

# PSYCHOTHERAPY: POTENTIAL AGENT FOR SOCIAL REFORM?

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*This narrative is the account of the author's search for a way of conceptualizing the relationship between the person and the environment in psychotherapy. She was initially motivated to become a professional social worker by exposure to social injustice, particularly the experience of adolescent years living in Montgomery, Alabama, during the bus strike. Later, however, as she became fascinated by theories of mental illness, this search has had very personal meanings for her as well as importance for clinical social work.*

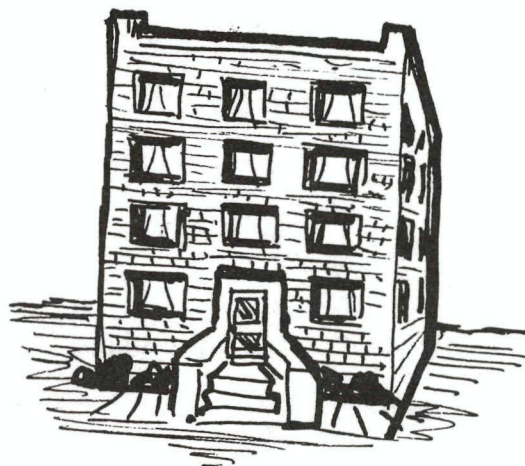
One of clinical social work's strengths is the recognition that in order to be helpful to a client, both the client and the client's environment must be taken into consideration. This is one piece of the "practice wisdom" that is passed on through supervision, through informal relationships with senior practitioners, and through beginning textbooks. Most clinical social workers know that the person-situation configuration perspective is critical in treatment, but there is little that anchors this perspective in a theory that also offers guidance for intervention methods. There are theories about the environment, but these usually do not help the practitioner individualize the client. There are theories that deal with individuals, but these usually are intrapsychic, or at best interpersonal, and usually do not take the non-human environment seriously. We have, therefore, been stuck in thinking of the inner world and the external world of the person as two different entities without the ability to show how the two interrelate. This conceptual problem has been troubling me for a long time.

The practice of psychotherapy was not what I was initially intending to do in social work. I wanted to change the world. I first encountered the world's unfairness at age eight when spending time at my father's business, located in a slum area in Manchester, New Hampshire, shortly after WWII. The textile factories that had been the main industry in Manchester had moved

south where labor was cheaper, leaving local workers without their customary means of supporting themselves and finding many of them destitute.

Patricia, the girl I considered my best friend, lived in the building above my father's business, and we ordinarily played in the paved loading area behind the building. Once, however, she took me to the apartment where she lived with her mother and her three sisters. The hallway was unlit and I was frightened at not

being able to see where I was going, although she seemed unconcerned about this. The apartment had one room in which most of the space was taken up by the double bed where she, her divorced mother, and the baby slept. A mattress slid out from under the bed at night and the two middle girls slept there. A small stove and refrigerator with overhead cabinets were at one end of the room. The bathroom was a closet-sized space curtained off from the kitchen. I knew already from my middle-class parents that I would be expected to go to college and that Patricia would be lucky if she were able to finish high school. She and I shared many interests at the time, but our lives were and would continue to be entirely different.





Not long after that time, my father's business dictated that we move to the south ourselves—first to Atlanta, Georgia, and then to Montgomery, Alabama. It was in Montgomery that I learned about public welfare and professional social workers through a neighbor who, as a volunteer, had become the liaison between the local welfare office and the women's groups of the local Council of Churches. When a welfare worker had a family with special needs the department could not meet, the worker would call this neighbor who would then find a women's group that could supply whatever was required. This neighbor's particular interest was in convincing the women's groups to give through the welfare office, thereby allowing for client confidentiality and preventing the family from having to feel shamed by needing help. She also wanted to convey to her women's clubs that the poor had needs all year long, not just at Thanksgiving and Christmas. As a young, idealistic adolescent, I thought this woman wonder-

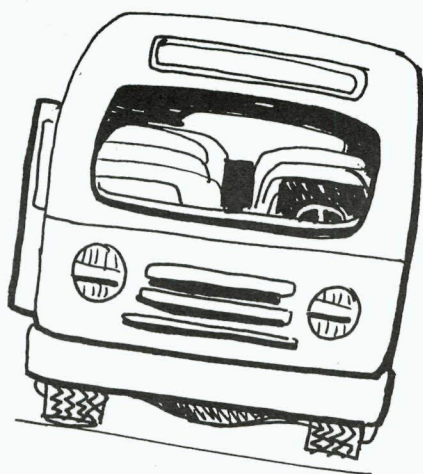
ful, and she took me with her on some of her visits to the welfare office where I became familiar with their services and problems. I wanted to make society a place where equal opportunities could be made available to all, and I knew well that this was not the case. For example, one of the black women we had employed as a maid had a college degree but, nevertheless, could not get more desirable work.

I was in 10<sup>th</sup> grade in Montgomery when in 1955 Rosa Parks refused to give up her seat and the bus strike began. As Yankees who believed in integration but who had not been politically active, my parents found it increasingly necessary to take a public stance in regard to some of the events that ensued. There were, for

example, attempts to ruin selected "colored" businesses by stopping deliveries from white wholesalers; threats and sometimes actual violence against blacks and whites who were seen in public with blacks; and, worst of all, the bombing of five black churches. Increasingly, as the community became polarized on black/white relationships, my family became known as "damn Yankee n---- lovers" and were called such once even in a church service. Damn Yankee n---- lovers were particularly despicable because such people failed to understand that the intellectually and creatively limited (so not quite human) blacks really needed the protection of benevolent southern whites and, when not stirred up by outside agitators, lived quite happily within the traditionally segregated southern culture.

No one in my family was physically hurt, though there were threats, harassing telephone calls, and once a rock was hurled through a window as my father gave Christmas presents to the children of his black employees, striking the face of a toddler and barely missing her eye. Vicious leaflets from the White Citizen's Council were left in our mailbox, clearly and frighteningly placed there in person rather than having been sent through the mail. After my father refused to contribute to a fund being collected to defend the men who had bombed the black churches, our telephone would begin ringing at about 2:00 AM and continue to do so until about 4:00 AM for a period of about two weeks.

Living in fear is a terrible thing, and although I wanted to dedicate my life to being an activist, I also began to question whether I would be able to cope with this as a career. Tired of the stress that continued even after the bus strike was settled, I gladly went north to college. I hoped that in the north I would find others who were similarly dedicated to social reform. How-



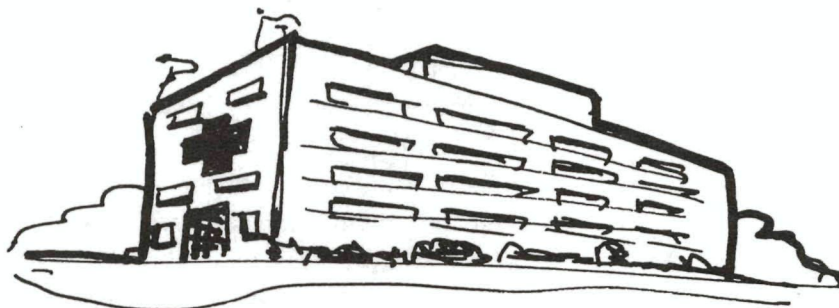


ever, I became disillusioned at finding that the northern whites involved in the civil rights movement were commonly uninterested in the serious issues needing resolution in order to create a society in which blacks and whites could get along. Some northerners seemed content to point fingers at southerners, thereby making themselves feel righteous. The option of being some sort of activist seemed even less attractive.

I had never known anyone who was "mentally ill" and thought that what little I knew about psychoanalytic theory—the Oedipus complex—was "nuts." I had, however, heard about medical social work, and it made sense to me that when there was illness, people would understandably have additional needs. In the summer between my sophomore and junior years in college, I signed up for an internship program in New York City that gave college students an experience in social work with the hope of recruiting them. I was assigned to the Methodist Hospital in Brooklyn and had a supervisor who was wonderfully supportive and who made sure that I had a wide variety of experiences. I was hooked.

It was at the Methodist Hospital that I first encountered a psychiatric patient. I was offered the opportunity to sit in on an interview conducted by a psychiatrist in the outpatient clinic. The patient was a middle-aged woman who told the psychiatrist in graphic detail how her husband, trying to kill her, had disabled the brakes in her car. The psychiatrist calmly suggested that she admit herself to the state hospital and, much to my surprise, she consented without protest. When the interview was over, I asked the psychiatrist how he had known that the husband was not trying to kill her. The psychiatrist, patiently but somewhat patronizingly, explained to me that this woman had been in the state hospital many times and knew that when she came to the

clinic this was what would be done. I was less than fully convinced, but also not concerned about it because I was not interested in dealing with psychiatric patients anyway. Yet I continued to wonder how the psychiatrist could have so little concern with the patient's real environment.



After college I worked for a year with the American Red Cross doing medical social work in a military hospital and then went to the Simmons College School of Social Work, choosing this school because I understood it to be a national leader in training people for medical settings. When I got there, however, I found that they were no longer putting much emphasis on medical settings and instead were focusing on psychiatric work. I dutifully listened to psychoanalytic concepts in classes with the attitude that I would learn "whatever was necessary" for the degree I needed, even though I thought much of this ridiculous. I continued to think of myself as a medical social worker.

In the early 1960s, social work students were not allowed to choose where they would do their field placements, and I have always thought that my second-year assignment to the one setting that the overwhelming majority of the students wanted was an attempt to dissuade me from medical social work. I was given the Day Hospital at the Massachusetts Mental Health Center, then widely known for its pioneering effort in this program. Once there, I was amazed—living examples of



the theories I had eschewed were walking down the hallways!

I had been told by my much beloved supervisor at Mass. Mental that the best way for a psychiatric social worker to begin her career was to work at a family service agency for a few years to gain confidence in her own skill before moving to a mental health setting. So, following graduation, I took a job at Family Service of Philadelphia, which was regarded as a leader in the field. I loved my work, but it was the middle 1960s and "casework was dead." In the midst of the Great Society programs, experts in social reform were declaring that psychotherapy was simply adjusting people to a sick society. I knew instinctively that this was not what I was doing, but did not know how to argue my case—after all, I could hardly claim that society was not sick. Even as I got more confidence in my own treatment skills and my fascination with the complexity of the inner lives of my clients grew, I worried that I had abandoned my first and more altruistic original purpose, sometimes feeling quite guilty about this.

After a little over four and one-half years in Philadelphia, I thought that I had gotten as much as I could from a family service agency and it was time to move on to a psychiatric setting. I went, therefore, to the Yale Psychiatric Institute (YPI) in New Haven, Connecticut. At that time the YPI was a small, long-term, in-patient hospital for severely ill adolescents where social workers did family therapy and participated in the milieu therapy program. This was a very expensive facility with a staff-to-patient ratio of 5 to 1, and most of the families were well off financially—not exactly the group I had set out to help. They were, however, in tremendous and obvious pain and I found it rewarding to work with so many other staff who were unselfishly dedicated to helping patients who usually had been labeled "untreatable" elsewhere.

At least I had found a place where others were as idealistic as I was. Nevertheless, I did sometimes suffer from by now familiar pangs of guilt.

I often told myself that my purpose for being at Yale was that I was learning. If I needed to work with the rich in order to learn what it was that the poor ought to be getting, then I would have to do that. And learn I did! Separation-individuation theory was just coming out, and the YPI was a dynamic example of its applicability to schizophrenic adolescents and their families. I sat in on courses for the advanced residents and learned more about Piaget's cognitive theories, about the work of Sullivanians and other interpersonal analysts who specialized in the seriously ill, about the importance of language and symbolization in treatment, about the importance of the milieu in the treatment of the severely mentally ill, and, best of all, about Hans W. Loewald's work. I was, however, acquiring mental indigestion. I was working, on average, about 60 hours a week, and I had no time to devote to a full exploration of the ideas to which I was being exposed. I wanted to be able to gain command of them.

After two years at YPI, I left to work on a doctorate at the Smith School for Social Work with an agreement that if there was a position, I would return when I had completed the program. I always intended to return, knowing that after I had been able to study more, I would still need to have experience in the clinical application of the theories if I expected to understand them fully. I thought I would ultimately want to teach in a graduate social work program but did not want to do that until I really had something substantial to offer students. Many friends advised me to switch professions (since social work was moving away from clinical emphasis) and to get a doctorate in psychology. Even though I really



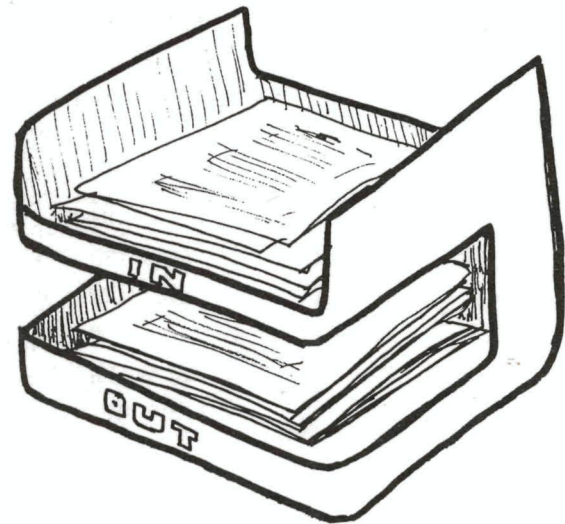
could not have articulated exactly what I wanted to get from a social work program, I did know that I could not give up my concerns about social injustice. The doctoral program involved a number of stresses, but fortunately my dissertation advisor was supportive of my interests and very facilitative in my attempts to articulate ideas. I was not, however, sure that I had learned anything more about social justice issues and these seemed to have taken something of a back seat.

When I returned to Yale, I had changed—I was now quite confident about my mastery of important theories and no longer so quiet about what I thought or so reticent to state my opinions in meetings. The YPI had changed as well, however, and there were new stresses. There was a new state law, intended to curb the growth of health care cost, which meant that the YPI could no longer make a profit that was passed on to the Department of Psychiatry through which it was administered. Since it was no longer a money-making facility, there were concerns about whether YPI should be closed. More significant, at least for me, there was the first real wave of women coming through the residency program, creating additional stress in this bastion of masculinity. Having female residents was wonderful as far as I was concerned, and I became good friends with most of them. I was also getting the clinical experience I had wanted to help me refine my ideas. After three years of administrative change with considerable accompanying chaos, I was told by a new administrator that I was to be moved to another part of the Department of Psychiatry. I did not, he told me, understand how much I was intimidating the residents. He was right; I did not. Since most of the female residents were personal friends, I knew that he meant the male residents and some of the male members of the new regime. I had gotten

the clinical experience I wanted, so declined a transfer to another part of Yale. I also had gotten a personal taste of how sexism operates.

I moved to social work education, becoming the Associate Dean of the School for Social Work at Smith but did not find that much administration to be fulfilling, so after three years I moved again, this time to the School of Social Work at Loyola University Chicago where I have been for the last 20 years. My responsibilities at Loyola included planning and directing a new clinical doctoral program, but, more importantly for me, gave me time to think and write. Soon I would resign from directing the doctoral program, once more finding administration less than fully satisfying, and would concentrate more on the writing. I was, of course, also able to include concerns about social justice into the courses I taught and hoped that I was conveying to students the importance of a commitment to the underprivileged and oppressed in the world around them.

In retrospect, it is easy for me to see that my writing was always working on the problem of the environment and issues of social injustice—even though I was not always conscious of this. (Or is it that I have now rewritten my autobiographical narrative?) The problem, I somehow knew, could not be solved unless therapeutic effectiveness could be understood differently. My first paper written after moving to Chicago dealt with the issue of “reality” in psychotherapy using a constructivist frame.





In this, I presented case material involving a woman who had been unable to adjust to a new environment and who much later needed to return to the southern town of her childhood in order to experience herself as real. Later, this paper would become part of my first book, *Clinical Social Work Treatment: How Does It Work?* (Saari, 1986). That book ended with an answer:

Treatment works though the construction of a therapeutic concordance {a culture created in the interaction between the therapist and the client} within which the client and the clinician, in their working alliance, practice and refine reality-processing skills, which the client later can utilize in cultures external to the concordance itself. (p. 213)

Since culture is defined as a meaning system, this could be seen as existing both inside the client and outside in the society.

Introducing the idea of culture as an important feature of treatment was a beginning, but did not solve the problem. My second book, *The Creation of Meaning in Clinical Social Work* (Saari, 1991), dealt with the problem of adaptation as the treatment goal. After all, adaptation presupposed an environment, and for social work that would have to mean the currently existing social environment—a very conservative proposition. In this second book, I posited that people should have as much freedom to live their own lives as they could reasonably have, but choices could be limited in two different ways. First, options might not be available because the society limited them to only certain groups or classes, and for this *social action beyond psychotherapy would be necessary*. Second, however, options might not be available because the individual could not recognize them due to an underdevelopment of imagination and creativity. It was the second problem that could be ad-

ressed through psychotherapy. I had taken another step—but the larger social justice problem was still not solved.

In the second book, I did discuss Katherine Nelson's (1985, 1989) idea that children may first create a picture of their cultural surround and only subsequently create a sense of who they are in relationship to that environment. It was an intriguing thought, but at that time I was unable to take this to its logical conclusion. I had not yet understood Foucault's (see Chambon, Irving & Epstein, 1999) philosophy, which criticizes the concept of repression as the manner in which oppression works and instead indicates that in our current societies, oppression works through the ways in which human subjectivity itself is created. Yes. Patricia (my childhood best friend) had not found the hallway frightening because in both her internal world and her external world hallways were unlighted and unclean and people lived crammed into tiny, one-room apartments. Southern whites of the 1950's expected that African Americans should be perfectly happy in a culture that kept blacks in subservient roles. Worse, blacks in the south often expected this to be the case as well. By the 1970's, I and the female residents at Yale had expected that we ought to be able to be as vocal and as assertive as our male colleagues, and this was experienced as intimidating by many of the men whose understanding of an expectable environment did not include "castrating women."

When oppression operates through the creation of a subjectivity, psychotherapy can indeed serve the punishing and disciplining functions that Foucault and others have ascribed to it. It does not, however, *have* to do that. Instead, psychotherapy can fight oppression and create freedom through the intersubjective, client-therapist creation of awareness of more choices than the client's original culture seemed to allow.

Such change will invariably be slow, but then social changes through attempts to reform social policy and through activist confrontations also have been slow.

I am currently involved in writing a third book that will say human beings first gain an understanding of what happens in the world around them. Only after an image of the expectable world is created does the person create an identity for herself, and that identity will be based on personal experiences within the immediate environment. Since common injustices seem a perfectly natural part of the world as it "has always been," the personal identity will likely also mean that oppression is both expected and, in some manner, deserved. It takes a creative individual to imagine a world different from the social environment in which he or she has been socialized. Psychotherapy can be used to reinforce oppression and social injustice, but it does not have to do so. It can also help individuals, families, and small groups to find ways of transcending the environments into which they have been socialized and thereby help them find ways to deal with injustices. I do not know whether any of my career efforts have really helped to change very much, but at least I no longer have to suffer from pangs of guilt over having abandoned my original purpose. I like to think that there are many ways of working for social reform: some of them involving social action; some involving direct practice; and even some that involve contributing to our understanding of how best to think about the conditions under which humans can realize more of their potential.

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