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Danielle Frank
Taking It All In: How Do
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Practice?

ABSTRACT

This research study explored the ways in which psychodynamic social workers use social justice values in clinical practice. The qualitative study was based on interviews with 12 practicing clinical social workers who self-identify as integrating social justice values into psychodynamic work. Using grounded theory, the study examined this question by exploring individual definitions of and professional commitments to social justice values and ways these are applied to their work. The interviews also explored participants' personal views on the alignment of psychodynamic practice with social work values, how this concern was addressed in clinical training, and how different bodies of psychoanalytic theory offer varied approaches to incorporating social justice values. Case vignettes provide real-world examples of both successes and challenges faced by the members of this sample.

Key findings include that core tensions remain between the value-laden field of social work and that of psychoanalysis, which in many ways still aspires to be value-neutral, and maintains this aspiration as a core tenet of the discipline. At least for the sample in this study, the extent to which this is experienced as a struggle by clinicians is contingent upon how comfortable they are navigating the moments in which their values and those of their clients diverge. This study suggests that the practice of clinical social work could benefit from an engagement in the production of psychoanalytic theory that explicitly speaks to the social justice mandate of social work, as well as the challenges unique to the field.

**TAKING IT ALL IN: HOW DO PSYCHODYNAMIC SOCIAL WORKERS USE
SOCIAL JUSTICE VALUES IN CLINICAL PRACTICE?**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2015
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CHAPTER I

Introduction

Social work is one of many fields whose clinicians may become licensed to practice psychotherapy. However, unlike marriage and family therapy, pastoral counseling, psychology and psychiatry, social work identifies social justice as a core value, as is reflected in the NASW code of ethics (NASW, 2009). Clinical social work practitioners work from a variety of counseling disciplines including psychodynamic psychotherapy, derived from psychoanalysis. Psychoanalysis does not have a reputation as a liberation psychology but rather, one that locates the source of a person's problems in the individual (often attributing psychopathology to inadequate early parenting), rather than examining, much less addressing, the risks inherent in larger social systems. Indeed, psychoanalysis has long been critiqued as hostile to or insufficient for women, LGBTQ* populations, and communities of color (Goldstein, 2002). Furthermore, major theorists of psychoanalysis have historically rejected the application of the modality for those whose mental health challenges extend beyond those of the "worried well."

How can psychodynamic social workers reconcile the paradox of the "person in the environment" framework with a theoretical praxis whose focus is primarily inward? How does this work in practice? How do psychodynamic social worker perform their work while retaining their core values as social workers? To answer these questions, this research sought to answer the question of how psychodynamic social workers use social justice values in practice.

In recent decades, psychoanalytic theory has undergone major reformations, largely sparked by contributions of feminist theorists. For example, relational theorists sought to correct certain features of psychoanalytic theory that have historically been viewed as oppressive (Aron & Starr, 2013). Now that psychoanalytic theory has engulfed more progressive influences, the

researcher queries if it is better suited to be utilized with clients in a manner that is consistent with the social justice values that are integral to clinical social work practice.

Previous Research

Because there have been few empirical studies in recent years on social justice concerns in the practices of psychodynamic social workers, most of the literature reviewed for this study is historical and anecdotal, some drawing from the authors' own case studies but mostly from perceptions of the profession at large. The historical writing provides background to understand how psychodynamic social work has arrived at its current state, while critiques of both psychoanalytic theory and social work practice speak to the concerns of marginalized populations for whom an anti-oppressive therapeutic modality is most vital. The literature review also examines attempts to reconcile social justice concerns in clinical education, and, moving forward in professional trajectory, how the convergence of social work and psychodynamic practice highlights both obstructions and opportunities. Last reviewed is recent work on the social justice potential of relational theory, which investigates new therapeutic possibilities to provide psychodynamic treatment that is actually for the person in environment.

For the purpose of this study, the researcher will define the terms contained within the research question: How do psychodynamic social workers use social justice values in clinical practice?

The Gales Encyclopedia of Mental Health states that *psychodynamic psychotherapy* is based on the theories and techniques of psychoanalysis, in that it “attributes emotional problems to the patient’s unconscious motives and conflicts” but differs from psychoanalysis in that psychodynamic practitioners “do not necessarily accept Freud’s view that these unconscious motives and conflicts are ultimately sexual in nature” (p. 927). While some therapists

interviewed in this research identified as psychoanalysts, most referred to their practices as psychotherapy. Throughout this research, relevant theory will be referred to as *psychoanalytic* and clinicians will be referred to as psychotherapists.

The Encyclopedia of Social Work defines *clinical social work practice* as the “professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorder” (Grant, 2008). While the emphasis of this research is primarily on treatment-related issues and thus centered around psychotherapy and counseling experiences, interview participants also discussed topics pertinent to other spheres of clinical social work practice, including assessment, diagnosis, and client-centered advocacy.

For purposes of this research, participants were asked to provide their own definitions of social justice values. *Social justice* is admittedly a nebulous term to operationalize, as its meaning is bound by context and has thus undergone significant shifts throughout history. Linking *social justice* to *values* complicates matters only further, as *values* indicates an ethos, which is inherently subjective. This study operated on the premise that social justice values are loosely defined as those that embrace “the equal worth of all citizens, their equal right to meet their basic needs, the need to spread opportunity and life chances as widely as possible, and finally, the requirement that we reduce and, where possible, eliminate unjustified inequalities” (Finn & Jacobson).

The Study

To answer the question of how psychodynamic social workers use social justice values in clinical practice, this study interviewed 12 clinical social workers who self-identify as psychodynamically-oriented. Participants were asked a series of semi-structured questions

designed to explore their integration of social justice values within their clinical practice. Interviews were performed both in-person and over the phone when an in-person interview was not feasible. The researcher sought to include participants who strongly identify as both motivated by social justice values and as psychodynamically-oriented clinicians. Participants were recruited through direct invitation, social work association listservs, psychoanalytic training institutes and participant snowballing. The researcher also made special effort to recruit a participant group with diversity across sociocultural locations.

Although social work is the only counseling profession with social justice values included in its professional mandate, this does not mean that social workers are the only mental health practitioners who are motivated by such concerns. As such, this research could be of interest to any mental health practitioner who is concerned with issues of social justice and psychotherapy. Additionally, the findings may be of interest to mental health workers motivated by social justice concerns who practice from any psychotherapy modality and may be curious about the social justice potential of psychodynamic psychotherapy.

Contribution to Social Work

The study is relevant to psychodynamic clinical social work in that it investigates what the researcher has hypothesized as an inconsistency in the field's conventions between its values and practice. In interviewing clinical social workers whose practice incorporates social justice values in session, the researcher hopes to bring attention to underrepresented viewpoints, as is indicated by the limited availability of pertinent literature on the subject of psychodynamic psychotherapy as a social justice project. Through exploring the participants' clinical anecdotes, such applications might further the trajectory and development of psychodynamic theory as relevant to social justice concerns. These findings may offer insights that could potentially

influence what the field of clinical social work views to be within its purview and impact trends of social work pedagogy.

CHAPTER II

Literature Review

Because there have been few empirical studies in recent years on social justice concerns in the practices of psychoanalytic social workers, most of the literature reviewed here is historical, reflective, and anecdotal, drawing from the authors' own case studies, experiences, and perceptions of the profession at large. The historical writing will set the stage to understand how psychoanalytic social work has arrived at its current state. Critiques of both psychoanalysis and social work, and analyses of the influence of practice setting, speak to the concerns of marginalized populations for whom an anti-oppressive therapeutic modality is most vital. The writing on the convergence of social work and psychoanalysis highlights both obstructions and opportunities, and recent work on the social justice potential of relational theory investigates new therapeutic possibilities to provide psychoanalytic treatment that is actually for the person in environment.

In examining how psychoanalytic social workers use social justice values in practice, this literature review will provide a brief background on the early socio-political histories of both psychoanalysis (Aron & Starr, 2013; Hale, 1978; Jurij, 1982) and clinical social work (Danto, 2005, 2009), with specific focus given to the fields' confluence and the influences that shaped each discipline's ideological character (Danto, 2009; Goldstein, 1995, 2002; Meyer, 1970; Roberts & Yeager, 2006; Smith, 2014). The review will then examine literature offering critiques (Greenleaf & Bryant 2012; McLaughlin, 2002; Specht & Courtney, 1995; Tolleson 2009) and supportive counter-critiques (Haynes, 1998; Heirsteiner & Peterson, 1999; Sachs & Newdom, 1999) of both fields as relevant to social justice concerns, such as clinical social work as "gatekeeping" or serving to uphold the status quo and psychoanalysis as historically unable to

adequately provide care for non-dominant groups such as women, racial and ethnic minorities, and LGBTQ populations (Corneau & Stergiopoulos, 2012; Harlow & Hearn, 1996; Tolleson, 2009; Tummula-Narra, 2014). The review will discuss implementations of *cultural competence* (Comas-Dias, 2011) as a means by which counseling disciplines have attempted to correct this problem and will also examine critics (Metzl & Hansen, 2013; Winograd, 2014) of this measure.

Next, the literature review will look at what has been often an uncomfortable relationship between the overlapping practices of social work and psychoanalysis, paying attention to how the workplace setting (agency vs. private practice) impacts both the professional identity of the clinician as well as modality of services offered (Borenzweig, 1981; Lord & Iudice, 2012). Finally, the review will examine the relational approach to psychoanalysis (Aron, 1990, 1991; Cushman, 1995; Fonagy, 2001; Ghent, 1992; Hoffman, 1983; Mitchell, 1988, 1993, 2000) as recent efforts to address the historical tendency of psychoanalysis to create power imbalances between clinician and client. This newer generation of theory, building on and evolving more classical thought, may provide a bridge in praxis between the social justice mission of social work and the theoretical framework of psychoanalysis (Borden 2000; Hadley, 2008; Miehl, 2011; Segal, 2013), although others still question if the relational approach goes far enough in its politics to truly be considered a praxis of social change (Botticelli, 2004).

History and Context

Radical roots of psychoanalysis and the conservative turn. Danto (2005) re-examines Freud's vision of psychoanalysis as a "psychotherapy for the people," with a national network of free clinics to serve not only a means of personal transformation but with larger aims of social liberation. Aron and Starr (2013) discuss both the impact of Freud's position as a Jew living in an anti-Semitic climate on the development of the theoretical foundation of psychoanalysis as

well as that of importing psychoanalysis into American culture in the 1930's, a period where the medical establishment was characterized by a positivist philosophy as well as seeking to legitimate and standardize all forms of healing practices, and to separate the "science" of medicine from the "care work" of midwives and indigenous healers.

In 2005, Elizabeth Danto published the now widely cited text *Freud's free Clinics- Psychoanalysis and Social Justice 1981-1938*, which shed new light on Freud's vision of psychoanalysis as not only a means of personal transformation, but with larger aims of social liberation that were fundamentally congruent with the social justice values of social work. Freud recognized the risks that social and political systems of oppression posed to individuals could be "as shameful to the person as an unresolved conflict between unconscious drives" (Danto, 2009). Freud advocated for free psychoanalytic clinics, where people could receive quality care for their neuroses and psychoses akin to how already existing clinics were readily prepared to treat diseases of the body. Indeed, a number of such free and low-cost psychoanalytic clinics were founded in 1920's Europe, which provided training for mental health workers (including social workers) from Europe, the U.S., Latin America, and the Middle East.

Some of these early analysts, notably Freud and Wilhelm Reich (Aron & Starr, 2013), viewed the structures and pressures of civilization itself as the etiology for much of mental illness. Incidentally, both figures were early supporters of social workers and recognized the value of treating the person in the environment as clinical practice, even if Freudian theory focused on intrapsychic phenomena.

In the 1920's and 1930's, psychoanalysis took a conservative shift after its importation to the U.S. due to the need of many of its theorists and practitioners, who were Jews and/or Communists, to flee the rise of European fascism (Jurij, 1982). Upon arrival in North America,

these analysts met a culture with a vastly different set of social values and political organization than those present at the inception of psychoanalysis. At that time American philosophical discourse was one of positivism, which was in direct conflict with the ongoing development of psychoanalysis, the roots of which were inherently subjective and interpretive (Hale, 1978).

This was also a period in which the U.S. medical culture was seeking to establish itself as an empirical scientific discipline distinct from folk medicines that were relied on by poor people and immigrants. Specialization, licensure, and establishing professional boards and training universities were methods used by the medical community to legitimate itself in the view of the public. Women, Jews, and African-Americans were routinely prevented from entering medicine through both institutional and social exclusion policies.

American psychiatry was eager to distance itself from its ineffective treatment methods of the past, namely the use of asylums, and initially embraced psychoanalysis as a newer, more humane method of treating the mentally ill. However, including psychoanalysis within the medical system became contingent on analysts conceptualizing and presenting their work as *treatment* rather than *care*, which was seen as the domain of women and therefore essentially nonscientific, which in turn influenced the limitations of its treatment scope (Aron & Starr, 2013). The next section will discuss how psychoanalysis was received by social work at this time, itself a milieu regarded as feminine and care-providing.

Evolution of clinical social work in response to sociopolitical shifts. While social work from its inception had always been concerned with the problems of the person in the environment, the need to provide care for the psychic toll of veterans' war-borne trauma in the aftermath of WWI brought social workers into greater contact with psychoanalysis, which provided an early treatment framework for clinical social work. This period also marked a split

in social work between what became known as the Diagnostic school, providing clinical services, and the Charity Organization Society, which became focused on casework efforts (Goldstein, 2002). Clinical social workers continued using psychoanalytic theory with their clients during the depression era, for which they later received criticism for attending to clients' inner turmoil at the expense of responding to the disaster that was happening in their clients' external reality (Meyer, 1970). Caseworkers also began to see the value of psychoanalysis and incorporated ego psychology into their work, attracted by the potential to organize people's challenges by using ego functions that were less nebulous than the more classical theory (Goldstein, 1995).

The civil rights and feminist movements of the 1950s and 60s challenged many systems of oppression, including psychoanalysis. Social work, as a whole, began to turn away from direct practice and refocused on macro-level work. At the same time, new practice models emerged from behavioral and cognitive therapies with results that were made verifiable by empirical research (Roberts & Yeager, 2006). In the late 1970's and 1980's, clinical practice regained its lost status in social work, coinciding with the arrival of advancements in psychoanalytic theory as well as other therapeutic modalities that were viewed as less oppressive to women and other marginalized groups (Goldstein, 2002; Smith, 2014). However, as we will see in the next section, many social work scholars remain critical of both clinical social work and psychoanalysis, regarding such practitioners as agents of social control.

Social Work, Psychoanalysis and Social Critique: Uncomfortable Bedfellows

In examining the lineage of clinical social work critique, McLaughlin (2002) finds that "everything old is new again." Many social workers remain uncomfortable by what they view as a clinical social work's abandonment of its commitment to repairing social problems toward

“personality problems of individuals,” two functions regarded as competing and “irreconcilable” (Specht & Courtney, 1995). Others (Haynes, 1998; Heirsteiner & Peterson, 1999; Sachs & Newdom, 1999) reject this notion and argue that working with individuals on the micro level is vital to stabilizing communities, because personal transformation carries a ripple effect and impacts larger social change. McLaughlin posits that this persistence of this critical tension, though unresolved, is valuable in that necessitates social workers to continue to wrestle with this question, and in doing so, become better positioned to be self-critical and analytical in their work with clients.

Psychotherapy that focuses on intrapsychic discourse remains critiqued by some as perpetuating oppression. Greenleaf and Bryant (2012) write: “The exclusive focus on a client’s internal issues while ignoring interventions to alter oppressive, external factors in that individual’s social realm perpetuates, in effect, the status quo within the social order” (p.20). The authors stress that the professional status of therapists and helping professionals enables them to bear significant influence on how society understands the nature and phenomena of human suffering. They draw on Foucauldian discourse analysis (1972), arguing that this ability to shape definitions of mental illness and wellness essentially functions as a form of social control that “legitimate(s) the current socio-power configurations” (p.20). In this way, limiting the therapeutic scope to the intrapsychic not only constrains clinicians from extending their counseling practice to address the social and political issues that impact their clients’ mental health but may actually inhibit larger shifts in social thought and political action.

Tolleson (2009), writing as a social worker, takes this critique a step further, enumerating the various ways in which psychoanalytic psychotherapists often serve as agents of oppression. She identifies psychoanalysis’ desire to be part of the mainstream as a key influence in this

regard, citing managed care, diagnosis, medicalization, scientism, and evidence-based practices as methodologically antithetical to the social justice potential of psychoanalysis, rendering the discipline and its practitioners politically impotent. Like Greenleaf and Bryant (2012), she argues that rather functioning as a true liberation psychology, psychoanalysis as it is largely practiced operates as “an individual healing technology that promotes social adaptation instead of social unrest” (p.194). She also references Gramsci (1971) in her dissection of psychoanalysts’ tendencies to leave social, political, and structural sources of trauma unexamined out of neglecting to incorporate social critique into psychotherapeutic practice:

As clinicians we are sensitive to the transforming role of trauma and the pain suffered in the course of events that deviate from ordinary experience. We are perhaps less attuned to the tyranny of everyday practices, the hegemony of bourgeois culture, experienced unreflectively as ‘common sense’ which accounts for the absence of social revolt among those who suffer most under its value system (p.196).

In doing so, psychoanalysis serves to propagate the status quo, which in the American context means capitalist cultural values. Put another way, psychoanalysis, without mindfulness of its full sociopolitical function, hazards “help(ing) the weak feel strong while remaining weak” (Meyer in Cushman, 1994, p.822).

Today, in discussion about the conflict between psychoanalysis and core social work values, we are examining a problem that is over 100 years old and have covered some of the larger shifts in thought and persisting critique. Next, the literature review will look at how social work master’s degree education and clinical training programs are attempting to address this issue in their pedagogy.

Educating for Change: Teaching Anti-Oppression in Clinical Training

In reviewing the literature on anti-racism and anti-oppression interventions in mental health services, Corneau and Stergiopoulos (2012) note the paucity of available material and argue that there exists an “urgent needs for further in-depth description of programs” (p.276) that incorporate these values. Harlow and Hearn (1996) point to identity politics and *subjectivity* as the key challenges in educating for an anti-oppressive social work practice, describing past pedagogical approaches of including diverse perspectives, such as multiculturalism, as essentializing and reductionist. The authors describe how social work students’ anxiety often derails professors’ attempts to incorporate meaningful critiques of sociocultural domination into curricula, while also pointing to a lack of available training for instructors on addressing these classroom dynamics. In order to have a clinical education that truly incorporates values of anti-oppression and social justice, it is advised that curricula extend its scope beyond writing on social work, psychology, and psychoanalysis to include thinkers from Marxism, feminism, critical theory, post-structuralism, postmodernism, etc. (Harlow & Hearn, 1996; Tolleson, 2009). Harlow and Hearn (1996) also advocate for incorporating an approach of intersectionality into discussions of sociocultural locations, an approach in which individuals are understood as occupying multiple identities that may each linked to either dominant or marginalized positions.

Tummula-Narra (2014) advocates for a “systematic inclusion of cultural competence as a core area of emphasis in psychoanalytic psychotherapy” (p.1) Referencing Sue (2003), Tummula-Narra defines *cultural competency* as a “process or orientation that is not wedded to any specific technique, but rather involves a way of construing the therapeutic encounter” (pp.2-3). Comas-Dias (2011) explains how cultural competence should be integrated into all aspects of clinical work, including assessment tools, psychological tests, and clinical interventions,

including those that are culture-specific. In fact, in 2008 revisions to the NASW Code of Ethics added to cultural competency in its section on *Social Workers' Ethical Responsibilities to Clients* (National Association of Social Workers, 2008), subsequently incorporating cultural competency as a metric within the educational policy guidelines of the Council of Social Work Education, the organizational body that provides accreditation to master's degree programs (Council of Social Work Education, 2012). As such, cultural competency has become a central feature of social work's efforts to incorporate social justice values into its pedagogy.

Many critics argue that this remains insufficient or does not go far enough to teach future clinical social workers to understand how to work with individuals who struggle with injustice and discrimination in the external environment. Metzl and Hansen (2013), writing from the field of medical education, argue that clinicians must be taught and adopt a structural competency theoretical approach in order to effectively engage with inequality in their patients' lives. These authors assert that "just as stigma in clinical encounters must be addressed structurally, so too must inequalities in health be conceptualized in relation to the institutions and social conditions that determine education health related resources" (p.127). They call for clinical education to:

more systematically train health-care professionals to think about how such variables as race, class, gender, and ethnicity are shaped both by the interactions of two persons in a room, and by the larger structural contexts in which their interactions take place. And, that as such, clinicians require skills that help them treat persons that come to clinics as patients, and at the same time recognize how social and economic determinants, biases, inequities, and blind spots shape health and illness long before doctors or patients enter examination rooms (p.127).

Others argue that the idea of cultural competence is, in essence, offensive to people of non-dominant social locations in that it treats “otherness” as a metric that can be mastered. Anton Hart, for example, speaks sardonically on this subject in the documentary film *Black Psychoanalysts Speak* (Winograd, 2014), “...multicultural competence -- I wish that term would be banished from this earth. Competence. We're going to be competent in relating to the other?”

Graduating from this discussion on social justice values in social work education, the literature review will next examine the research question as it plays out in different workplaces. The next section examines the influence of practice setting on social workers’ professional identities as it pertains to social justice values.

Social Justice Values in Agency Work vs Private Practice

Another area in which social justice tension plays out in clinical social work is that of professional setting. Before the age of managed care Borenzweig (1981) published a study comparing the clientele, professional identification, and mode of practice among licensed clinical social workers who work solely in private practice, solely in agency practice, and in a combination of private and agency practice. Regarding social justice issues, he found that all three categories reported low involvement in social action and that few of his participants referenced only a single social work theoretician in regard to clinical orientation. Not surprisingly, Borenzweig’s study also found that social workers in agency settings work with a significantly more diverse clientele in both sociocultural location and clinical concern. The study also showed that participants who work in agencies are more likely to identify as *social workers* than *psychotherapist*, although all three categories expressed concern related to professional status (Borenzweig, 1981).

More recently, Lord and Iudice (2012) conducted a study of 167 randomly selected, NASW-affiliated, clinical social workers in private practice on “what they do.” Among the topics examined was the question of adherence to the NASW Code of Ethics, particularly in regard to “social justice pursuits,” which the findings listed as professional committee work, non-profit board work, and other volunteer and activism work. Only 37% of participants reported engagement in such pursuits. That number is out of the total sample pool, reflecting clinical social workers who practice from a number of therapeutic modalities. While most participants described themselves as eclectic in this regard, approximately 69% of participants reported primarily using a psychodynamic approach. The study did not offer data analysis between social justice pursuits and therapeutic modality, nor did it ask participants to consider the clinical work itself within the purview of activity intended to promote social justice. Among the study’s conclusions was that adherence to the NASW Code of Ethics is “aspirational and certainly not enforceable,” noting that this is the case for social workers in both private and public practice.

Of psychodynamic social workers who are actively seeking to integrate social justice values into their clinical practices, another area to explore is that of theoretical orientation. The next section will examine how relational psychoanalysis, a more recent practice approach, is considered by some clinicians are better suited to a social justice focused psychotherapy, while others argue that it does not go far enough.

Social Justice Values and Relational Psychoanalysis: Rapprochement?

Relational psychoanalysis can be defined more as an approach or practice rather than a distinct theory set. Relational practice builds off previous bodies of psychoanalytic thought, progressing from what were realized to be one-person psychologies to two-person (Aron, 1990, 1991; Fonagy, 2001; Hoffman, 1983; Mitchell, 1988, 1993, 2000) or three-person (Cushman,

1995) psychologies, increasing an emphasis on the subjectivity of the analyst and even the state. As an often-cited quote from Ghent (1992) explains:

There is no such thing as a relational analyst; there are only analysts whose backgrounds vary considerably, but who share a broad outlook in which human relations—specific, unique human relations—play a superordinate role in the genesis of character and of psychopathology, as well as in the practice of psychoanalytic therapeutics (pp. xviii).

Miehls (2011) references Hadley (2008), in discussing how this emphasis on *relatedness* can be viewed as a natural link to core social work values:(the relational approach) “focuses on studying relatedness in context and makes this integral to a theory of practice. It views the self as more fluid than fixed, and as shaped in interaction relative to social or interpersonal settings and backgrounds.” (pp. 205-206). Miehls contends that relational psychoanalysis is “particularly suited to working with oppressed populations as the social identities of clients are honored and understood to be a major contributor to one’s identity,” citing feminist psychoanalysts Jessica Benjamin (1988, 1998) and Muriel Dimen (2003), as well as Neil Altman (1995, 2000) and Kimberly Leary (1997), psychoanalyst scholars who theorize about race and class.

Borden (2000) observes that social work literature rarely discusses advancements in psychoanalytic thought and practice and also identifies the relational “paradigm” as relevant for clinical social work practice. Referencing Weick (1987), he delineates how the relational approach reflects core social work values in three ways: “...first, the inherent capacities of persons for growth and change; second, the complexity and interdependence of human relationships and social life; and third, the role of the professional relationship in the process of change” (p.370). Segal (2013) notes that this valuation of interdependence in relational psychoanalysis attends to core social work values dating back to the settlement house movement.

Segal also discusses how a relational approach offers insight to mezzo and macro-level social workers, informing program implementation and design that “attend(s) to the meaning-making occurring in interactions between clients and all individuals involved in service delivery” (p.378).

Still, arguments persist that the politics of relational psychoanalysis do not extend far enough to for the practice to truly function as a liberation psychotherapy. Botticelli (2004) asserts that the vast majority of relational writers stop short of including structural or systemic sociopolitical critique in their work. Although “the writing of relational psychoanalysts brims with the language of activism and social change” (p.638), Botticelli notes that these scholarly contributions still rarely discuss political issues themselves, still preferring to theorize on their intrapsychic impact rather than their sociopolitical etiology. He uses *Treating the Adult Survivor of Childhood Sexual Abuse: A Psychoanalytic Perspective*, a highly regarded text (cited by other texts 272 times in the PsychINFO database alone) by Davies and Frawley as illustration:

Relational analysts can write a book on even as highly politicized an issue as the treatment of sexual abuse survivors without mentioning the social context (beyond the family) in which sexual abuse occurs or raising the question of why such abuse is currently so widespread (p.638).

Summary

In conclusion, despite decades of theoretical evolution in psychoanalysis and shifting trends in clinical social work practices, psychodynamic clinical social work continues to wrestle with many of the same conflicts that were apparent in the field’s early years. In questioning the appropriateness of psychodynamic psychotherapy as means of treating the person in the environment, critics point to the tendency to locate both problems and solutions in individual

work, while neglecting larger social concerns. Other critics point to the lack of socio-political engagement of social workers in private practice as a contributing problem. Psychodynamic social work has incorporated advancements in practice and theory, such as cultural competence and the relational approach, to address concerns that its practice has oppressive tendencies, yet some critics persist in arguing these measures do not go far enough. This study seeks to explore how psychodynamic social workers are currently contending with these issues, with attention to both examples of successes as well as the missed opportunities to integrate psychoanalysis and social justice values in clinical practice.

CHAPTER III

Methodology

Formulation

In examining how psychodynamic social workers use social justice values in clinical practice, the researcher used an exploratory, qualitative design, as this the most appropriate method for an understudied phenomenon (Steinberg, 2004). The findings of this research are not meant to be generalizable, but rather to give voice to a perspective that is outside of what is considered mainstream. The research was conducted using in-person interviews whenever possible and phone interviews when cost of the researcher's travel to the location of the participant was prohibitive, or when requested by the participant herself. Interviews were semi-structured, using open-ended questions to gather narrative data.

Sample

Eligibility criteria for the study were that participants be over the age of 18 and able to communicate fluently in English; be at a minimum a Master's level state-licensed social worker; currently in clinical practice; practice from a psychodynamic modality; believe s/he has incorporated social justice values into clinical practice; and willing to reflect on his or her perspectives regarding such integration in an interview with a MSW student. This research excluded subjects who do not self-identify as psychodynamic practitioners; are not at least a Masters level, licensed clinicians; are not currently practicing psychotherapy; and do not self-identify as incorporating social justice values into clinical practice. The researcher relied on the self-reporting of the participants to determine eligibility. The researcher interviewed 13 participants but only included data from 12, as one participant was, after the interview, found to be ineligible for the study due to not currently being in clinical practice. Twelve is the minimum

number of participants for this study as determined by the Smith College School for Social Work thesis department.

In considering the feasibility of gathering this sample, the researcher strategized to recruit through a number of professional associations, networks, and training institutions. In addition to this general outreach, the researcher also specifically targeted psychodynamic clinical social workers who are considered experts in the field in that they publish literature and give workshops relevant to social justice issues within clinical practices, while also meeting the study's eligibility criteria.

Since the study sought to reach key informants, the researcher engaged in purposive sampling (Engel & Schutt, 2013). Human Subjects Review Board (HSRB)-approved flyers and emails (Appendix A) were distributed through administrative channels at the above mentioned organizations and institutions. The researcher also utilized her personal clinical social work networks to obtain referrals of eligible participants who were not personally known by the researcher, including outreach to psychoanalytic training institute directors. Finally, the researcher encouraged the initial participants to extend the invitation to their professional colleagues, which contributed to a participant snowball sample.

The majority of the initial respondents to the recruitment were white, middle-class, female clinicians. The researcher subsequently made special effort to reach out to professional networks that represent communities that are marginalized in the mental health profession, as well as requesting racial diversity in participant snowballing efforts. Because the call for participation attracted more participants than was possible to interview, the researcher also emphasized sociocultural diversity in both clinician and populations served by the clinician when selecting the final participant pool. The results of sample gathering may have been influenced by

the researcher's social location in that this factor impacts who the researcher knows and has access to, the social locations of the researcher's primary contacts in the field and, in turn, their contacts. It may have also impacted who was willing to be interviewed by the researcher, a white, raised middle-class Jewish female social work student. Disconfirming data was sought out through the researcher's commitment to upholding interview methods and questions as approved by the HSRB and to trusting the expertise of the interviewees.

Ethics and Safeguards

The study was approved by the Smith College School for Social Work Human Subjects Review Board, which assures ethical safeguards such as informed consent, voluntary participation, and a clear explanation of what the data will be used for. All participants were provided with consent forms (Appendix B) and opportunity to inquire about the study prior to being interviewed. Participants' identities have been made confidential so that participation in the study will not be made public and potentially identify these therapists to their workplaces or clients, which might alter their clinical or professional relationships. All participants and their work settings have been de-identified in this writing; names and identifying information are also stored separately from data. Additionally, any anecdotes involving a client de-identify the client. Interviews were conducted at locations that ensured privacy from known persons.

There were minimal risks in participating in this study. Participants were asked to reflect and report on their ideas, clinical experiences, and both personal and professional values. There is the risk such reflection may create some discomfort from delving into sensitive or uncomfortable territory. Since participation in this study was voluntary and subjects are clinical social workers, it seemed unlikely that the interview questions would cause distress beyond the potential for distress when considering the impact of social inequities of the people they serve. If

participants experienced discomfort with the interview process or any particular questions, they retained their right to decline to answer any question and could opt to end the interview at any time.

The researcher did not provide participants with monetary compensation. Benefits to participants in the study included the opportunity to reflect on how their practices incorporate social justice values, which may have led to new insight into their identities as psychodynamic social workers, and which could be affirming or highlight areas where they may seek to achieve professional growth. It is also hoped that participants took pride in participating in this kind of research and thus in making additional contribution to their field.

All research materials including recordings, transcriptions, analyses, and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed and then destroyed. All electronically stored data will be password protected during the storage period.

Data Collection

Qualitative data were collected through 60-90 minute individual interviews that were recorded on two distinct digital audio voice recorders in order to safeguard against mechanical error. The researcher transcribed the data using an offline dictation program on her personal computer and coded for analysis. A limitation of this method is that because this research is the project of one individual, coding was only performed by one person, which is inherently biased. However, the researcher made every effort to occupy a neutral stance during analysis, such as coding for disconfirming data and outliers. After the interviews were transcribed the audio

recordings of the interviews were destroyed. Interviews were held in locations chosen by the participants, typically their homes or private offices.

In-depth interviews allow for space to probe a more nuanced perspective, but participants may be biased due to the sample frame, while the researcher's personal perspective may influence discussions as well. However, naming the social location of the researcher creates trustworthiness, a form of validity (Tang, 2005). To that end, this researcher's social location is identified as follows: white, raised middle-class, Jewish, political activist, social work student. Reliability was attempted by using the same semi-structured interview with the same list of baseline questions conducted within a standardized length of time.

In developing the semi-structured interview guide (Appendix C), the researcher sought to obtain information pertaining to each participant's training, theoretical practice modality, personal definition of "social justice," conceptualization of how his or her clinical practice incorporated social justice values, and challenges in embodying such a practice. For example, participants were asked to describe a situation when they brought social justice values into a session and how it was received by the client. Participants were then asked if, how, and why this intervention affected their relationship with the client as they continued to work together. Participants were also asked to describe a time in which they considered incorporating social justice values in session but did not do so as well as the factors that led to that decision. Following the completion of the prepared questions, participants were offered the opportunity to reflect on their experience of the interview itself.

Data Analysis

Descriptive statistics were gathered from demographic data and certain questions from coded interviews. This research used grounded theory, as it is considered the preferred

theoretical foundation for capturing the phenomenological character inherent in research that examines psychological processes (Bryant & Charmaz 2012). For qualitative analysis, the researcher identified themes/concepts and coded the participants' responses in an inductive process, allowing the themes to emerge from the responses rather than using pre-determined categories, which necessitates an iterative and reflexive process (Engel & Schutt, 2013). Using grounded theory, this process involved coding for themes of alignment and misalignment between personal, theoretical, professional, and clinical values pertaining to social justice and how this was enacted or intervened upon in psychotherapy sessions. The researcher also interpreted the data, seeking to find ways in which the different categories of themes related or connected and drew findings, presented in the subsequent chapter, from this information.

CHAPTER IV

Findings

As indicated by the literature review, the question of how psychodynamic social workers use social justice values into clinical practice remains a contested issue, as many critics argue that psychoanalytic theory, with its essential focus on intrapsychic conflict, is inherently misaligned with clinical social work, a field whose core values are integrally linked with a person-in-environment framework. Through interviews with 12 psychodynamic clinical social workers, this research examines this question by exploring the participants' individual definitions of *social justice values*, their professional commitments to upholding these values, and their means of doing so. The interviews also explore the participants' personal views on the alignment of psychodynamic practice with social values and how they feel this concern was attended to in their clinical trainings. This study also contains reflection on how the participants' usages of different bodies of psychoanalytic theory offers varied approaches to incorporating social justice values. These areas of exploration come together for demonstration through clinical examples, provided by participants, of situations where they brought social justice values into a session, and situations where they considered doing so but did not, and the factors that contributed to those decisions.

The Sample and its Characteristics

Demographic information is presented here in long form, rather than in a chart, to increase the protection of the participants' identities. For example, the gender, race, and age of a single participant will not be linked with any type of professional setting, which might allow an informed reader to make inferences about the identity of the participant being described.

Sociocultural location. In examining how psychodynamic social workers use social justice values in clinical practice, the research looked at the responses of 12 people: eight women, four men. Eight participants identified as white or Caucasian, four of these people also ethnically identify as Ashkenazi Jewish. Three participants identify as Black or African-American, and one participant identified as multi-racial (West-Indian and mixed European heritage). At the time of study ages ranged for 11 of the 12 participants from 30 to 74, while one person declined to provide her age. Three women identified as lesbian or queer, one woman identified as questioning, all other participants identified as heterosexual. One participant declined to provide her sexual identity.

All participants identified as middle-class, except for one who declined to provide her economic class status. Three identified as upper-middle class, and two referenced their professional status and/or union membership as salient to their class experience. Four participants described themselves as downwardly mobile, either coming from wealthier families of origin or because they had earned significantly higher income in their professional careers before social work. One participant, identifying currently as middle class, emphasized her working class background as influential to her personal and professional identity.

Ten participants identified as able-bodied, one identified himself as having a non-verbal learning disability, one person declined to provide information pertaining to dis/ability. Three participants identified as Jewish, two as mixed Christian/Jewish heritage, two as having no religion, one as Buddhist, and one as atheist; two participants declined to provide information regarding their religion or spirituality.

Education and professional settings. While all participants have a master's degree in social work (MSW), six have also received formal training at psychoanalytic institutes. Two

participants described undergoing intensive clinical seminars through their respective agency workplaces. One participant described herself thusly, “I’m an academic; I’m in constant training.” At the time of study, participants had a range in years of clinical practice experience from three to 41, with an approximate average of 20 years.

All participants live and practice in mid to large east coast and Midwestern cities. While participants had worked in many types of setting in their careers, they were asked to reflect on their current practice settings. At the time of interviews, eight participants worked in private practice, two participants worked in community mental health agencies, one worked in a home-based agency for young children and families, one worked in child advocacy, one worked in international social work, and one worked in a university health setting. A few participants have more than one job, making the list of settings total more than the number of participants.

Client populations. Of the total 12 participants, ten work with adults, two work with children and families, and one works with children. Of the ten who work with adults, two work primarily with college students and young professionals, two work with both adults and adolescents. Participants work with a number of vulnerable populations including LGBTQ persons and people living with HIV/AIDS, people with chemical dependencies, abused and neglected children, and low-income people. One participant works with pregnant and post-partum women. Two participants describe their clients as primarily people of color.

Theoretical orientation. Participants seem to align themselves with many theoretical orientations, which they described as follows: relational, psychodynamic, object relations, classical, Freudian, intersubjective, post-modern, social constructivist, feminist psychoanalysis, Kleinian/post-Kleinian, modern group psychoanalysis, the South American school, ego psychology, family systems, and Minuchin family systems. Four participants described their

theoretical orientation as eclectic or “moving around a lot,” and many cited more than one influence.

Other social justice-related work. Participants were asked to identify other significant social justice-related or political activity. Seven described themselves as political or social activists or as frequently engaged in social justice activities outside their professional work. Some of these participants described their activism as essential to their personal identity. Two participants described their function as clinical social workers as their full expression of their social justice activity.

Substantive Findings

How do psychodynamic clinical social workers define social justice values? In order to establish a reference point for the following questions, participants were first asked for their personal definitions of *social justice values*. This question was intended to reflect on participants’ global thoughts on social justice in general, not limited to the scope of their practice. Many participants linked the question to their professional function anyway. Some found themselves challenged by the question and initially struggled to articulate their answers. Participants exhibited self-awareness of this and often commented on their experience of the question itself, and frequently returned to the question at various points during the interview to refine their answers.

Dignity, equality, and access to choices. Living with dignity, equality, and access to choices were themes that commonly appeared in responses. One participant described these themes within the context of what is a just society:

To me a just society would look like each person in the world having dignity, having food, having shelter, and the right to a good life where one has various possibilities for

the path that one takes, including a lot of things: health care, education, meaningful work.... There's something in there about it's not just about having a decent life; that's a start, but it's really about having a good life and having various possibilities for really full self-expression and joy in life.

Another participant linked access to choices with issues of access to information and services with this response: "Do people have the information they need to make the choices that they want to make? I try not to judge the choice, but rather, do people know (what) was available to them?"

Social work values as social justice values. Some participants drew links between social justice values and social work values: "I'm very much a proponent of what I think are the best values in social work that have to do with people being treated with dignity, policies that foster inclusion, quality health care for everybody." Another participant described it as, "In a way, it's kind of what social work is about. It's an effort to treat all people with dignity, equality, so social justice to me takes the social work profession in its historical context."

Racial justice is social justice. Two participant stated that they are more deeply motivated by issues of racial justice and racial experience rather than social justice as a whole, finding the term to be broad. "*Social justice values* is not the frame that I easily think in. The frame that I often think in is antiracism." Another participant described racial visibility and diversity as key components of social justice:

Who is at the table? And if we're looking around the table, and we don't see it, are we active in trying to fix that? I don't want to be around the table if everybody looks like me. That's not what makes things interesting... Even if (an organization) does serve just a

monolithic group, do we have different experiences that allow for us to think more broadly?

Another participant discussed the way his ideas about racial justice and social justice have changed over time:

At (my) age, I'm only now discovering how old multi-dimensional and how intersectional these values really are.... I've unpacked (my racial identity) to take a broader view of what social justice means to me now... I don't see gender (or) sexuality as difficult for me (to work with) at all, but I do think my passion lies more in racial tensions and the ability to have dialogues around these things. It has been motivated largely by the ability to understand that racism doesn't need bigots for it to thrive.

Social justice, ways of knowing and critical consciousness. Another participant linked social justice values with a social constructivist practice of critiquing meaning-making.

I think to me it has everything to do with a ... kind of socio-historical consciousness that one brings to one's work. I think it has to do with critique, largely-- the ability to not simply take things as the way things are, but an ability to understand that everything emerges in time, in place, and in context... so that the meanings we ordinarily ascribe to things are always socially constructed and socially located... so that whether we're talking about mothers, which we do in psychoanalytic practice all the time, whether we're talking about gender, race, empire, sexuality, whatever it may be, we're talking about socio-historical constructions rather than things that simply are. I think that once we become aware of sociolinguistic production of things, we can't help but be concerned with how we see things, the meaning we make of things.

Professional commitment to social justice. Participants were then asked to describe their commitment to social justice values as clinical social workers. This was to provide distinction between personal values and how participants regard social justice values as a value within the discipline of clinical social work.

Access: Issues with insurance, fee structure and setting. Themes of access appeared frequently in this section as participants described their billing practices and insurance participation.

I also see patients on practically every insurance panel: Medicare, Medicaid, which is something a lot of private clinical social workers won't come near. Medicaid patients, the people who have no co-pay, are stereotypically assumed to not take therapy too seriously because they don't have to pay, they may not be very reliable, and all the stereotypes. So part of my commitment to social justice work is to provide very high quality service to people who might not be able to access it.

Participants who work in private practice who take insurance also referenced their difficulty in finding referrals to other therapists who take insurance, when their own practices are full:

I get two to three referrals a week and I haven't had an opening in my practice in a long time so I get the impression that the need for therapists to take insurance is so high. More and more of my colleagues are backing out of accepting insurance, which I see is as abandoning people in need. At the same time I think that insurance companies, because they're for-profit... they are horrendous, they're offensive, they raise the premiums on people, they raise co-payments.

The issue of access and payment for services is an area where there were opinions that often contradicted each other. One social worker who participates in many insurance panels stated that

she will not negotiate her fee because “the process of having to negotiate a fee is so humiliating to people and I don't want to engage in that.” She admitted that her position might be unusual in comparison to other clinical social workers in that she also receives income from her first career and is “not needing to make huge amounts of money” from her clinical practice.

Other participants in private practice who do not accept insurance do negotiate their fees and regard this as a professional commitment to social justice values. “I tend to have a somewhat lesser fee than a lot of people in the community, which is my contribution (due) to not wanting to work with insurance.” This clinician also reported that “there is one woman that I've seen for many years with no fee, there (are two others) that I've seen at a very, very, very much reduced fee.”

Another social worker who does not accept insurance objected to the practices of psychiatric diagnosis as required by insurance companies for mental health treatment, which she sees as “antithetical to a social justice orientation.” She elaborated, providing a theoretical rationale for her position:

I think that we need to be willing and able to hold up to scrutiny assumptions about what I call human suffering, but what otherwise gets called psychopathology, abnormal psychology, sort of diagnostic categorization... these are ways of naming people that I think does real damage and is a real disservice to our appreciation for the complexities of humans' experience. It's a kind of degrading social practice that our profession has long participated in.

Other participants also called for caution and critique when diagnosing. One clinician described the DSM as “much a political document as it is a health document.”

One social worker referenced working in a public setting with vulnerable populations as her professional commitment to social justice values. “The therapeutic work that I strive to do needs to remain accessible to people who have the most trauma that have the least amount of access to treating it.” Another clinician emphasized the value of providing quality services to marginalized people being treated in public settings:

Maybe this is the kind of sideways way of thinking about social justice issues, but I think that if we can really listen to patients and really bring our clinical expertise there and patients can really feel heard, I think sometimes for the first time in their lives that this is something that really empowers them, helps them feel good about themselves, helps them feel listened to, respected, dignified, and so on.

Access for people of color. Participants who are people of color also described their very presence in the field as a professional commitment to social justice values in that they are able to offer clients a normalizing experience while receiving mental health services: “to model the idea that you can be in therapy if you're brown....I think Black people of my generation are still afraid of therapy.” Another participant stated “I think I make a decent landing for people (of color) coming into this service for the first time... It’s not what culture they may have been expecting -- that you have to be crazy to receive mental health services.”

One participant who identifies as a Black woman also expressed the importance for her in making scholarly contributions and insert more racially inclusive thinking to the field: It's writing, presenting at conferences and being present for conversations around what access, diversity and the idea of “othering” look like.

In psychoanalysis when you read the papers it's assumed that the reader is white, and it's assumed that the person that they're talking about is white. There's a normal, and there's

other, as opposed to if I were talking to, writing about you and say(ing) what your ethnicity and your race (are) because I'm going to say what mine is. But I'm trying not to make leading assumptions about who people are, rather, acknowledging all of (their personhood). So in psychoanalysis there's some thought that that stuff doesn't matter. Freud didn't want (his Jewishness) to be the defining element of who he was. So I think psychoanalysis took that and ran with it, but you can do that when everybody looks like you, and who you treat is within the same educational and socioeconomic milieu as yourself.

Another social worker who is a person of color and works with low-income families of color in same the community in which she lives stated that she did not see how psychoanalytic therapy could connect to the needs of her clients due to issues of financial accessibility. “Analytic work is not accessible to people of color, the length of time is three plus years. People of color can’t pay out of pocket; Medicaid is not going to cover three years of analytic work. Maybe I need to learn more about it, but I don’t see how it can be connected. Especially when it takes a lot to get reimbursed from insurance companies.”

Listening stance and social justice. Many clinicians emphasized maintaining an open listening stance as a social justice value, in that it requires clinicians to honor all clients in their individual experience, linking this to themes of equality. One participant described this in contrast to psychoanalysis’ history of pathologizing LGBTQ persons:

Rather than the listening stance being one of “let me try to understand who was the person you were *supposed* to become” it's much more “let me understand who it is the person that you *are*,” and let's see how we can work together and see with what you need help.

Other participants discussed expanding their listening stance to consider socio-political as well as intrapsychic issues and attempting “to draw them out as they emerge in the clinical material.”

One participant described incorporating a criticality into the listening stance that supports individual expression to be truly defined by that individual in a way that is freed from internalized systems of socially-constructed meaning making:

It means to be committed to a non-essentializing understanding of the subjective experience. It means to really understand that people's sense of themselves is in a way culturally produced-- it's the outcome of a kind of social definition. Part of our work as psychotherapists is to help people free themselves from the kind of socio-normative scripts that people end up identifying with. It's become to them the truth of who they are. We help them begin to deconstruct some of those identifications in the work. We do that by calling into question, or interrogating, those identifications rather than simply accepting them.

Integration of social justice values into practice. Participants were also asked about the ways in which they integrate their social justice values into practice. With this question, the researcher was seeking to obtain data pertaining to specific aspects of clinical work. Many of these answers overlapped with or expanded upon answers to the previous question regarding professional commitment to social work values.

Case formulation and listening stance. Many participants discussed integrating their social justice values into their case formulations, as this was a category offered by the interviewer as a “for example” in her phrasing of the question. These clinicians emphasized the impact of their clients’ external stressors (some using the language of the DSM-IV and making reference to Axis IV), regarding them as “central to the diagnostic picture and the work” and that

“ often times they have just as much if not more to do with what’s going on for that client than anything in Axis I.”

One participant described in detail how she incorporates antiracism values into her case formulation by actively seeking out information relevant to her clients’ racial identities and experiences, akin to how clinicians are trained to ask about family history during intakes:

In my formulation, and how I’m thinking about a new patient, or a couple, I often will often look for, listen for, find opportunities to ask about, racial identity, experience, race, privileges, oppression... I usually start in the present moment about what the reason is that a person has come in and then with an exception or two, move backwards or forwards, talking about family and growing up experiences. In collecting both the history and the current situation, there are usually many opportunities for me to find out about and listen for: socioeconomic experiences, racial justice, oppression, assumption... That would certainly be information that I would want to be attuned to.

Multiple clinicians referenced using a trauma lens within a social justice framework to help make sense of their clients’ current challenges and experience:

... low level trauma, relational traumas, trauma that exists as part of the fabric of the lives of a lot of the people that I’m working with, especially LGBTQ clients. I work with a lot of gay men and they’ve just known a lot of discrimination all their lives: humiliation, shame around just around expressing themselves. It has a lot to do with expressing their gender identity as they are and later on their sexuality.

Another clinician described maintaining an awareness of how her case formulation is implicitly informed by her listening stance in that when “talking about clinical formulation, we’re talking about how we make sense of a person's clinical presentation or the presentation of their suffering”

and that “sense-making (how we understand what we hear, how we make sense of what it means) is always classed, or raced, or gendered.” She elaborated on how this stance informs all aspects of her practice:

I think that I tend to hear human suffering, I tend to hear all subjective pain as political pain. I tend to hear, and interpret and make sense of all of my patients’ accounts of living, accounts of childhood, their accounts of their experience now as always revealing something about their location as human subjects. Always implicated with, again, the social scripts my patients have identified with along the lines of gender, race, sexuality, class. And that's even if/whether the patient is different from me in identification or the same as me. I can be talking to a white identified patient and I think race is always in the room (and) that the formation of that person's experience is always mapped along the lines of racial history. It’s somehow in how I listen to everything. It's just built into my governing sensibility in my work.

Taking up a “cause.” Some participants reported that they will sometimes explore a social justice or activist consciousness with their client. One participant placed it within a context of working “with clients around finding meaning and purpose in their life.” She expressed that she is cautious in this work and actively refrains promoting her own political values, but encourages her clients to “think outside of themselves.” She continues:

What do they do outside of their work and their relationships to bring meaningful experiences into their life? It's usually asking them to explore what brings meaning to their life. Often times, I'm pleased when it happens this way, often times it leads to taking up a cause.

Another participant discussed political activism as a potential means of dealing with external problems that impact her clients' emotional well-being and expressed her own desire for her clients to view activism as such an option, identifying the therapeutic potential in connecting with others over shared societal problems. She discussed her work with a client whose anxiety is exacerbated by living in a neighborhood that is undergoing rapid gentrification:

I've kind of wondered if he wants to connect with people in his neighborhood and organize with some work against gentrification, but that's really not his interest. In part, he's too anxious, paranoid and socially isolated for that to be something that he wants to do... But still, to bring the consciousness into the room at least in our conversation that this is a major issue in (his area) that a whole community of people is struggling with even if he's not connected with them.

Another therapist discussed the importance of providing psychotherapy treatment for activists, artists and nonprofit workers, viewing her support of people who work to create social change as supporting the change, as well.

I provide support for them because it's exhausting. I have a client who works for an organization that helps undocumented people who are eligible for public benefits but they don't know it, and they often are in legal situations. (Social justice workers and activists) don't make a lot of money and so people are always weighing the cost/benefit of continuing to do that work.

Use of language. Some participants also discussed how their use of language allows for integration of social justice into the session. Clinicians reported the therapeutic value of naming systems of oppression and aspects of relationships between power and privilege. One participant noted that her clients “can *experience* profoundly the impact of racial injustice, profoundly and

emotionally, and *not be able to talk about it easily.*” (author’s emphasis). Another participant described her work “as helping (her client) to find some language” around his experiences of injustice. One participant described how her use of language to untangle issues of privilege connected to shame led to an affective shift with a client:

She used the word entitled and I said, racially privileged, like there's something about white privilege that enables (certain people in her life) to be entitled that way. It's a way of using a term that has a lot more meaning or then just the word privilege. White privilege is very specific and she just embraced that and said “Oh, my gosh. I don't even know what to call it. It's so awkward that we're even talking about it, like I'm going to sound stupid. I'm going to sound like I'm a racist because I've been saying the wrong things.”... What language are we going to start to use to talk about and grapple with this? And again (the client showed), a lot of emotionality, a lot of feelings of shame and embarrassment. She was able to share with me, even though she was feeling it intensely. She was bright, educated and felt like she didn't even have a vocabulary to talk about who she is and who (these certain people in her life) are in a way that was meaningful, in a way that (expressed what) she was deeply feeling.

Providing quality care. One participant was critical of clinicians who “engage in politics in the treatment” and described her incorporating social justice values through providing high quality clinical services. “It starts with you better be damn good at what you do... if you’re a social worker and some person is forced to be in your presence, you had better be the best...” asserting that providing quality clinical work will inherently “engage us in the cultural humility that is so much in conversation right now.” This participant, like others described earlier, also

expressed that she values providing treatment for clients who are working for social change, as well as those who might be considered oppressors as well:

All of us are part in some way of the matrix of domination, I've chosen to work with people who are affected by violence and with people who are participants in revolutionary struggles, people who are specifically targeted by the matrix of domination and specific social forces. (Incorporating social justice values) could be working to change systems, working with people within systems, working with people who participate in problematic ways...

She later expanded upon this, stating that she would not confront a client's value system, no matter how oppressive to others it might be, unless "the client brings it up, (then) we talk about it." She elaborated using a hypothetical example:

There could be times when the countertransference to the client or (their) political beliefs could (make a clinician) say "I cannot treat a Nazi." No matter what the problem, no matter what the level of suffering, no matter what the expertise that I might bring, I will not accept a Nazi into my practice. That would be the decision. The decision would not be to accept the Nazi into my practice and then try to create a situation where the person was not a Nazi. If I was interested in working with Nazis so that they cease to be Nazis, I would be doing that (through) active political engagement.

Can social justice values and psychoanalytic theory align in practice? Participants were asked if they felt social justice values and psychoanalytic theory could align in practice to provide data on clinicians' feelings on such potential, as well as identify areas of confliction.

Yes! The vast majority of participants felt strongly that social justice values and psychoanalytic theory could align in practice and expressed the importance that they do so. A

younger participant initially expressed that she did not see any conflict between psychoanalytic theory and social justice values, viewing characterizations of psychoanalysis and psychodynamic psychotherapy as oppressive as a thing of the past due to advancements in the theory. One participant gave an example of how psychoanalytic theory can provide clarity in working with children in foster care who “struggle with or have a lot of pain around attachment: ruptures and attachments, bad objects, good objects, the sort of ego ideal being a parent and not being a parent” and that “psychoanalytic thought very much applies to working with adolescents and children who are going through attachment ruptures and family ruptures.”

Some participants discussed how problems that are often conceptualized as overarching political or social issues also are rooted in both the collective and individual unconscious, and emphasized the need to have tools that speak to these problems at the unconscious level. One participant discussed how psychoanalysis is uniquely situated to combat the roots of racism:

How are we going to get into implicit bias that happens in the unconscious if we don't work psychodynamically? The unconscious rules. The fears that we are not aware of are the ones that will eat us up most and will lead us into the prejudice and bias.

Another participant discussed how psychoanalysis provides clarity in understanding the multiple layers of complexities between soldiers, war, and society, and thus informs the treatment:

(Veterans) come home and we say, “Oh my God, you're upset by what happened to you. You must have a disease.” Psychoanalysis allows me to know *who* has the disease and then to help them with what they struggle with. Because I pay them out of my tax dollars to act in ways that I have imagined. They then enact my instrumental aggression and all of ours as a society. They come back bearing the scars and then we make them “other.” How would we figure that out if it weren't for psychoanalysis?

One participant specified that psychoanalytic theory in conjunction with social theory provides “our best shot at actually being helpful to people in the contemporary world.” As she sees it:

If you have the psychoanalysis that's also infused with heavy amounts of social theory which includes a kind of a Marxian social theory and heavy doses of postcolonial theory like Fanon or something, you have the makings of the best approach to helping people. You have the beginnings of the humanist psychoanalytic sensibility which is politically radical and can do things for human living that the only parallel there might be is in religion, theology or a kind of pastoral kind of approach to helping people.

No! During the course of the interview, one participant realized she had been confused by the definition of *psychodynamic* and actually did not identify as such a practitioner, instead preferring to utilize family systems and behavioral approaches to treatment. However, in discussing her work with clients, this participant demonstrated use of psychodynamic thought through the manner in which she described enactments, trauma, and her use of self in the treatment. For this reason, the researcher determined it was appropriate that her data remain in the study; further, it provides a perspective that was divergent from the majority on certain questions, such as this one.

Although this participant expressed some embarrassment over her confusion of the theory, she linked the issue to her MSW experience. “So my question then is why am I confused about this? What part does my education have in my confusion? Why is that not addressed in school?”

Once the terminology was clarified, this participant stressed that a psychotherapy must include a systemic analysis in order to be socially just. She explained her attraction to family systems work as “... it was very practical. It was about enactment, it was about helping (the family) to reorganize their structure; it was about helping parents in the moment teach their

children, how to play with them....” The participant elaborated on how this approach informs and is relevant to her work with children and families in public program settings:

There are many times when I go to a home, the primary concern is that the child is acting out. Meanwhile, Mom has an incredible trauma history. We can't even get the child yet; we need to do essentially some damage control because this mom is really not doing very well.

Still looking for the answers... One participant, who also identifies as an activist, responded that “I do think they can. I don't think it's often done, and I'm not sure I know how best to go about it either,” expressing that this is an area of personal conflict for her. When the interviewer prompted the participant with her previous answer to how she defines social justice values and her professional commitment to these values, the participant was self-critical and felt her answers had been “pretty generalized, amoeba-like stuff.” Another participant expressed her belief that such alignment can only be measured case by case and is contingent on both the clinician’s consciousness and intentions.

Social justice values in clinical training. The researcher asked participants if they felt that social justice values were present in their clinical educations. Participants were able to reflect on these experience in both MSW and postgraduate training settings.

Social work education. Every clinician interviewed had completed an MSW program, and all felt that social justice values were present in that training. “(Social justice) was a core value. It was definitely infused in all the coursework and discussed.” One participant stated, “One of the biggest things I took away from my (MSW) education was to really see each individual in a complex way-- with a lot of human dignity, respect, and curiosity about them and the context in their lives,” describing that as “an important social justice lens.”

Other clinicians also expressed criticism of the way in which their MSW programs incorporated social justice values, feeling that the programs lacked criticality, particularly when it comes to understanding issues of race and class:

There was a consciousness about it, but it was kind of superficial and “social work-y.” It was the “friendly visitor” kind of shit. It seemed like young people were trained to go out into communities that they didn't know shit about and develop their practice. I didn't like the idea that they had people's lives in their hands; they were responsible for weighty matters like taking children out of homes and that kind of stuff. It was never a social justice or a social activist consciousness that was meaningful to me.

Another clinician described her experience in her MSW program as high quality regarding addressing issues of power and privilege but low quality in terms of clinical education. “They basically said ‘don't be racist’ and threw me in the world; they don't do any therapeutic training.”

Psychoanalytic institute training. Of the six participants who received postgraduate training at psychoanalytic institutes, four felt that this education was entirely lacking in social justice values. One participant expressed that although social justice values were all but absent from the curriculum in her institute training, she did acknowledge that the institute required its candidates to undertake a community practice project as part of their training, which she regarded as being of merit within a social justice framework.

The five participants spoke critically about their psychoanalytic training in this regard. Those with strong connections to activism often described themselves as “splitting” in order to cope with the absence:

When I tried to find little cracks and doors to bring it in there, it fell flat, and honestly I was working so hard just to try to... absorb (the material) I sort of had my own split.

There is the social justice part of me and the psychoanalytic part of me, and I think I kept that split pretty separate.

This participant described a number of ways she worked to bridge between her social justice values and psychoanalytic training after she finished at her institute, including literature reviews, seeking out a particular supervisor, and attending special workshops and forums.

Participants who work in a public practice settings felt their training was insufficient to tackle the types of problems their clients face in the reality of their external environments. One participant described the elitist attitude of an instructor:

There was a teacher who was talking about patients coming three times a week, and I said, “Isn't that an economic burden on a patient to do that?” And the professor said “you can buy a (vacation) house or you can go to therapy.” I guess she was trying to be funny but that seemed to me to be a little out of touch because most people can't buy (vacation) homes and so most people aren't facing the choice of either buying a (vacation) house or going to therapy.

Participants also described psychoanalytic institutes as *out of touch* in how they define the treatment frame in private practice settings, referencing fees and session frequencies that are increasingly rare, yet still promoted:

There are fewer of those people who are willing to pay that for three or four sessions a week so the nature of the work is changing... folks like you or me will not have clients who are going to pay \$200. I will find a couple maybe, but that's not who I think I'm going to see.

Another participant characterized this aspect of his psychoanalytic training as dystonic to his identity and experience as a social worker:

... the whole thing felt very out of touch with me being a social worker and what my realities are as a social services provider. I don't think they got that, and I don't think they want to get that. I think that their goal is to a very in-depth theoretical training, and that's it. They don't want to address social justice or social issues.

Social justice values and theoretical orientation. There was wide variation when participants were asked which theoretical orientation they felt was most conducive to incorporating social justice values into their clinical practice. Many participants extruded the social justice potential from whatever orientation in which they had originally trained, while others expressed having an evolving perspective. Theories that follow are listed in historical chronology, not by frequency of appearance during interviews.

Drive theory. “I'm personally really trying to understand and to be more attuned to (my clients') rage, anger, aggression and violence (which) is so deeply embedded and not easily touched, addressed or brought out in treatment. Classical drive theory absolutely has a place in our intrapsychic work, in our social institutions because it's where the repression, the oppression come in.”

Object relations. “Object relations really helps because at least in my setting, you're dealing with a lot of ruptures of parents ruptures with early childhood figures and also positive and negative internalization's of those figures.” and “particularly for LGBTQ clients, false selves can be produced very easily and are encouraged to substitute for some of the shame involved in living our lives as true selves that are gay or trans.... There's something really important and just and radical in living out one's life as one's true self.”

Family systems. “Looking at different relationships in different generations and how they are formed is really important”

Modern group psychoanalysis. “We can have a progressive emotional communication where we are both talking about things that we probably haven't talked about before that allow us to have a deeper understanding of each other and give the other participants in the group the opportunity to see that the world didn't stop when two people could have their direct transparent thoughts and communications. There's a big buying in from other people. I see human interaction of that sort as the genesis for change.”

Relational. “(Relational practice) allows (different identities) to have more of a presence. It allows for more detailed inquiry, and that's where the meat of the thing is.” “It is increasingly a postmodern orientation that doesn't find truth with a capital T in any particular sense-making tradition within psychoanalysis. It's inherently political in that sense.”

One participant who worked in public programs with children and families reported incorporating family systems and behavioral models of therapy as well as psychodynamic approaches. These clinicians frequently interact with child protective services, and this aspect of their work thus requires them to show evidence of behavior modification in order to satisfy CPS requirements.

Another participant responded that she does not have an answer, but agreed with the research and feels that the question is “an important area of exploration.” Putting the issue of social justice values aside, she also referenced the value of treatment that is effective over an allegiance to any specific theoretical framework:

There was a study done a couple years ago; it didn't focus on social justice, but it set out to discern what works. They took clients and each had been treated with various models of therapy and (the control) was that they had this professor who was not a therapist at all, who didn't have any clinical training, and they just said you know you can't talk about yourself at all for 45 minutes. Just be a good listener. And they all got better-- all of them. It didn't make a difference between CBT or object relations or the crusty professor who never talked about himself. Everyone got better.

Clinical examples. Participants were then asked to provide clinical examples of instances where they used social justice values in session and how this impacted the treatment relationship, if at all, as well as instances when participants considered using social justice values in session but did not and the factors that contributed to that decision. Of the 12 clinicians interviewed, 11 provided clinical examples. One participant did not provide clinical examples due to time constraints, while another participant redacted all clinical material from the interview. Thus, this section represents data from 10 respondents.

Use of social justice values in session and any impact on treatment relationship.

Holding space for sociocultural identity development. One participant, “Carol,” discussed her work with a male client who is almost exclusively attracted to men but who wishes he could be married to a woman who shares his Christian values because he feels that it would make his life “easier, more satisfying, and valuable.” Carol described her “holding” of her client’s ambivalence about his sexuality as incorporating social justice values in:

...thinking that he can and may one day really want to consider living a really decent, “valuable” (referencing the client’s language) life.. and not necessarily as a gay man, not even labeling his sexual orientation, which he's not doing right now, but keeping open to

the intense attraction and romantic connection that he feels with men and allowing that to be part of his life.

Carol, who works in a clinic that largely serves the LGBTQ community, also discussed her clinic's institutional transference as a social justice value, "...people may come in very conflicted but there's rainbows in the lobby and there's condoms on the desk. It's an affirmative environment."

Carol also described using her line of questioning to explore both her client's anxieties and the discrimination that influences his experience in his environment to help him envision alternate possibilities:

When he says something like he couldn't imagine bringing a man home to his parents, I really explore that with him. What would that look like, how does he imagine his parents would experience that as rejecting? What prejudices and social dynamics influence them that they might react in a negative way? Are those the dynamics that he wants to make his relationship choices based on?

Another participant described an experience of "holding space" for a client who struggled to connect to her religious identity. The client was raised with a religious cultural identity but did not have a spiritual practice; exploring the issue became a major focus of the treatment. Eventually, the client did join a religious institution but later left due to a political controversy, an issue in which the therapist was strongly aligned with the position of the religious institution and not her client. This participant described her work with this client as implementing her social justice values first in that she welcomed her client's religious exploration into their work:

I also try to be careful as a secular, intellectual, "shrinky" (urbanite)... it's important to be careful to not throw so much cold water on religion, if that's what's important to people. I

try to be really mindful of that and really tread carefully to figure out where they came from, where they are, and what they might be thinking about or not understanding or being confused about. Do I have my own stuff along with that? Yeah, but we can be confused right along together. Over the years, I found that it's really important to create the space and the permission for people to explore religious expressions if that's what they want. Because the truth is, while a lot of us may not believe in it, a lot people find real meaning in it. So whether we personally as therapists believe in it or not, I think it's just an important component of exploration.

This participant also used this same clinical example when asked to discuss a time that she did not implement social justice values in session, expressing a degree of ambivalence, musing that “there could've been opportunity to press a little bit harder over her break with the synagogue.” She continued:

Maybe she would be a good case study to find out what would've happened, where the therapeutic treatment would have gone if I pushed her further on exploring why she chose to leave the synagogue... I don't know what would've happened but I felt like that was coming too close to bringing my stuff into the room, an agenda.

She characterized her use of the holding environment as “wait(ing) until they're ready,” describing the need for increased caution in her therapeutic approach when the issues at hand are of particular personal importance to her: “It's really kind of dangerous. Maybe I do err on the side of caution when it comes to that, because these things are so important to me personally that I worry about any whiff of ‘agendized’ therapeutic intervention.”

Challenging social constructions. Carol, in discussing the same male Christian client in referenced earlier in this writing, also described challenging his negative stereotypes of gay men

and gay life as well as interrogating how social constructions of gender have influenced his perspective:

He has a lot of negative stereotypes about seeming too gay, being too flamboyant, so (I'm) really exploring that with him. What does that mean? What's too gay? What's the problem with being flamboyant? Kind of helping him name some of the ways in which prejudice and gender binary configurations informed that. And helping him name some of the toll that all of this has put in his life that he is really now struggling to find some Christian wife when he's attracted almost no women he sees in the world. These forces have kind of corned him into this hole where he feels like he's never going to find a partner. What else could we imagine for him?

Carol describes how the work has changed over time, reporting that this client recently had proudly shared with her a tender video message sent to him by his boyfriend. Carol described this moment as profound, both in that he was sharing such an intimate moment of his life with her but also in that he demonstrated a degree of acceptance of himself in a romantic relationship with another man, regardless of how he chooses to label or not label it. Carol also reports that their work together has deepened since the client shared the video:

...there's something in a value in there of not putting a label on this man. He can go indefinitely without choosing a label for himself, and that's fine, but just to really see and accept just feel dignified in this particular pattern of relationships and attractions that he has. It felt significant for me and, it was kind of an "a-ha" moment for him also. It was neat to see him suddenly feel normal. A lot of people go through this typical trying to find the right partner for them; he's a little bit shored up and validated. Maybe he wasn't quite as a mess as he thought he was. Maybe he's not ambivalent, maybe he's just a

complex person who has different kinds of attractions to different kinds of people. That felt significant. I felt like we got a lot closer. From there he's gone into more recently telling me about their sex life, and I think that's good. I hope he continues to share that part of himself with me.

Another participant described her work with a wealthy, middle-aged man who had recently been left by his former girlfriend. The client described his longing for his ex-girlfriend spoke at length on his plans to “win her back.” In his descriptions of these plans, the therapist detected a “masculinized orientation to the relationship” which she posited as “is part of why (the ex-girlfriend) got out of this relationship to begin with.” The therapist interpreted his plans as a reflection of her client’s masculine identity and ways of performing gender in relationships with women:

There's a way that he is kind of apart from her, deciding how this going to go in deciding how this is going to get fixed that is completely de-linked from any understanding or real conversation with her. There’s this sort of agenda, plan, and determination that’s aimed both at getting rid of his real vulnerability and hopelessness in a situation, which is hard for him to hold onto because it would not be in keeping with his sense of himself as a man, to which he’s devoted. It is also not to enter more vulnerably into her world but to impose his ideal on her again.

The therapist reported she did share these thoughts with her client, but in “common language.” This led to discussion on the influence of the client’s childhood experiences on his current, adult sense of masculinity:

We got to talking about his sense of himself as a kind of hardscrabble kid growing up and that his way out of a painful early life was to become someone who knows how to do

things and fix things and take care of things. It became his way of becoming a kind of masculine figure in the world. But there was a kind of rejection or repudiation of anything that would smack of a softness, vulnerability or anything that could be experienced as overly feminine, which again, linked to something in his conception of his parents, too.

Doing so created space for the client and therapist to explore how the client's performance of his masculinity impacted both his and his partner's intersubjective experiences in their intimate relationship:

One of the ways that we talked about it was as performance, not so much that you are a man and here's what being a man means, but that he had put it together for himself in a particular kind of way and that these were subjective ideas that had become powerfully potent for him, but that could be modified, and that his whole approach to his relationship was kind of structured along these lines. It didn't leave (his ex-girlfriend) room for any kind of autonomy, agency or initiative, in that part of what he wasn't hearing from her is that she had said "no."

This session had occurred within the past week of the interview, so the participant was unable to provide data on how this intervention did or did not impact the treatment relationship.

Another participant discussed her work with a white woman who described herself as exclusively attracted to Black men, but often struggled in her intimate relationships. The therapist included the client's reflections on her racial preference in her inquiry. "What do you think that's about, where do you think that's coming from? What does a black man mean? What does it feel like when you're dating a black man when you're out in public or when you're in private?" The therapist discussed her own internal process:

I remember from her description was she loved the way that people looked at her. She thought they looked good together; she thought they looked exotic. Of course what's going on in my (is that) white women have historically for so long, this long racist history, (have) looked at Black men as objects: of sexuality, of strength, elements of danger that are real excitement. So there's a real objectification that in a stereotyped way that Black men have held for white women, in the way that white women have also been stereotyped as objects.

The therapist noted that she did not directly say this to the client, but that over time, was able to explore these ideas with the client in relation to the dissonance between her fantasy of what it meant for her to date a Black man and the reality of their actual relationship:

... we were able to explore “Is that idea of a virile, sexual person, is that who your boyfriend turned out to be?” And it wasn't; that was the image she had of him, we broke all of that down. After about a year and a half, she realized she really wasn't attracted to this person (but) liked everything he represented because it made her feel the way she thought she wanted to feel, (although) it ended up being not what she wanted... She thought that if she was with somebody who was stereotyped as very powerful and very strong, that she would feel very safe and protected and cared for. In fact, she didn't feel that way with him. What she came to realize was that she wanted to feel strong and powerful and not weak.

The therapist described their work as “an experience where race informed a lot of our talking but it had much more to do with her relationship and object choices. It was there. It all leaks in.” The therapist emphasized how her social justice values informed her listening stance “I'm trying to listen on many levels, including on a historical level and trying to keep in mind a 400 year

history of whiteness, white womanhood and how that's gotten transferred and played out in the present. It's played out right in the room."

Creating space to discuss racial experience. One participant described how she looks for opportunities for clients to discuss their racial experiences. She described her work with a disabled African-American man, who struggles to obtain adequate medical care:

... he has been so reluctant to acknowledge or even consider that some of the medical care he's received has been inferior and may have been racially discriminatory. He's told me stories of what he's gone through, surgeries and such, and it has just been nightmares. When I commented that there is a racially determined two-tier medical system in this country, he almost disagreed. It's been so difficult for him to make that wedge and acknowledge that he may have been the recipient of racial discrimination, I've seen how it's too emotionally threatening for him.

She elaborated on her use of "commenting" on racial experience -- that she although she may be the party to introduce the concept into the session, she creates space for the client to choose to "pick it up" or not:

I might offer it in the room, usually as an observation, before I would offer it as a question, because an observation would be a little less threatening. A person could pick it up or they could leave it there. My observation was there's this two-tiered medical system that's racially defined. And he left it, he didn't pick it up.

The therapist noted that many of this man's family members work in law enforcement, which she believes impacts his reticence to discuss the impact of racism in his lived experience. The therapist described how discussing the film *Selma* became such an opportunity:

When it was historic... then he'd seem to talk about what went on with his family... But it's so emotionally charged to bring it right back up to the present. It has been an interesting way that I felt like I could see this horrible discrimination that was in his current life experience. But he can't go there with me right away so we've been able to work it forward little by little. We're just now beginning to have a dialogue about what he experiences and feels in his current life right now, although he won't look at the medical. He won't talk about the indictments, in Ferguson and Staten Island, because he has too many sons and nephews who are police officers and are black...

Centering the client, providing advocacy. One participant, who works in an agency setting with children and families, described his work with a child in foster care who had been exposed to significant neglect and was engaging in many acting-out behaviors. He described both the agency and foster parents' view of the child as negative and unmanageable. Initially, this therapist also experienced the child as resistant in treatment and explored it with him as a dynamic issue, connecting it to his multiple experiences of having temporary caregivers and residences:

I really explored that more in depth with him, with what it meant to continue (in treatment). He said "I don't care, I don't care." It came out. I said to him "Well, has anybody ever cared about you? It sounds like you don't care about all these other things." He just acknowledged a little bit and kind of shrugged his shoulders. As I talked to him more about it, it turns out that he felt like he was really not in a permanent living situation anyways. Why should he change his behaviors if he's not in a situation where there's any permanency or any constancy? ... So there's no attachment that he can really form because it's not something that he really feels like he's able to do, because it will be

ruptured or taken away. I think a lot of these behaviors were blocking an attempt at attachment from his foster mother.

This therapist described how he used his influence as a social worker to advocate for his client's expressed wish to remain in the custody of his current foster parents. He discussed this role within a psychodynamic framework:

Kids and parents feel so disempowered by the systems they are part of and part of what I'm trying to do is really intervene in that. In the cases where kids act out in school, it turns out that they're not getting the special education resources that they need and they haven't for years... You look at what's going on to promote certain behaviors and I think psychoanalytically we look at things like object constancy and self-psychology, so it's mirroring and a sense of self, a sense of how one's own being is being accepted by the other and having that become part of one's identity. A lot of the children I work with don't have that not just in their own families, but also in the systems that are not mirroring what their needs are. They're not adequately addressing what is going on in a psychological, academic or family-base level for these children. So I try to do that -- have that in the back of my mind whenever I'm working with families.

The therapist described how the treatment changed after he wrote the letter on behalf of his client. "I noticed he became much more verbal in therapy and would say, 'Hi, Mr. Smith!' and sitting up a little bit," as opposed to the beginning: "When he first came in he was kind of *mumbles* and wasn't so enthusiastic. They know when you're fighting for them, and they know when you're sort of just doing your job."

This therapist also elaborated on how making his clients the "centerpiece" incorporates social justice values into his work:

When I say empowerment for clients what I mean is that their voices, what they want and what they need, and as much is as appropriate and possible, becomes the centerpiece of planning (so) that they know all the options that they have -- so that instead of feeling like passive victims of a larger system they feel like they (have a voice). If they don't want an ACS worker coming in and investigating their home all the time and asking them a bunch of personal questions about their therapy, that's something you don't have to tell them. If they don't want their ACS worker to join them in their therapy, they don't have to; a lot of times they don't know that. When we look at a lot of our clients, there's these issues of compliancy, a falling through the treatment. It's because they are having these service providers in their life who are not attuned and are saying they need to go to therapy because they have problems, so I try to change that dynamic as much as possible.

Sharing contemplative practices. One participant initially offered an intervention rather than a specific clinical case vignette and described sharing contemplative practices that she has found helpful in her own experiences of stress. “That kind of thing is an example of where my values... the sort of contemplative Buddhist teaching stuff, is about being open and flexible and compassionate with yourself and with others...” When this therapist was prompted with her original definition of and professional commitment to social justice values, she offered a description of working with clients to find clarity around making the right life choices for themselves: “It's slowing people down and saying, “Okay, you said you want to do this, you said you want to be this, so what does that look like? Are you doing the work to do that, or are you...” She also admitted that she “never thought of (that line of questioning) in terms of social justice.”

Acknowledging negative countertransference. One participant described an instance in a group session when, as group facilitator, he had challenged a group member who he had viewed

as politically liberal over her affiliation with a politically conservative person who wielded significant political power. “How could she tolerate this bastard, when he stands for so much of what I think is abhorrent?” The therapist had attempted to use the client’s affiliation to elicit a line of socio-political inquiry within the group, but the other group members objected to the therapist’s negative “pigeonholing” of that member.

The therapist identified the inclusion of social justice values in his deferring to the group members and acknowledging his negative countertransference, believing that this instance was empowering for the group, “The group facilitator needs some help, and you can help him not only by challenging him and expressing your aggression, but by holding him accountable and responsible. Here's an example of when you could perform a psychoeducational function and have it received.”

Later on in that session, it was communicated by the group that his “decision and willingness were appreciated” because many members had “so many experiences of adults in authority who are professionals getting defensive” when confronted with lapses in judgment. The therapist marked his willingness to defer to the group’s assessment as a shift in his clinical skill, which he attributed to some of his own consciousness-raising work around issues of race and intersectionality:

I think that I'm a better therapist then they had a year ago...Why? Am I smarter? Am I working harder? Are my passion and commitment greater? No, none of those things. It's just that I have an evolved consciousness and I've become calmer. I have more arrows in my quiver than just aggression. The willingness to have that and feel confident in that self with a capital S, I see that impact in my patients, especially in groups.

Non-use of social justice values in session and factors which led to that decision.

Negative countertransference. Negative countertransference was a common theme in participant's reports of times when they did not incorporate social justice values in session, particularly when there was a misalignment of values between the client and therapist or when the therapist detected racism or homophobia in the client. These participants also reported that they often felt disconnected or disinterested in working with these clients. One participant who is light-skinned and identifies as African-American described a herself as having "frustrated any chance of a therapeutic alliance with people that have come from very right-wing diatribe" and described working with a client who frequently discussed "feeling resentful of being trapped in the role... of being the only white folk on that" and that they "probably didn't know that they were speaking in the presence of somebody who was of color and feels very differently about that."

This participant expressed regret for how she handled that client, attributing it to her own limitations as in that phase of her professional development and describing herself as "judgmental." She described how she would approach the same challenge today:

I could imagine how different I would handle that today, that would be grist for the mill. I have a broader palette now that would've allowed us to have as much richer experience. I feel bad that I didn't have the courage to fire her, but I didn't.... I like it better when I can tell somebody that we can't work together, that I learn that in the first or second visit. It's not easy, it's not fun, but that's a better way -- a more honest, authentic way of communicating with somebody.

Another participant described negative countertransference in her work with a woman who was intent on finding a Christian husband. This therapist had a negative experience of being raised in a Christian household and characterized the practice as one that "excludes" and is "constricting."

The therapist attempted to engage the client in exploring other issues that may have been at play in her search for a partner: “I was willing to go, ‘Okay, that’s one piece of it to you, but let’s talk about *the hunt for the man* and then *the hunt for the Christian.*’ It was a little too much (for me).”

This participant also identifies as a lesbian and described herself in working with this client as “walking on eggshells little bit.” She draws links between her failed attempts in navigating the client toward a deeper exploration with her ambivalence about working with her:

I kept trying to move it from the idea of meeting a partner to more about what her experience was, what she wanted for her life, but there’s this underlying pursuit that we couldn’t quite shake. I don’t necessarily come out to everyone but I also don’t hide.... I think that I had (disconnected) somehow and I was too chicken to really question it for real, because I was ambivalent about working with her.

Misalignment of values between client and therapist. This theme often overlapped with the *negative countertransference* theme and could also be viewed as interrelated in that people often respond negatively when others do not share their values, especially people whose sense of identity is strongly connected to their values, as in the case of these participants.

One participant, who did not report negative countertransference in this case, described a client relationship where she has struggled with the client’s negativity around body size. The client has recently gained a significant amount of weight due to medication for a bipolar disorder diagnosis. The therapist also described this client as a “concrete” thinker and “not so high functioning intellectually.” The therapist reported that the client “perceives (her) as skinny” and frequently requests weight-loss advice. The therapist described her own conflict in working with her client on this issue:

I consider fat among social justice issues. She really has this intense shame around her body and feels her body isn't beautiful... I would like to use a "health at every size" kind of framework, (where) she gets to decide if she wants to accept her body or change her body or accept her body and change it or how she's going to configure that. I've tried to drop that in, to try to explore and question a little bit, to open up the frame that there might be ways to see herself in a positive way and to take care of her body-- even to try to make healthier choices through the route of loving her body and caring for her body, treating herself with respect and dignity. It's not going that well. She's not really on board with it. She does not like being fat. These medications really did contribute to her being fat. She has a lot of anger around that.

The participant discussed the potential psychodynamic influence of her client's request of a behavioral therapeutic approach, "There's something that feels very narrow to me about how (she) would like to direct (herself) and focus that feels like it's not actually so much like their true self but idealized self." She also discussed this desire for a behavioral therapeutic approach as itself an obstacle for incorporating social justice values into the treatment, which she posited as a potential marker of needing re-direction in the treatment:

I really need to figure out about what's going on with that case, because it feels more like we're off track in that I've chosen not to incorporate social justice values, which is kind of interesting that that could be an indicator that something's off track in the treatment a little bit. It has to do with a number of factors, including her being pretty concrete. I don't feel that should rule out a larger explanation, but something's going on where we're looking at the problem very narrowly. She's not doing well with the behavioral

strategies... I hope we will be able to kind of zoom back out and understand some things better. That case doesn't feel so social justice oriented.

Concern of pursuing therapist's own agenda. Again, this theme also frequently overlaps with the other themes of *negative countertransference* and *misalignment of values between client and therapist* and appeared frequently in the data. This was felt strongly by therapists in work with clients who also have strongly political or social value identifications that are in stark contrast to those of the therapist. In these instances, participants described themselves as highly cognizant of their negative reactions and felt they needed to be cautious in their handling of the issue. Participants felt that they had not incorporated their social justice values not only because they had let their clients' values go unchallenged but also believed that this was necessary in order to maintain the centrality of the client's agenda, itself a core social work value. One participant described her struggle with this issue in general:

I want to be really careful not to put my agenda into the room and to only... find and support voice. I err on the side of caution by not bringing in a social justice framework if I think that *this is just something that's my reading in my books that I'm bringing in* and doesn't belong there. I don't want to lead my patients into what *I* want them to talk about.

Another participant discussed his decision to not pursue his own progressive agenda with clients who express strong opinions on a Middle-Eastern conflict.

...this is a domain where I have tended to stay pretty quiet... this is a decision I have made not to enter into (an area) – because I'm not sure why I would. I don't trust my own agenda about that. I don't know whose agenda I would be serving.

Elaborating, he explained how he felt that discussion of this conflict poses a “risk of there developing a kind of toxic level of misunderstanding.” He went further, stating that even in his

personal life he is “always a little bit hesitant to get staunch on (this topic) among (certain) friends, in part, because I don’t know that it’s entirely my place to be critiquing. I’m unsure about it, and I’m ambivalent.” This therapist described this ambivalence as follows:

...unless I understand what my clinical motives are and what the clinical pay-off could be, I have not been prepared to step into that conversation with my patients. Most of the time I have felt that that has just been wise and good judgment. There are other times I have felt like I was being cowardly, so there’s a tension for me all the time between being wise and being brave. I haven’t sorted it out for myself yet.

Paradox of professional mandate and influence of liability concerns. Participants who worked in agency settings often described their ability to incorporate social justice values into their clinical practice as limited by agency policies or influenced by liability concerns with respect to mandated reporting. One participant described a situation when a child reported she had been beaten and shown the therapist bruises. The therapist was not able to determine how old the bruises were, consulted with her clinic director, and made an anonymous inquiry of ACS. Because the child already had an open case with ACS and was thus already receiving preventive services, the clinic director advised the therapist to discuss the matter with the client’s caregivers. The therapist was hesitant to discuss the matter with the caregivers, however, due to concern that the child might face retribution or be coached when there was an ACS investigation.

Nonetheless, after speaking with the ACS worker she decided to report the bruises because of her obligation as a mandated reporter. She explained how she being a mandated reporter impacts her decision-making with respect to liability and social justice:

I take that very seriously and to protect myself and to protect children. So even if there's only a two percent chance that their sexual abuse going on, sometimes I'll call them. I

know that is not the most socially just way of approaching it. I think that sitting with the family talking about it, about what's going on, trying to work it out is better, but I do feel that I'm in a very fast-paced environment where there's a lot of liability. I think that that does dictate at times how I would address something....even (in) doing suicide risk assessment with kids. Sometimes they don't want to do it and I understand that, but I really need to protect myself. That comes up a lot, and what is not really socially just are my worries about liability: about my license, about protecting the agency, about protecting myself.

Summary

The data presented in this section reflects the views of 12 psychodynamic social workers on their integration of social justice values in clinical practice. While these clinicians acknowledge the tensions of such integration, including negative countertransference, misalignment between client and therapist values, concerns of pursuing one's own agenda and influence of liability concerns, they also speak with energy and passion on what they regard as successful integration. This integration was exemplified by holding space for sociocultural identity development; challenging social constructions; creating space to discuss racial experience; centering the client and providing advocacy; sharing contemplative practices; and acknowledging negative countertransference. The following section will discuss implications of these findings for theory and practice and suggest further areas of research and exploration.

CHAPTER V

Discussion

In exploring how psychodynamic social workers use social justice values in clinical practice, this study interviewed 12 participants. By processes of self-selection, targeted recruitment, and snowballing, it was intended that this sample group be more politically progressive than psychodynamic clinical social work as a field, and as such, the study's findings are not meant to be generalizable, but rather provide insight to an underrepresented perspective. This perspective is essential because progressive change occurs when marginalized positions push conversations to include a greater range of thought, and thus unearths new possibilities whose benefits can be mutable or relevant across multiple issues.

Relationship between Findings and Literature

Although the literature consistently articulates a tension between social work practices that focus on the individual and those that attend to community or larger social issues, most participants interviewed do not feel constrained in this manner. Instead, these therapists tend to regard their clinical practice as functioning as much needed contributions to social justice aims in general. The therapists express an ease in conceptualizing their clients' experiences through both a personal, intrapsychic lens offered by psychoanalytic theory as well as a political lens provided by various social theories, effectively regarding the two lenses as mutually-informing-- providing depth and nuance, rather than competing against or negating each other.

Given its dual emphasis on intersubjectivity and flexible use of the therapist's self (Aron, 1990, 1991; Cushman, 1995; Fonagy, 2001; Ghent, 1992; Hoffman, 1983; Mitchell, 1988, 1993, 2000), the researcher expected most participants to find relational theory most conducive to a psychodynamic practice that incorporates social justice values. While many therapists do report

this to be indeed the case, the researcher was surprised to hear the array of theoretical orientations from which therapists were able to extrude social justice potential, particularly with some of the more classical approaches. Although many of these therapists who report incorporating classical traditions also report drawing on other theories and approaches, including relational, it seems noteworthy that these therapists, all of whom identify as politically progressive or radical, extract social justice value from theory that is commonly regarded as socially and politically regressive. Rather than “throwing the baby out with the bathwater,” so to speak, these social workers skillfully apply concepts from a multitude of psychoanalytic theoretical frameworks in conjunction with critical social thought, rejuvenating psychoanalysis with theories that are better suited to tackle the full complexities of human experience as shaped by both external realities and intrapsychic phenomena.

Implications for Practice

Theory. Social workers need to make more scholarly contributions to the development of psychoanalytic theory. It was difficult to find theoretical literature produced by social workers pertinent to incorporating social justice values and critical social thought into psychodynamic practice. If social workers are the clinicians in the front lines of mental health service, working with those who are the most vulnerable and marginalized, then social workers should also be the best situated to produce theory that addresses the concern of the person in the environment. While some might argue that the lack of critical psychoanalytic thought produced by social workers is due to the field’s general abandonment of psychodynamic practice and discourse, the fact remains that psychodynamically-oriented social workers do remain and are still being trained to become such, albeit in small numbers. Clearly, these social workers believe in and are committed to psychodynamic practice, as there exist abundant opportunities to be affordably

trained in other therapeutic modalities. What might psychodynamic clinical social workers, with training and experience in helping clients navigate both internal conflict and external injustice/social problems, be uniquely positioned to offer the larger body of psychoanalytic thought, informing all providers of mental health treatment, not just social workers? Pushing and challenging psychoanalytic theory to be more relevant to the full expression of people's needs in the *totality* of human experience could extend the therapeutic potential of psychodynamic work, unearthing new possibilities for healing and growth.

Whose agenda is it anyway: Sociopolitical subjectivity of listening stance. How participants interpreted the question of using social justice values was often interpreted as an issue of how to provide treatment for problems whose etiology is sociopolitical, while refraining from overtly sociopolitical discussion. This frequently became a dialectical task, moving between polarized anxieties of serving the therapist's own social justice agenda and avoiding sociopolitical content outright, depending on the issue, as therapists expressed more comfort in contending with certain topics (race, class, gender) related to social justice issues than others (geopolitical conflict). All participants expressed a caution in how they utilized their social justice values, referencing their belief in the inappropriateness of behaving or intervening in session in a matter that serves their own agendas, rather than those of their clients. However, it is also commonly accepted that one of our functions as clinical social workers is to “challenge” or “push” our clients, that this is necessary in helping people realize their full sense of agency as well as building insight on unformulated and repressed experience, and, as such, was implicated by most participants in their descriptions of their professional commitments to social justice values.

This leads us to the question of how we listen, how we make sense of our clients' pain and experience. What is political; what is personal? Are these questions ever truly separate in a person-in-environment framework? As one therapist stated, "I hear all pain as political pain." The question then becomes an issue of choosing where to focus, of what to draw out of the clinical material, how do we define/make use of our listening stance? Prevailing wisdom dictates that we address issues that create problems in our clients' lives, but if our clients do not identify the sociopolitical causes of these issues, is it then within our purview to bring social theory into the treatment frame, informing our interventions and interpretations? It is generally accepted that we serve this challenging function when the presenting problem stems from the intrapsychic, but as clinical social workers who are trained in both psychoanalytic and critical social discourses, may we not pull from both? We can, and as this research shows, we often do, but we are also conflicted in doing so.

This ambivalence points to what can be conceptualized as a challenge of *professional countertransference*. While concepts of countertransference and intersubjectivity are by now well-rooted in psychoanalytic thought, these issues are typically discussed in relation to the therapist's emotional experience rather than ideological or philosophical orientation that are imbued within the therapeutic discipline itself. The question of what any mental health practitioner listens for in session is a reflection of both that practitioner's training and personal values. This can be demonstrated to some degree by how a future clinician's personal values impact that person's choice in professional discipline. While there are any number of reasons why one who is interested in becoming a mental health practitioner might pursue social work training over psychology, marriage and family therapy, licensed mental health counseling, etc... but notable among those reasons are the social justice values implicated at all levels of social

work's professional mandate. It is likely that the social justice values imbued in social work are similar to the personal values of those social workers. This condition lends itself to theorizing that there exists a "character" embedded in social work discourse that directly impacts, on conscious and unconscious levels, how clinicians listen and engage in sense-making. As a relationalist would argue, this character then becomes implicitly felt in the treatment. In as much as contemporary analytic thinkers have abandoned the notion that clinical neutrality is even possible, we should also recognize that our values do function as a character in the room and acknowledge them thusly, as not doing so would be to disavow our influence in the treatment.

So what are we talking about when we talk about social justice? Building on this notion of professional countertransference, it also appears that participants organically drew links between moments in their practices that felt successful and those where they felt they were able to engage social justice values, values which represent both their personal and professional ethical positions. When participants were asked to provide examples of times when they used social justice values in session, often times the vignettes described clinical interventions that are generally regarded as good therapy practice in general, and are not necessarily driven by social work values. These vignettes often appeared to be examples of when clinicians felt effective, having made some progress, or times when it felt like the treatment was going well.

Conversely, examples of when "participants considered incorporating social justice values but did not" were often qualified by overwhelming negative countertransference that was in response to being offended by a client attitude that was counter to the therapist's set of values, *and felt that the topic was beyond the conventions of what is acceptable material for therapy.* The participants either went on therapist auto-pilot (one could describe this generously as "holding" the moment), shifted to a prescriptive approach, or in some cases, divested themselves

from the treatment, allowing it to deteriorate. In other words, what had transpired in session was not able to become “grist for the mill” because the therapists had not felt equipped to handle the clinical material in the totality of its character.

Thus, it appears that clinical social workers are challenged to feel positively about their work when it pushes up against the limits of their personal values-as-professional values. Psychodynamic psychotherapy requires a “use of self”; what can be said about the role of the “use of self” in this regard? Use of self, by definition, necessitates emotional investment and a personal commitment. Can we honestly say that we would remain driven to do this work if we were to remove our values from our use of selves? Is this even possible? This leads us to a larger question of what it is that makes us feel good or effective as therapists. While intersubjective theory encourages us to be critical of the influence of our countertransference, there is a hollowness to the idea that therapists can “have a handle” on their countertransference, or at least past a certain point. If therapists are humans, and all humans have an unconscious, then how can it possibly be that any therapist could truly have a grasp on the breadth of her countertransference? In as much as object relations teaches psychotherapists to regard their clients as object seeking, both in and out of the consulting room, might we also view this as existent in ourselves in our capacities as clinicians as well. If clinicians regard effective treatment as one in which social justice values (again, values that are as much personal as they are professional) are actualized in instigating healing and growth, then perhaps there is something in our drives to bring our clients closer to our values also a based on object-seeking, or rather, the human need to connect to other humans.

Limitations and Strengths of this Study

While it is common practice in research to only provide participants with interview questions at the time of the interview, some participants expressed mild frustration with the challenge of being asked to answer questions on the spot that they viewed as broad and philosophical. The researcher ponders how the difference in data quality between the spontaneous answers provided from the methodology used might compare to that which could have been collected had participants been provided with the questions in advance or interviewed multiple times. Additionally, it often felt that situating the research question in relation to *social justice values* was indeed too broad and, in some ways, too subjective in how it was defined by participants in order to obtain focused data. In anticipation of this problem, the researcher developed a 10 question semi-structured interview guide intended to establish and operationalize definitions of key terms, explore perceptions of professional identity, gain perspectives on clinical theory and training experiences, and finally, to hear how this is all synthesized into practice through reflection on participants' cases. This was often too large of a task to be thoroughly accomplished within the determined interview frame, resulting in less than optimal time for reflection on cases, an area which frequently contained the richest and most complex data, while also being significantly underrepresented in existing literature. Follow-up interviews would have permitted participants to go into more depth, as well as provide opportunity to gather additional data on the impact of incorporating social justice values in the treatments of the clients discussed in the interviews.

Another limitation of the study was that most participants worked primarily in private practice settings. While this enabled the research to amass quality data on that perspective, it provided less opportunity to explore the perspectives of clinicians who contend with the

additional challenges of working in social work's "front lines" in agency and public health settings.

A core strength of this research is that the topic of the alignment of psychodynamic practice and social justice values is of great concern to a large number of clinical social workers, despite the lack of existing literature. The researcher was contacted by far more clinicians than was possible to interview; those who were interviewed spoke passionately on the subject. In fact, many participants expressed gratitude for the researcher's interest in the subject and articulated their desire to see the issue receive greater focus in the field of clinical social work.

Recommendations for Future Research

For others invested in interrogating issues of how psychodynamic social workers use social justice values in clinical practice, it is recommended that further research be done on what happens in session, with process examples of specific interventions that combine psychoanalytic and social theories. A longitudinal study would be able to provide better data regarding outcomes as well as how the clinical work changed over time. Many participants in this study discussed certain interventions as having been essentially ignored by their clients; indeed, psychodynamic discourse is rife with metaphors of "planting seeds." Yet, without long term follow up, it is impossible to determine or assess outcomes. Additionally, it is also recommended that this study be replicated with clinical social workers who work exclusively in agencies, schools, and public health settings in order to provide more nuanced data specific to the challenges of those workplaces.

Conclusion

While the question of how psychodynamic social workers use social justice values in practice remains partly answered, this examination leads to an uncovering of more problems,

including those latent in the field of clinical social work itself. It appears that psychodynamic clinical social workers are caught straddling two worlds: social work, which is highly value-laden, and psychoanalysis, which in many ways still aspires to be value-neutral. The extent to which this is experienced as a struggle by clinicians is contingent upon how comfortable the social workers are at navigating the moments in which their values and those of their clients diverge. However, in order to navigate these moments, psychodynamic clinical social workers might be better served by being more involved in producing psychoanalytic theory that explicitly speaks to the social justice mandate of social work and the distinct challenges of the field.

References

- Altman, N. (1995). *The analyst in the inner city: Race, class, and culture through a psychoanalytic lens*. Hillsdale, N.J.: Analytic Press.
- Altman, N. (2000). Black and White Thinking: A Psychoanalyst Reconsiders Race. *Psychoanalytic Dialogues*, 10(4), 589. doi:10.1080/10481881009348569
- Aron, L. (1990). One person and two person psychologies and the method of psychoanalysis. *Psychoanalytic Psychology*, 7(4), 475-485. doi:10.1037/07369735.7.4.475
- Aron, L. (1991). The patient's experience of the analyst's subjectivity. *Psychoanalytic Dialogues*, 1(1), 29-51.
- Aron, L., & Starr, K. E. (2013). *A psychotherapy for the people: Toward a progressive psychoanalysis*. New York: London: Routledge.
- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism, and the problem of domination*. New York: Pantheon Books.
- Benjamin, J. (1998). *Shadow of the other: Intersubjectivity and gender in psychoanalysis*. New York: Routledge.
- Borden, W. (2000). The relational paradigm in contemporary psychoanalysis: Toward a psychodynamically informed social work perspective. *Social Service Review*, 74(3), 352-379.
- Botticelli, S. (2004). The politics of relational psychoanalysis. *Psychoanalytic Dialogues*, 14(5), 635-651.
- Bryant, A., & Charmaz, K. (2012). Grounded theory and psychological research. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher, (Eds.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative*,

- qualitative, neuropsychological, and biological* (pp. 39-56). Washington, DC, US: American Psychological Association. doi:10.1037/13620003
- Comas-Díaz, L. (2011). Multicultural approaches to psychotherapy. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (2nd ed.) (pp. 243-267). Washington, DC, US: American Psychological Association. doi:10.1037/12353-008
- Corneau, S., & Stergiopoulos, V. (2012). More than being against it: Anti-racism and anti-oppression in mental health services. *Transcultural Psychiatry*, 49(2), 261-282.
- Council on Social Work Education. (2012). Educational policy and accreditation standards. Alexandria, VA: CSWE Press.
- Cushman, P. (1994). Confronting Sullivan's spider: Hermeneutics and the politics of therapy. *Contemporary Psychoanalysis*, 30: 800-844.
- Cushman, P. (1995). *Constructing the self, constructing America: A cultural history of psychotherapy*. Reading, MA: Addison-Wesley.
- Danto, E. A. (2005). *Freud's free clinics: Psychoanalysis & social justice, 1918-1938*. New York: Columbia University Press.
- Danto, E. A. (2009). "A new sort of 'salvation army'": Historical perspectives on the confluence of psychoanalysis and social work. *Clinical Social Work Journal*, 37(1), 67-76.
- Dimen, M. (2003). *Sexuality, intimacy, and power: From dualism to multiplicity*. Hillsdale, NJ: Analytic Press.
- Edward, J. J. (2009). When social work and psychoanalysis meet. *Clinical Social Work Journal*, 37(1), 14-22.

Engel, R. J., & Schutt, R. K. (2013). *The practice of research in social work*. Los Angeles: SAGE.

Finn, J., & Jacobson, M. (2013-06-11). Social Justice. *Encyclopedia of Social Work*. Retrieved 23 May. 2015, from <http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-364>.

Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York: Other Press.

Foucault, M. (1972). *Archaeology of knowledge*. New York: Pantheon.

Ghent, E. (1992). Foreword. In *Relational perspectives in psychoanalysis*, ed. N.J. Skolnick & S.C. Warshaw. Hillsdale, NJ: The Analytic Press.

Goldstein, E. (1995). *Ego psychology and social work practice*. New York: Free Press.

Goldstein, E. (2002). Psychoanalysis and social work: Historical perspectives. *Psychoanalytic Social Work*, 9(2), 33-40.

Goldstein, E. (2009). The relationship between social work and psychoanalysis: The future impact of social workers. *Clinical Social Work Journal*, 37(1), 7-13.

Gourguechon, P. (2009). Psychoanalysis integrates social work: Is social work holding on to psychoanalysis? *Clinical Social Work Journal*, 37(1), 84-86. doi:10.1007/s10615-008-0189-6

Gramsci, A. (1971). *Selections from the prison notebooks of Antonio Gramsci*. New York, NY: International Publishers.

Grant, D. (2013-06-11). Clinical social work. *Encyclopedia of Social Work*. Retrieved 28 Apr. 2015, from <http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-63>.

- Greenleaf, A. T., & Bryant, R. M. (2012). Perpetuating oppression: Does the current counseling discourse neutralize social action? *Journal for Social Action in Counseling & Psychology*, 4(1), 18-29.
- Hadley, M. (2008). Relational theory. In J. Berzoff, L. M. Flanagan & P. Hertz (Eds.) *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts*. (pp. 205-227). New York: Jason Aronson.
- Hale, N. G. (1978). From Berggasse XIX to Central Park West: The Americanization of psychoanalysis, 1919-1940. *Journal of The History Of The Behavioral Sciences*, 14(4), 299-315.
- Haynes, K. (1998.) The one hundred year debate: Social reform versus individual treatment. *Social Work*, 43(6), 501-512.
- Hiesteiner, C. & Peterson, K. (1999). Crafting a usable past: The care-centered narrative in social work. *Affilia*, 14(2). 144-161.
- Hoffman, I. (1983). The patient as interpreter of the analyst's experience. *Contemporary Psychoanalysis*, 19:389-422.
- Jurij, D. (1982). The significance of Freud for radical theory and practice. *Issues in Radical Therapy*, 10(2), 23-55.
- Leary, K. (1997). Race, self-disclosure, and "forbidden talk": Race and ethnicity in contemporary clinical practice. *The Psychoanalytic Quarterly*, 66(2), 163-189.
- Lord, S., & Iudice, J. (2012). Social workers in private practice: A descriptive study of what they do. *Clinical Social Work Journal*, 40(1), 85-94. doi:10.1007/s10615-011-0316-7
- McLaughlin, A. (2002). Social work's legacy: Irreconcilable differences? *Clinical Social Work Journal*, 30(2), 187-198.

- Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103(Structural Stigma and Population Health), 126-133. doi:10.1016/j.socscimed.2013.06.032
- Meyer, C.H. (1970). *Social work practice: A response to the urban crisis*. New York: Free Press.
- Miehls, D. (2011). Relational theory and social work treatment. In F.J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches*. (pp. 401-412). New York: Oxford University Press, c2011
- Mitchell, S. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge: Harvard University Press.
- Mitchell, S. (1993). *Hope and dread in psychoanalysis*. New York: Basic Books.
- Mitchell, S. (2000). *Relationality from attachment to intersubjectivity*. Hillsdale, NJ: Analytic Press.
- National Association of Social Workers. (2008). Code of ethics of the National Association of Social Workers. Washington, DC: NASW Press.
- Psychodynamic Psychotherapy. (2008). In L. J. Fundukian & J. Wilson (Eds.), *The Gale Encyclopedia of Mental Health* (2nd ed., Vol. 2, pp. 927-929). Detroit: Gale. Retrieved from http://go.galegroup.com/ps/i.do?id=GALE%7CCX2699900344&v=2.1&u=mliw_smithcol&it=r&p=GVRL&sw=w&asid=b7b0634751dc7b76ec_6f49d5b087821f
- Roberts, A. R., & Yeager, K. (2006). *Foundations of evidence-based social work practice*. New York: Oxford University Press.
- Sachs, J., & Newdom, F. (1999). *Clinical work and social action: An integrative approach*. New York: Haworth Press.

- Segal, E. (2013). Beyond the pale of psychoanalysis: Relational theory and generalist social work practice. *Clinical Social Work Journal*, 41(4), 376-386.
- Smith, S. F. (2014). What history can teach us: Implications for the conceptualization and treatment of interpersonal trauma in women. *Women & Therapy*, 37(1/2), 109-121. doi:10.1080/02703149.2014.850339
- Specht, H. & Courtney, M. (1995). *Unfaithful angels: How social work has abandoned its mission*. New York: The Free Press.
- Steinberg, D. M. (2004). *The social work student's research handbook*. New York: Haworth Press.
- Sue, S. (2003). In defense of cultural competency in psychotherapy and treatment. *American Psychologist*, 58(11), 964-970. doi:10.1037/0003-066X.58.11.964
- Tang, D. (2006). The research pendulum: Multiple roles and responsibilities as a researcher. *Journal of Lesbian Studies*, 10(3-4), 11-27.
- Tolleson, J. (2009). Saving the world one patient at a time: Psychoanalysis and social critique. *Psychotherapy & Politics International*, 7(3), 190-205. doi:10.1002/ppi.200
- Tummala-Narra, P. (2014). Cultural competence as a core emphasis of psychoanalytic psychotherapy. *Psychoanalytic Psychology*, doi: 10.1037/a0034041
- Weick, A. (1987). Reconceptualizing the philosophical perspective of social work. *Social Service Review*, 61(2):218–30.
- Winograd, B. (Producer and director). (2014). *Black Psychoanalysts Speak*. (Motion Picture). New York, NY: PEP Video Grants, 1:1. (Available on <http://www.pep-web.org>)

Appendix A- Recruitment Material



Psychodynamic Social Justice Social Work

Call for research participants

Are you a psychodynamically-oriented social worker who utilizes social justice values in your clinical practice? My name is Danielle Frank; I am recruiting participants for a qualitative study on the alignment of social justice values and psychoanalytic theory in clinical social work. The purpose of the study is to explore how clinical social workers utilize psychoanalytic theory while retaining core social work values. The criteria for participation include that you self-identify as a social worker who:

- is currently in clinical practice
- is minimum Master's level, with state-licensure
- practices from a psychodynamic modality
- incorporates social justice values into clinical practice
- is willing to reflect on their perspectives regarding such integration in an interview with an MSW student.
- is over 18 and communicates fluently in English.

This research is intended to fulfill the thesis requirement for completion of my Masters in Social Work degree. If you meet the above criteria and are interested in participating, please contact me at dfrank@smith.edu or [REDACTED]

Appendix B: Informed Consent Form

Consent to Participate in a Research Study Smith College - Northampton, MA

Title of Study: How do psychodynamic social workers utilize social justice values in clinical practice?

Investigator: Danielle Frank, Smith College School for Social Work, [REDACTED],
dfrank@smith.edu

Introduction

You are being asked to be in a research study exploring how psychodynamic social workers utilize social justice values in clinical practice. You were selected as a possible participant because you identify as a psychodynamically-oriented social worker who is willing to reflect on your use of social justice values in your current clinical practice. It is requested that you read this form and ask any questions that you may have before agreeing to be in the study. In consenting to participate in this study, you also confirm that you are 18 years of age or older.

Purpose of Study

- The purpose of the study is to explore how psychodynamic social workers utilize social justice values in clinical practice.
- This study is being conducted as a thesis requirement for the researcher's masters in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

If you agree to be in this study, you will be asked to do the following things:

- Coordinate with the researcher to set up a date and time for your interview (5-15 minutes).
- Conduct an individual interview to discuss how you utilize social justice values in your clinical practice (60-90 minutes).

Risks/Discomforts of Being in this Study

- There are minimal risks in participating in this study. You will be asked to reflect and report on your ideas, clinical experiences, and both personal and professional values. There is the risk that reflection may create some discomfort from delving into sensitive or uncomfortable territory.
- Your participation in this study is voluntary. If you experience discomfort with the interview process or any particular questions, you can decline to answer any question and can opt to end the interview at any time.

Benefits of Being in the Study

The benefits of participation are:

- Having an opportunity to discuss and reflect upon how your clinical practice incorporates social justice values.
- Gaining insight into your professional identity as a psychodynamic social worker.
- Contributing to research on clinical social work practice, psychodynamic practice, and social justice values.

Confidentiality

Confidentiality will be maintained in this study, and records of this study will be kept strictly confidential. All participants' identities will be kept confidential and direct quotes will be disguised to protect individual identities. No information will be included in any report that I may publish that would make it possible to identify you. The signed copy of this informed consent form will be kept separate from collected data. All interviews will be audio recorded and transcribed by myself. The research advisor will only have access to the data after names have been removed. Research records will be kept in a locked file and all electronic information, including audio recordings, will be coded and secured using a password protected file. All materials will be locked and secured for three years as required by federal regulations, and all documents will be destroyed upon completion of the research. Should the researcher continue to need research data and materials beyond three years, all data and materials will continue to be kept secure until no longer needed, at which time data and materials will be destroyed.

Payments

You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the researcher or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question as well as to withdraw completely at any point during the study. If you choose to withdraw, any of your information collected for this study will not be used. You must notify the researcher of your decision to withdraw by email or phone within two weeks after our interview. After that date, your information will be part of the thesis.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher, Danielle Frank, at dfrank@smith.edu or by telephone at (XXX) XXX-XXXX. If you like, a summary of the findings of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study researcher.

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

[if using audio or video recording, use next section for signatures:]

I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

Appendix C: Semi-Structured Interview Guide

Title of Study: How do psychodynamic social workers utilize social justice values in clinical practice?

Investigator: Danielle Frank, Smith College School for Social Work, (347)703-2430, dfrank@smith.edu

The purpose of this study is to explore how psychodynamic social workers utilize social justice values in clinical practice. You have been asked to participate because you identify yourself as a psychodynamically-oriented social worker who integrates social justice values into your clinical practice. The questions listed below are intended to help me to achieve the aim of this study, which is to explore the ways in which social workers who integrate social justice values into practice do so.

1. Please describe your clinical practice (setting, training, etc...)
2. How do you define the concept or term, “social justice values?”
3. What it means to you to be “committed to social justice values?”
4. What are some of the different ways in which you incorporate social justice values into your work (i.e. case formulation, interventions, etc...). Can you give some examples?
5. Do you feel that social justice values and psychoanalysis can align in practice? Please elaborate.
6. (If subject has received analytic training) Were social justice values present in your analytic training? If so, how? Can you give some examples?
7. Are there certain theoretical orientations that you feel are better suited than others for incorporating social justice values in your practice? How so? Can you give some examples?
8. Could you describe a situation when you brought social justice values into a session and how this was received by your client?
9. Did this affect your relationship with the client as you continued to work together? If so, how? If not, why do you think it did not affect your relationship?
10. Could you please describe a time when you considered incorporating social justice values but did not. (probe: factors that contributed to this decision)

Appendix D: HSRB Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 16, 2015

Danielle Franks

Dear Danielle,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor