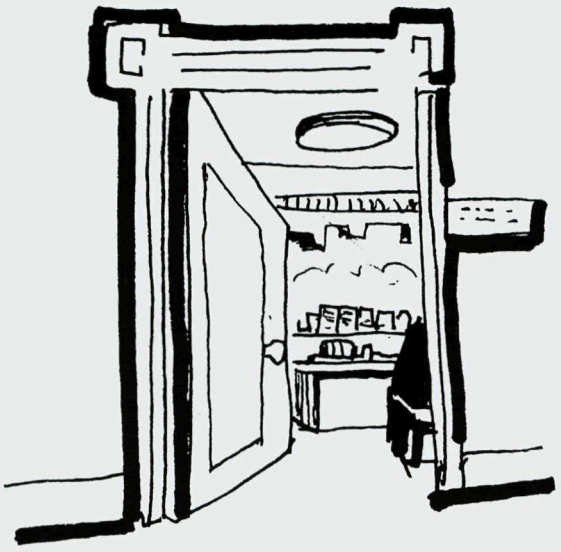
How I Stayed a Psychotherapist: Challenging a Taboo in Academic Social Work

By David Derezotes, Ph.D., Associate Professor, Graduate School of Social Work, University of Utah

The author recounts his efforts to bring clinical practice and the psychotherapeutic perspective into his classroom teaching and broader professional identification. He has found that clinical work has been devalued in social work education and calls for a balancing of the scientific and humanistic approaches to social work education and practice.



Following an unanticipated but gentle tap on my shoulder, I turned to see Dean Harry Specht behind me, motioning me to join him in his office down the hall.

It was the spring of 1987, and I was a first year doctoral student at the School of Social Welfare, University of California, Berkeley. Dark thoughts filled my mind. Was I in trouble? I had spoken only briefly with Dean Specht during the two semesters I had been at Berkeley, and did not think he even knew who I was. Swallowing down the rising insecurity that seems to lurk under the surface of every student's consciousness, I walked into his office. He shut the door and told me he wanted to give me some advice.

I do not remember his every word, but the Dean said two things that challenged my thinking so effectively that they still remain clear in my memory. After noting that I identified myself in school as a psychotherapist with a decade of experience, Harry said, "You know, David, psychotherapy is the greatest hoax of the twentieth century." He then expressed concern that I had a fair number of professional interest areas: holistic medicine; direct practice with individuals, couples, families, and groups; research; and policy. He told me, "We are not training Renaissance men here at Berkeley." Being surprised and somewhat intimidated by Dr. Specht's position and authority, I was not able to respond effectively at the time.

I left the room angry. I did not realize yet that it was sometimes Harry's teaching style to be confrontational with students, and that he did care about me. I also did not yet fully appreciate how the Psychotherapist and the Renaissance Man in me were vital and interconnected parts of my professional self. All I knew was that my professional identity seemed under attack again.

I say "again" because most of the faculty seemed hostile towards psychotherapy. During the first semester, I did not have to be a Licensed Clinical Social Worker to figure out that psychotherapists were not generally held in high esteem at the school. Although most of the doctoral students would later become teaching faculty, the curriculum had no PhD-level clinical content. In class discussions, clinical observations were always seen as less legitimate than research observations: the only appropriate way of knowing was through scientific research.

Even most of the other doctoral students were generally unfriendly towards what was called "micro-level" practice. As far as I knew, I was the only doctoral student who was currently in practice with real clients. In downtown Oakland I was seeing children and parents, most of whom were clients of Alameda County DCFS. Although my clients were all poor people of color, my private practice was viewed by many as inappropriate because social workers were supposed to work only in public sector agencies doing case management or community organizing with indigent populations. To many of my peers, I was "selling out" by working in private practice.

In addition, most of the other students were already heavily invested in the traditional doctoral goal of knowing more and more about less and less. When we went around the room in the first doctoral seminar, each student shared his or her focused area of research with the group. But when it was my turn, I offered the class a list of interests that included various professional and academic perspectives. An uncomfortable silence filled the room after I spoke.

Whenever psychotherapy *was* mentioned in the classroom, there was almost a religious fervor given to the dominant view that the best model is always cognitive-behavioral and short-term. I was learning that academic social work had its own "sacred" doctrines, rituals, and beliefs, just like any religion, and that certain other doctrines, rituals, and beliefs were considered blasphemous. The taboo that I was learning about was the one against being a psychotherapist.

The taboo seemed particularly aimed at any therapist who could also be identified as having Renaissance-like qualities. Consulting the dictionary, I discovered that a Renaissance person is someone who has diverse interests and expertise in a number of areas (The American Heritage Dictionary, 1985). Thus, a Renaissance person sounded a lot to me like a social worker, who often draws selectively from an eclectic base of many traditions and ways of knowing during the helping process.

Although I had never used the term 'Renaissance' to describe myself before, I began to realize that the ecological, generalist, and humanistic perspectives that I identified with as a social worker could also be viewed as Renaissance perspectives . For example, I was taught in my doctoral classes that the ecological or person-in-environment perspective is the hallmark of social work theory. I learned that the ecological perspective, first applied to social work practice by such pioneers as Germaine (1968) and Hartman (1970), has been useful as a "unifying framework" for the many practice strategies now available for social workers (Meyer, 1988, Dubois, 1965; von Bertalanffy, 1956). Similarly, the generalist perspective of social work also seemed like a Renaissance perspective to me in that it was said to take a broad view in assessment and to emphasize being prepared to intervene in many circumstances and on many levels (Sheafor & Landon, 1987). Finally, the humanism of Renaissance Europe can be related to the Liberal Arts requirement that most schools of social works look for in applications to the MSW program, including studies in philosophy, literature, and the fine arts.

It also seemed to me that the ecological, generalist, and humanistic perspectives taught in the classroom were often not applied to academic practice in our social work schools. I thought that if we academics better walked our talk with respect to these perspectives, then we would run our schools of social work very differently. For example, since ecological theory and science

support the body-mind-spirit connection, students and faculty could be asked to develop their hearts and bodies as well as their minds. Since the generalist framework includes the use of indirect and direct methods across populations and settings, the curriculum could view policy, community organization, case management, and psychotherapy as equally valuable areas of social work practice. Perhaps most basic, faculty could treat each other and their students more humanistically, tolerating even those we view as being intolerant. We would treat those with the least power as well as we treat those with the most power. We would promote and tenure those colleagues who make significant contributions, even those who happen to be psychotherapists.

During my doctoral program, I saw that faculty discomfort about psychotherapy seemed related to a broader discomfort with anything 'below the neck.' Psychotherapists know that human development involves growth in a number of interrelated dimensions, including the cognitive, emotional, physical, social, and spiritual (Cowley, 1993). In contrast, most academics seem to focus primarily upon the cognitive dimension of development. During my MSW program, for example, my practicum placement was at a hospice where I happened to be with a patient and his family at the moment that he died. It was the first time in my life that I had ever experienced the death of a human being, and I wanted to talk about it in my practice class. However, when I brought the subject up in class, my instructor was obviously quite uncomfortable and told me that discussions about experiences like this were inappropriate for a clinical social work class. Similarly, in my doctoral program, few students or faculty seemed to want to risk showing emotional vulnerability in the classroom.

Social work is an applied profession, and I wanted to help my students learn how to help their clients heal and grow. I had read in the library that the word "health" is itself derived from the root *hal*, which means whole. I wondered how social workers could help others heal if they were not striving to become more whole, to have all of their parts. Since faculty are teaching future social workers, it seemed that we should especially try to model multi-dimensional development for our students. I remember that one of the direct practice instructors in my MSW program told the class that he had no experience at all working directly with clients. He added that his lack of experience was really not important because he knew the research on practice very well. From my perspective, although he was a brilliant man, this instructor's 'head knowledge' was insufficient preparation for doing clinical instruction.

Having entered a doctoral program in my late 30's, I had developed enough of a sense of self in life to be reluctant to totally discount what I was feeling and thinking. I knew from my own clinical experience that psychotherapy can sometimes help people. I did not understand yet why so many social work faculty seemed uncomfortable with and often even hostile towards psychotherapy in social work practice.

That discomfort seemed to exist in most of the schools of social work that I interacted with following my graduation from Berkeley. For example when I was applying for my first academic position after earning my PhD, the Dean of the school recommended that I remove my ten years of experience in private practice from my vita because it 'looked bad.' After spending a full day with faculty at another university that I was interested in, the Dean there met with me in his office. As I sat across from him, he silently reviewed the reports that the faculty had written about me and then told me that the faculty was very impressed with how I had come across as a caring, empathic person who had strong clinical and teaching skills. Suddenly all puffed up with pride, I waited for him to make me a nice job offer. Instead, he said, "I don't think you would be

a good fit here at this school. Unfortunately, if you can stand up in front of a class and talk that is sufficient as far as teaching goes. Unless you have 18 articles by your 6th year, you would not survive...." I somehow found the strength to thank him and take my wounded self back to the motel room.

When I finally took a position and started teaching clinical social work classes, I noticed the tension that exists between a student body that is predominantly (about 98% in our school) interested in clinical direct practice and a faculty almost as universally interested in indirect practice, policy, or research. Some of my colleagues who do not teach direct practice told me that they felt that their areas of expertise were devalued by clinical students. They also tended to have common misconceptions about what direct practice and psychotherapy. Several told me that they thought that the direct practice classes taught only Freudian Psychodynamic theory and therefore misunderstood that generalist practice utilizes many models of practice. Many also equated psychotherapy with private practice serving wealthy clients, although many social workers do psychotherapy in agency settings serving the poor.

Like a good social worker, I tended to be most sympathetic with the oppressed group: clearly the students had the least power in the school and were thus the most vulnerable. Indeed once my students realized that I was not only a professor but a clinical social worker, they started telling me how difficult it was to want to be a direct practitioner or psychotherapist in the school. They told me that they heard in their initial first year classes that if they wanted to be a psychotherapist they "should look for another field to go into." Even more alarming were the comments I heard in faculty meetings that suggested that the best way to make room in the curriculum was to eliminate the core clinical classes.

When I attended meetings of other clinical social work faculty at CSWE or NASW national meetings, they would all sadly nod when they heard my stories of woe. In their schools as well, direct practice was often seen as only marginally important to the profession, and psychotherapy was seen as being even worse. Although we would all agree in those meetings that something needed to be done to support clinical students and faculty, we seemed unsure about how to proceed.

I started to feel that I especially needed to support and protect those students in my own school who want to become direct practitioners, especially those who wish to practice as psychotherapists. I realized that I deeply value how psychotherapy can uniquely help foster healthy individuals, couples, families, and communities. I shared with students the fact that there are now decades of research that support the effectiveness of psychotherapy (one of the

best summaries under one cover is still Garfield & Bergin, 1994). I starting educating my colleagues about what psychotherapy is and is not. I suggested to students that social workers may often make the best psychotherapists because of their ecological, generalist, and humanistic values.

Over the past decade, I have become increasingly convinced that psychotherapy is an essential paradigm of practice for social work for the coming millennium. In preparing this manuscript, I went first to the 19th Edition of the Encyclopedia of Social Work (1995) to review the most current thinking on psychotherapy and social work. After going through all the "P" entries in the index several times, the reality sunk in that our profession's encyclopedia does not

currently recognize the term "psychotherapy" as important enough to give the term its own heading.

The section on clinical social work did provide a historical perspective on the history and possible future of direct practice. I read in the entry that although social workers have served individuals, couples, families, and groups since the earliest days of the profession, clinical social work seems to have first emerged as a recognized specialty area in the 1950's. However, already by the 1960's, clinical social work was often criticized as being an unscientific process with weak methodologies that actually diminished the willingness of oppressed people to be involved in social protest and change (Swenson, 1995).

The evidence I read, however, suggests to me that clinical practice is becoming an increasingly important social support for people in our society and is often effective in helping the rich, the middle class, and the poor. An increasing majority of social workers continue to provide assistance to needy populations; I was impressed to learn that by 2005 an estimated 75% will be working with marginalized populations (Ginsberg, 1992).

I have also often observed that the people skills an effective psychotherapist develops are transferable to and also essential in community organization, policy implementation, administration, and research. Such skills as self-awareness and intuition, for example, have been shown to assist in leadership and community organizing (Burghardt, 1982).

So I wonder, if there are so many social workers doing ecological, generalist, and humanistic assessments and interventions in direct practice, then why do we still have the taboo against Psychotherapy in academic social work? I believe that social work is still trying too hard to prove that it is a true profession. Once largely women's work (and therefore devalued by society), social work still has a serious self-esteem problem. We are still trying to recover from having the low status associated with providing nurturing and support to people who are often most marginalized in their community. The remedy that academic social work still chooses to use to improve our collective status seems to be as scientific as possible.

Unfortunately, the solution has become the problem. Science is itself a religion with patriarchal tendencies and little tolerance for diversity. Science seems to be willing to scrutinize everything in the universe except its own assumptions. These assumptions are often still biased against what Scheafor, Horejsi, and Horejsi (1988) called the artistic factors in social work direct practice, including such vital processes as relationship, intuition, creativity, and personal style. There are pressures on academic social workers to publish in scientific journals and to teach only empirically based knowledge and skills in the classroom, leaving little room to teach the vital artistic factors necessary for effective direct practice.

When I talk with colleagues who teach university-level practice classes at other professional schools, such as schools of medicine and psychology, they tell me that their departments would not tolerate the kind of devaluing of clinical students and faculty that has become the norm in many social work schools. Ironically, those professions that seemed to be models of science to social workers at the beginning of the twentieth century now are taking the lead in recognizing again the importance of artistic factors of practice in the helping professions.

Where do we go from here? Perhaps one first step is to create opportunities for safe but honest dialogue between clinical and non-clinical social workers. Such dialogue might help erode the myths that seem to act as barriers to cooperation. Many policy-researchers in social work, for example, are social scientists with a macro-practice perspective who tend to hold the myth that psychotherapists are all naive about social problems and focused on doing only private practice with affluent clients. In contrast, clinical social workers tend to view the policy-researchers as being unable

or unwilling to practice introspection and get out of their heads. Such stereotypes can kill dialogue and often split schools of social work apart.

Another possible remedy would be the fostering of more team-teaching and team-scholarship by clinical faculty and policy-researchers. Such teams would be more likely to move away from the myths that split us apart and begin to integrate practice and research in the social work classroom and research institute. The co-authorship of articles by such teams might produce journal articles that are eagerly read by students because they are relevant and high quality. Similarly, the best model and curriculum building might be co-authored by such teams.

Finally social work, and especially academic social work, might review its tendency to value knowing more and more about less and less. Although the need for specialization will probably increase in our complex world, the most effective social workers may well continue to be ecological, generalist, and humanistic, regardless of whether they work in private practice or the research laboratory.

So thank you, Harry, for tapping me on the shoulder and challenging me to think. I hope I find increasingly effective ways to both challenge and support the students and colleagues I am fortunate enough to work with. ❑

References

· The American Heritage Dictionary.(1985). Boston: Houghton Mifflin Company.

· Burghardt, S. (1982). The other side of organizing: Resolving the personal dilemmas and political demands of daily practice. Cambridge, MA: Schenkman Publishing Company, Inc.

· Cowley, A. S. (1993). Transpersonal social work: A theory for the 1990s. Social Work, 38(5), 527-534.

· Dubois, R. (1965). Man adapting. New Haven: Yale University Press.

· Encyclopedia of Social Work. (1995). National Association of Social Workers Encyclopedia of Social Work. Silver Spring, MD: National Association of Social Workers.

· Garfield, S. L. & Bergin, A. E. (1994). Handbook of Psychotherapy and behavior change. New York: John Wiley & Sons.

· Germain, C. (1968). Social study: Past and future. Social Casework, 7, 403-409.

· Ginsberg, L. (1992). Social work almanac. Washington, D.C., National Association of Social Workers.

· Meyer, C. H. (1988). The eco-systems perspective. In R. A. Dorfman (Ed.), Paradigms of clinical social work. (pp. 274-294). New York: Brunner/Mazel Publishers.

·Scheafor, B. W., Horejsi, C. R., & Horejsi, G. A. (1988). Techniques and guidelines for social work practice. Boston: Allyn and Bacon, Inc.

· Scheafor, B. W. & Landon, P. S. (1987). Generalist perspective. In National Association of Social Workers Encyclopedia of Social Work. (2nd Ed., Vol. 1). (pp. 660-668). Silver Spring, MR: National Association of Social Workers.

· Swenson, C.R. (1995). Clinical social work. In National Association of Social Workers Encyclopedia of Social Work. (19th Ed., Vol. 1). (pp. 502-512). Silver Spring, MR: National Association of Social Workers.

· von Bertalanffy, L. (1956). General system theory yearbook for the Society for General Systems Research. (Ed.) L. von Bertalanffy, Fol. 1, 11. Bedford, MA: Society For General Systems Research.