates, contradicciones y encrucijadas en el movimiento obrero y popular (Chile: 1901–1924). *Cuadernos de Historia*, 21, 120–122; Yáñez, J. C. (1999). Antecedentes y evolución histórica de la legislación social de Chile entre 1906 y 1924. *Revista de Estudios Histórico-Jurídicos*, XXI, 207–209.

a political crisis and, finally, a charismatic leader, Arturo Alessandri Palma, triumphed in the 1920 presidential election.²⁶ He promised profound changes in social and citizens' rights, and despite the instability of his government and pressure from the military, a large legislative package was passed in 1924.

In 1925, a new political constitution was approved that established the separation of state and church, granted more powers to the President of the Republic, and guaranteed health and education as citizens' rights. Social laws were also enacted to protect the conditions of workers and employees, creating a social insurance scheme co-financed by the state, employers and workers. At the same time, labour laws were passed, grouped in the *Labor Code* (1931), and a comprehensive health care system was established for workers and their families, including medical care, disease prevention, maternity benefits, and pregnancy and breastfeeding protection.²⁷

Between approximately 1925 and 1950, Chile completed the construction of its modern state structure. It strengthened the social, welfare and labour intervention plan and expanded the coverage of social programmes to new beneficiaries. It also rebuilt a political and administrative organization that involved creating new ministries and services.²⁸ Finally, the economic depression of 1929 and its devastating effects on the country led to an increase in government control over industry.²⁹

During the 1930s and 1940s, Chile achieved stability through the succession of three alliance governments led by the Radical Party, which was ideologically in the political centre. This stability and a relative economic recovery allowed the incorporation of the demands of the middle class. They mobilized the lower classes, which were able to impose their corporate demands and obtain state benefits. However, Chile was still an impoverished country, and those working in the social sector described the harsh conditions in which working-class and peasant families lived. Salvador Allende, Minister of Health under President Pedro Aguirre Cerda

²⁶ Orrego Vicuña, C. (1979). *7 ensayos sobre Arturo Alessandri Palma*. Instituto Chileno de Estudios Humanísticos; Valdivia, V. (1999). Yo, el León de Tarapacá. Arturo Alessandri Palma, 1915–1932. *Historia* (Santiago), 32, 485–551.

²⁷ Yáñez, J. C. (2008). *La intervención social en Chile, 1907–1932*. RIL editores; Arellano, J. P. (1985). *Políticas sociales y desarrollo: Chile 1924–1984*. CIEPLAN, 21–45.

²⁸ Arias, K. (2012). Ideas, intentos y fracasos en el proceso modernización administrativa entre las dos administraciones de Ibáñez (1927–1958). *Universum*, 1(27), 21.

²⁹ Arias (2012), 15.

(1938–1941), spoke of the very high infant mortality rates and the causes of early adult deaths associated with poverty, poor nutrition and overcrowding.³⁰ The average wage was well below the necessary minimum. About 50 per cent of the population did not consume the primary ratio of calories. The diet lacked protective nutrition, and the dirty and ragged clothing enabled the proliferation of contagious and respiratory diseases.³¹

The 1940s brought new challenges for the Chilean state and for the social services. The country's political stability increased the population's welfare, but new demands also appeared. The middle class, which benefited from social and labour policies, improved its standard of living and broadened its consumption regime, adopting foreign styles and increasing its culture. Urban life became more complex and modernized, public transport improved, entertainment diversified, and employment expanded for new civil servants.

Until Augusto Pinochet's *coup d'état* in 1973, the Chilean state was the main political, social and economic actor.³² In all social sectors, benefits were organized and expanded, and an institutional bureaucracy was set up to guarantee a network of benefits and rights. Public education grew, and primary education coverage reached 95 per cent of the population in 1973.³³ In health, the *Servicio Nacional de Salud* was a robust institution. It achieved great international prestige, providing health care to more than 70 per cent of the population.³⁴

Even though some thought the hiring of high-level employees was politically motivated, authors such as Pilar Romaguera and Jaime Gatica have provided arguments to show that the expansion of the bureaucracy was motivated to cover the provision of social services.³⁵ In 1930, about 80 per cent of the employees worked in the central areas, including the

³⁰ Allende, S. (1939). *La realidad médico-social chilena*. Lathrop, 22–25.

³¹ Allende (1939), 35–53.

³² Valenzuela, A. (1984). Parties, politics, and the State in Chile: The higher civil service. In E. Suleiman (ed.), *Bureaucrats and policy making: A comparative overview*. Holmes and Meier, 243.

³³ Larrañaga, O. (2010–2012). *El Estado de Bienestar en Chile, 1910–2010*. PNUD, 43.

³⁴ Ochoa, F. (1978). *La salud pública en Chile: análisis de su evolución en el periodo 1958–1976*. Tesis de Grado no publicada para optar al Grado de Licenciado en Ciencias Económicas y Administrativas Facultad de Ciencias Económicas y Administrativas de la Universidad de Chile, Santiago.

³⁵ Romaguera, P. and Gatica, J. (1979). *Crecimiento y estructura del empleo en el sector público chileno, 1940–1970*. Memoria de Prueba para optar al Grado de Licenciado en Ciencias Económicas Universidad de Chile, Santiago, 104–105.

ministries of Interior, Foreign Affairs and Justice. Meanwhile, the administration of social services occupied only 5 per cent of the civil servants. In contrast, by 1967, the central sector had halved (38 per cent), and employees in the social sectors, including health, education, labour and housing, accounted for 45 per cent of state employees.

Within the civil servants' group, social workers played an essential role, especially in the health field, where they accounted for about 30 per cent of all graduates in the mid-1960s.³⁶ They were also employed in schools, childcare services, industries, councils and other welfare organizations. In all these fields, they attended to individual users and worked with groups and communities, covering food, housing, clothing, hygiene and education. They solved social cases, promoted neighbourhood organization, attended urgent needs, handled legal and health procedures, and supported community development.

POVERTY, COMMITMENT AND EMOTIONS IN HOME VISITS

Social workers, a fundamental part of the Chilean welfare state, performed an essential task for the new social policies. This task constituted a mediation between the families of popular sectors³⁷ and the benefits provided by the state. It was also fieldwork, as they were pioneers visiting the homes of the poorest and collecting information that they then handed over to the welfare and health institutions. In addition, they carried out their work with a high level of commitment. They travelled through remote and sometimes dangerous neighbourhoods, late at night, with few resources but a permanent discourse on the importance of vocation, moral integrity and permanent effort.

³⁶ *Recursos Humanos de Salud en Chile*. (1970). Ministerio de Salud Pública-Consejo Nacional Consultivo de Salud, 297.

³⁷ From the late nineteenth century, the term popular sectors was used to refer to workers, but also a group of unemployed and informal workers with low and irregular income. They lived in rented housing or with relatives, had a low level of schooling and professed deeply rooted values, such as superstitious Catholic religiosity, wasteful habits, high alcohol consumption, and attachment to community ties and festive spirit. Their poverty and remoteness from power networks made them the target of intervention by social workers. For more information, see Vitola, V. (2016). El uso del concepto de Sectores Populares en las ciencias sociales. *Revista Conflicto Social*, 9 (5), 158–187. Vitola analyses the origin of the term from the English Marxist tradition and addresses the notion of “social class” beyond its strictly economic-productive meaning, considering how the subaltern sectors receive, appropriate and even offer resistance to the dominant values.

The social survey, considered a “basic working tool”,³⁸ served to systematize the data collected. The visit facilitated acute observation, allowed the detection of falsified information, and provided recommendations for hygiene and savings. Social worker Coralí Lanás summarized the work in this way: “Examining parents and monitoring their health treatment, legalizing marriage, instilling sound morals, giving encouragement and courage to single mothers so that they do not abandon their children, finding work for fathers or mothers who become unemployed: these are all tasks of the social visitor”.³⁹

Within a few years, an increasing number of young people became interested in studying the profession. By 1930, 100 social workers had graduated from the Charity School of Social Service, and more than 80 per cent of them were working.⁴⁰ Luisa Fierro, a graduate of these first generations and a social worker at the San Borja Maternity Hospital, spoke of how “well established” the social service had become and that it was “widely used”.⁴¹ This process of professionalization also included symbolic elements. The use of the grey uniform gave them a specific identity and made it easier for them to be recognized by the users, given that they moved around the city’s poorest neighbourhoods.

The doctors appreciated the family surveys. They had become effective instruments for making so-called social diagnoses and understanding the living conditions of the sick, just as the visits were intended to teach the appropriate dietary regime and monitor compliance with the prescribed treatments.⁴²

The work of female social workers carried an aura of commitment. Their spirit of service, strongly tinged with gender constructions attributed to their femininity, created certain ideal conditions for their work. As the Catholic philanthropist Fernando Rodríguez argued, social workers should renounce their pleasures, giving themselves sacrificially to the poorest:

³⁸ López, R. (1975). Una explicación sociológica del cambio administrativo: Chile, 1812–1970. *Documentación Administrativa*, 168, 74–76.

³⁹ Lanás, C. (1928). En la Gota Baldomera de Torres. *Servicio Social*. II (3), 232.

⁴⁰ Monografía de la Escuela de Servicio Social (1929), 28–29. Las actividades de las visitadoras sociales. *Servicio Social*, III (4), 322–323.

⁴¹ Fierro, L. (1930). Organización del Servicio Social en los hospitales. *Servicio Social*, IV (4), 300.

⁴² Fierro (1930), 300.

What beautiful work you are called to do in our country! What a greater mission than yours, inferior in sacrifice and grandeur only to motherhood! But your mission is also maternal; you are going to fill, on the side of the sad and degraded, the void left empty by a mother who did not know herself, or who, sadder still, did not know how to be a mother, did not understand her mission of forming moral and useful beings.⁴³

Those who best described low-income families and portrayed their own professional experiences were social workers. As Luz Tocornal pointed out, “Our clientele is the poorest, most demoralized and destitute”,⁴⁴ and Marta Ballesteros spoke of “serving the needy directly, solving social cases, remedying misfortunes day by day, fixing difficult situations, that is to say, having direct contact with all the miseries of life”.⁴⁵

Of their many descriptions of urban poverty, the most dramatic came from their home visits, where they observed families living in small, cramped rooms, crammed together in filth and cold. Rebeca and Inés Jarpa, for example, recounted the life of a woman who had come to them because she was in “a desperate situation”. Without work or other resources to support herself, the mother of one young daughter and another who was only 15 years old and pregnant, she lived in a small room where “18 people lived in an easily understandable case of overcrowding”.⁴⁶ Moreover, they pointed out: “We did the home survey, and we were shocked to see a small, dirty room, totally occupied by five beds and with no more light than a candle... how to fix such a sad state of affairs...?”⁴⁷

Similar conditions were reported in various contexts of social intervention. Single mothers, for example, were frequent cases of attention, as they had multiple and complex problems to address. They were also “disowned by those at home”, often finding themselves “totally abandoned”.⁴⁸ The children grew up alone and had to work at an early stage to support

⁴³ Rodríguez, F. (1936). El procedimiento jurídico en relación con el trabajo profesional de las visitadoras sociales. *Servicio Social*, X (1-2), 54.

⁴⁴ Tocornal, L. (1928). Servicio social en las obras de la infancia. *Servicio Social*, II(1), 69.

⁴⁵ Ballesteros, M. (1928). La visitadora social en la administración de la asistencia pública. *Servicio Social*, II(1), 53.

⁴⁶ Jarpa, R. and Jarpa, I. (1928). El servicio social en la Oficina de Informaciones de la Escuela. *Servicio Social*, II(1), 36.

⁴⁷ Jarpa and Jarpa (1928), 36.

⁴⁸ Fabres, L. (1928). El servicio social en la maternidad “Carolina Freire” del Patronato Nacional de la Infancia”. *Servicio Social*, II (1), 50.

themselves. Some of them suffered chronically from contagious diseases and were exposed to violence and rejection.

In hospitals and children's homes, work was done with children abandoned due to the death or neglect of their parents. This was the case of a 10-year-old boy, cared for by Luisa Torres at the Reform School for Children. This illegitimate son of an unknown father and deceased mother lived, together with his six siblings, "in appalling chaos".⁴⁹ In the care of a neighbour, the boy, who worked as a shoeshiner and a grocer, was illiterate and had been "arrested ten times, for theft and drunkenness".⁵⁰ In addition, the woman who looked after him "exploited the child and, when he did not bring home \$6 a day, he was punished and not fed".⁵¹

This spectacle of abandonment aroused strong emotions among the "initiates". Raquel Carrasco said that doing social service was a task aimed at "unearthing misery".⁵² Laura and Blanca San Cristóbal, who worked in the School of Medical Service, said how difficult it was "not to feel discouraged in the presence of so many anomalies, so much calamity".⁵³ For the same reasons, Leo Cordemans, Director of the School of Social Service, stated that the admission of female students was risky because the profession involved "a great drain on physical, cerebral and nervous energy", and the applicants required "cold blood, a spirit of decision and, finally, a dose of understanding and experience of life".⁵⁴ Social services, which was both a science and an art, required aptitude and knowledge: "These aptitudes are generosity, altruism, absolute self-giving to the cause of the unfortunate [...] much patience, gentleness and energy, perseverance and infinite benevolence and understanding".⁵⁵

These social workers were part of a small elite of women who, in the 1920s, were entering professional life. Alongside nurses, midwives and teachers, they were also the "female face" of the state, employed to provide direct care to people. María Lanús, a young social worker who, like

⁴⁹Torres, L. (1928). El servicio social en la Escuela de Reforma para Niños. *Servicio Social*, II (1), 43.

⁵⁰Torres (1928), 43.

⁵¹Torres (1928), 43.

⁵²Carrasco (1928), 13.

⁵³San Cristóbal, L. and San Cristóbal, B. (1928). Servicio médico y asistencia social en la escuela. *Servicio Social*, II (1), 33.

⁵⁴Cordemans, L. (1927). Organización general de la Escuela de Servicio Social de Santiago. *Servicio Social*, I (3-4), 114.

⁵⁵La Escuela de Servicio Social de Santiago de Chile (1927). *Servicio Social*, I (1 y 2), 10.

her colleagues, belonged to a well-to-do middle class who could afford higher education, described her colleagues as "...girls who, perhaps a short time before, knew that poverty existed, but only suspected it, and would never have dreamed that it would touch us in any way".⁵⁶

As well as dealing with their despondency, the social workers had to do hard emotional work.⁵⁷ They often reported how they had to console the sick or poor mothers and listen attentively to the experiences of the most destitute in society. The social worker Marta Trefault said that she tried to approach the users "through advice given with gentleness and firmness, trying to console and alleviate all the sufferings she encountered, spending delicacy and precision to reorganize the homes in cooperation with the assisted, encouraging them because they saw that they were not alone in fighting for life".⁵⁸ Berta Recabarren, for her part, wrote of her work with a hospitalized patient: "The Social Visitor visits him daily, takes note of his ailment, and consoles him if he is in pain. She offers to give him whatever service he needs. She provides him with good reading that he likes and that serves to lift his spirits if he is downcast".⁵⁹

In the same way, Rebeca and Inés Jarpa told of their intervention with the wife of a hospitalized worker. They went through the streets looking for the correct address and found there a woman "of indefinite age, worn out by work and suffering" who bitterly described her financial and family woes. The social worker "had to exhaust her eloquence to calm her nerves, mitigate her legitimate pain" and prevent the situation from escalating. In conclusion, they argued that "the incipient morality of our people [...] obliges us to develop an intense moralizing work", achieved through "prudence and discretion".⁶⁰

⁵⁶Lanas, M. (1928). La vida en la Escuela de Servicio Social. *Servicio Social*, II(2), 156.

⁵⁷Hochschild, A. (2012). *The managed heart: Commercialization of human feeling*. University of California Press.

⁵⁸Trefault, M. (1928). El Servicio social en el Hospital de Niños. *Servicio Social*, II (3), 233–234.

⁵⁹Recabarren de Abadie, B. (1928). El servicio social en el establecimiento de la Cía. Minera e Industrial de Chile (Lota). *Servicio Social*, II (2), 118.

⁶⁰Jarpa and Jarpa (1928), 38.

REACHING THE POOREST: BREAKING DOWN MISTRUST AND SUPPORTING CHANGE

For the social workers, their job was to bring the state closer to families, and they were undoubtedly carrying out a historic task. Although not yet consolidated, this new social policy was based on unknown principles: citizens' rights, scientific reform and social prophylaxis. For the first time, the people acquired a presence in nation-building. They were no longer confined to reform institutions, as classical philanthropy⁶¹ sought to do, nor were they to be isolated on the margins of the city, as the intendant of Santiago, Benjamín Vicuña Mackenna, had tried to do at the end of the nineteenth century.⁶² Now the people had acquired a productive value from the point of view of capitalist development.

This different view aimed at a “reform of the people” and used science to find the right paths. The social service itself was conceived as a “scientific and modern form of altruism”.⁶³ It was a “new science, a practical sociology, applying to the child, to the family, to the helpless person, the knowledge provided by the progress made in the different branches of human knowledge”.⁶⁴

The social workers enforced these scientific and adaptive precepts. The case of Berta Recabarren, who worked with a mining company in Lota, a town in southern Chile, was emblematic of these ideas. She argued, “the great task of the Social Visitor [was] the culture of the people”.⁶⁵ She worked in the School for Workers' Children, supporting the formation of the future citizen; she participated in the Women's Centre, encouraging the development of “feminine culture”;⁶⁶ and she collaborated with the city's hospital, where her task was “to educate the sick and their families so that they would not resist the treatment they would have to observe during their convalescence when they returned home”.⁶⁷ In the conclusion of

⁶¹ Ponce de León, M. (2011). *Gobernar la pobreza: Prácticas de caridad y beneficencia en la ciudad de Santiago, 1830–1890*. DIBAM.

⁶² Leyton, C. and Huertas, R. (2012). Reforma urbana e higiene social en Santiago de Chile: La techno-utopía liberal de Benjamín Vicuña Mackenna (1872–1875). *Dynamis*, 32(1), 21–44.

⁶³ Monografía de la Escuela de Servicio Social (1929), 4.

⁶⁴ La Escuela de Servicio Social de Santiago de Chile (1927), 8.

⁶⁵ Recabarren de Abadie (1928), 113.

⁶⁶ Recabarren de Abadie (1928), 114.

⁶⁷ Recabarren de Abadie (1928), 118.

her article, she stated that social workers should change from “the person who can fix everything, who achieves everything”, to a “messenger of peace, progress and hope, both in the large and small affairs of the working-class families of Lota”.⁶⁸

Achieving such a high standard of performance was difficult, and this was acknowledged by the social workers themselves. Their testimony also reflects the difficulties they encountered in the homes, where they were seen as intruders prying into people’s privacy. Luisa Fabres, who worked at the Carolina Freire Maternity Hospital, reported the case of a woman with four children, pregnant with a fifth, who was diagnosed with tuberculosis. At home, she did not take precautions to prevent infection, and the health visitor had to teach her and make sure she followed the doctor’s instructions. She also persuaded her to give birth to her child in the maternity ward and then move to a tuberculosis asylum with the newborn. She also took care of the children who were left without their mother. However, despite the good results, she noted that she had to make “many visits” and “at first we were not well received, but we gained their trust little by little”.⁶⁹

The social worker Juana Mac-Quade also described the suspicion that her arrival aroused in people and attributed it to the fact that it was a new service, which was “not yet well understood, even by the people who were to use it”.⁷⁰ Thus, Berta Recabarren confirmed, the primary task of a social worker was to inspire confidence until she became “the one who can do everything, their counsellor, the golden bridge to reach their desires”.⁷¹

Besides the suspicion in families, the social workers faced mistrust among other more established professions. The doctors recognized that an effort was needed to make room for social workers in state and private organizations. The pediatrician Luis Calvo McKenna, Director of the Roberto del Río Children’s Hospital, noted having had “a feeling of mistrust and discouragement” when the social service was first introduced in Chile, particularly when observing the experience of European countries and comparing it with “our philanthropic institutions”.⁷² Similarly, Fresia Horst and Berta Guzmán, social workers in the *Seguro Obligatorio*, noted

⁶⁸ Recabarren de Abadie (1928), 119–120.

⁶⁹ Fabres (1928), 51.

⁷⁰ Mac-Quade, J. (1928). El servicio social en el hospital. *Servicio Social*, II(2), 121.

⁷¹ Recabarren (1928), 113.

⁷² Calvo Mackenna, L. (1926). Comentarios sobre asistencia social en los hospitales. *Revista de Beneficencia Pública*, X (2), 71–72.

that social services staff were confronted with “something very new and unknown” and put “countless obstacles” in the way of the social workers. They illustrated this by saying: “The nurses in the hospitals thought we were intruders and tried not to give any explanations or answer our many questions”. In this way, “the social visitor was forced to start her work by convincing the hospital staff that we only wanted to cooperate for the welfare of the insured patients and their families”.⁷³

By the end of the 1930s, the social workers seemed to have overcome these initial obstacles. Raquel Braga and Leo Cordemans proudly claimed that the new profession had enrolled students without interruption in a decade of existence. Social institutions had encouraged “in all fields the development of modern forms of assistance and the improvement of services of a social nature”.⁷⁴ This triumph had been crowned with the opening of new social service schools in Santiago and other cities. Lucio Córdova, a doctor who had defended the creation of the state schools for social workers, spoke of them as an “instrument of moral and economic improvement, of regeneration, of justice and the welfare of the working-class family”.⁷⁵

Social legislation, which had been expanded in this decade, offered new opportunities for action to the social workers. Luz Tocornal reported that the social worker was responsible for “verifying that the employer complied with his obligations and that the beneficiary was aware of the existence of the benefits”.⁷⁶ In that sense, many social workers had to serve as aid coordinators.

The family remained the first concern of the professionals. The social workers had already learned that the best way to reach them was through something “material, concrete and immediate”.⁷⁷ For example, organizing a celebration would bring together the children and, from there, penetrate deeper aspects, such as the composition of the family group, its

⁷³ Horst, F. and Guzmán, B. (1928). La asistencia social en el Seguro Obligatorio Obrero. *Servicio Social*, II(1), 20.

⁷⁴ De Bray, L. and Braga, R. (1935). El servicio social en Chile y su porvenir. *Revista de Asistencia Social*, IV(4), 360.

⁷⁵ Córdova, L. (s.f.). Las nuevas escuelas de Servicio Social de Chile. Asociación Chilena de Asistencia Social, Folleto de Divulgación, Santiago, N°115, 4.

⁷⁶ Tocornal, L. (1941). Orientaciones de la asistencia social en Chile. *Servicio Social*, XV(4), 220.

⁷⁷ Errázuriz, A. (1938). El campesino chileno y la visitadora social. *Servicio Social*, XII(1), 27.

domestic economy, eating habits or salaries. They worked directly with poor women who were taught how to organize their shopping and family budgets. Social workers criticized the habits of male workers, who “squandered” a significant part of their salaries on alcohol and gambling,⁷⁸ and they gave practical advice to housewives to make cash purchases, avoid indebtedness and save to “find a way to avoid squandering what they have earned...”.⁷⁹ These women were encouraged to work in their own homes, in “weaving, loom weaving, poultry raising, and others”.⁸⁰

These welfare policies were implemented based on rigid gender stereotypes, with a provider father and a wife who maintained the stability of the group and took care of the children’s upbringing. In this sense, the intervention of social workers was built on gender roles, both in terms of who the users were and what was expected of them.⁸¹

Social workers also progressed professionally. In 1950, social service schools were incorporated into the University of Chile. There were more than 1000 graduates,⁸² and some of them travelled abroad to continue their studies.⁸³ Others were recruited to found social service schools in various Latin American countries. The shared experiences of higher education increased the social workers’ cohesion and identification as a special profession, which presumably further increased their commitment to the work. Thus, to commemorate the twentieth anniversary of the Chilean social service, the First Pan-American Congress of Social Service was held in Chile in 1945, and in 1955, the College of Social Workers was created.

Social complexity and the new demands of the population also brought new problems and challenges. Despite the increase in female graduates, the expansion of state services began to generate a shortage of professionals as early as the 1940s. The most influential organizations in the country, such as the *Caja Del Seguro Obligatorio* (compulsory insurance fund) and the hospital network, recruited more and more staff each year and

⁷⁸ Cabieses (1936), 38.

⁷⁹ Reveli, R. (1933). *Malestar de la familia obrera*. Memoria para optar al Título de Visitadora Social, Escuela de Servicio Social Elvira Matte de Cruchaga, 17.

⁸⁰ Reveli (1933), 18.

⁸¹ Roseblatt, Karin. (2000). *Gendered compromises: Political cultures & the state in Chile, 1920–1950*. University of North Carolina Press, 49–57.

⁸² Recursos Humanos de Salud en Chile (1970), 297.

⁸³ The Chilean School of Social Service was the first of its kind in Latin America. Chilean social workers were taken to set up schools in El Salvador, Guatemala, Bolivia and Venezuela. They were also hired as advisors in Uruguay, Ecuador and Argentina.

established small corporations that gained strength and identity. By 1952, there were 394 hospital social workers, and the *Caja del Seguro* employed 125. Most of them were scattered across different care centres. However, some of them had taken up supervisory and managerial positions in the various social action units, which involved preparation and training.

Internal regulations had been adopted to establish social workers' functions. The aim was to increase the number of workers and to organize their work according to new needs. The *Federación de Visitadoras de la Caja del Seguro* (Union for the social workers in the compulsory insurance fund), for example, clearly stated the innovations that some leaders had developed: in 1934, Luisa Fierro had set the performance standards for the visitors, and from 1935 onwards, they had begun to count the steps taken (visits, surveys, procedures, among others). In 1937, the Regulations of the Social Visiting Service were approved. In the same year, María Vial Izquierdo, who had studied in Europe, established a plan for the "improvement of social workers" and proposed the "study and creation of the first step in the social service".⁸⁴ Later, in 1939, Ana Mac-Auliffé succeeded in "putting into effect the provisions of the Regulations, specifying the work currently carried out by the social workers in the different Services".⁸⁵

The leadership and self-learning capacity of each social worker was key to improving the work of the organizations. The institutions grew and needed technical skills, which the social workers, being the pioneers in their profession, had no one to learn from. Elena Cortés, Otilia Boza and Rina Vallejo said there were no "specialization courses within the programmes of the existing schools in Santiago", and asked, "How does the social worker acquire the knowledge necessary for the performance of her duties? Only with general classes and in some cases with the stays that she makes as a pupil and supervised by the regular Social Visitor"⁸⁶—that is, by observation and example.

Thus, the social workers' experience meant that the popular sectors recognized the state as part of their lives, first, through the social workers' ability to establish a bond of trust with the families, and second, through contact with the users, particularly with the women with whom they

⁸⁴Federación de Visitadoras y Asistentes Sociales de la Caja de Seguro Obligatorio (1946), 47.

⁸⁵Federación de Visitadoras y Asistentes Sociales de la Caja de Seguro Obligatorio (1946), 48.

⁸⁶Cortés, E., Boza, O. and Vallejo, R. (1949). Observaciones sobre algunos aspectos del servicio social industrial. *Servicio Social*, XXIII (1), 62.

worked closely, preserving their traditional domestic role. The state carried out an intervention constructed from a gender perspective, and the state's intervention was at the service of the prevailing stereotypes.

During this period, social workers also experienced professional growth. Although they felt part of the welfare state services, they sought recognition and better regulation of the practice of the profession.

CONCLUSION

This chapter analyzed the professional development of social workers in Chile between 1925 and 1950, who were the direct executors of the social policies of the period. The emphasis was on unravelling their lived experience, the thoughts, emotions and problems they had to face in the context of the emergence of the Chilean welfare state.

During this period, social workers experienced the state in three ways. Firstly, it was marked by an experience of gender. The social workers were women who occupied a position within a structure with hierarchized roles and status according to the female/male dichotomy. Doctors and lawyers held positions of power, and gave political and technical guidelines, while social workers made decisions and established close links with the users of the services, who were primarily poor women.

Secondly, the social workers experienced and put into practice a series of negotiations through which they built an independent professional project. They took the indications given by the medical and legal authorities, but they did not follow them strictly. They often interpreted them to their advantage and forged their profession with a mixture of conservatism and avant-garde.

The third way was through emotions, which, as recent historiography has shown, are closely linked to experience. In this space of gender articulation, social workers felt free to openly express the emotions involved in the process of social intervention. They had to perform using both their technical attributes and their female sensibility. The doctors who founded the first School of Social Service thought this sensitivity would add closeness and empathy to the relationship between the state and the people. For this reason, emotionality was a professional hallmark of the social workers, and they reflected it in their actions, enriching the understanding that we have of the history of the Chilean welfare state. With their commitment, the social workers produced shared experiences of trust,

belonging and participation with their clients and in this way constructed and strengthened the state.

In a cycle that runs from 1950 and 1973, the Chilean state continued its expansionary process and became a leading actor in political, economic and social construction. Its actions had significant redistributive effects, and at the time of Pinochet's *coup d'état*, Chilean citizens were better educated, healthier and enjoyed greater rights than before 1925. Nevertheless, Chile was still a poor country; its economy was inflationary and domestic demand was insufficient to boost production. It was also a polarized country and the influence of the Cold War and the country's own internal tensions led to the end of the Chilean welfare state. The social workers also suffered under the dictatorship: many were dismissed from state agencies—jobs were lost as the state apparatus was reduced in size—or exiled, and seventeen were murdered. Just as they were once protagonists of the welfare state, they would later become direct victims of the repressive state.

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