

NAMING PRIVILEGE IN A JUSTICE-CENTERED SOCIAL WORK PRACTICE

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This narrative explores the specific commitment of social work to honor human and racial justice, as well as the profession's ability and responsibility to understand the complexities of injustice in the context of oppression. The author explores the effect of personal and professional privilege as it impacts social work relationships and professional outcomes, and ultimately how privilege informs professional worldview. Several case examples are utilized as vehicles for exploring how privilege impacts the client-worker relationship, and awareness of privilege is identified as a cornerstone of justice-centered social work practice

The more years I spend as a social worker the more appreciative I am of the life experience—both personal and professional—that so many social workers bring to our work. This gift sharpens the contours of our ability to support and honor people and communities in their healing process. The assets that we bring to our work, including an awareness of our own selves, may be especially unique within the field of social work, for in social work practice we use ourselves as tools with which to promote meaningful change. Our specific commitment to human and racial justice, combined with our ability to understand the complexities of injustice, provides us with both the opportunity and the responsibility to address the impact of oppression in the lives of the people and communities most in need of support.

Social workers are experts in understanding the impact of oppression in the lives of social work consumers. This is true because of the person-in-community lens through which we view people's life experience, as well as our dedication to working with and advocating for marginalized communities. This is also true because in our practice experiences we see, and therefore understand more clearly, the harsh impact of racism, sexism, homophobia, poverty, discrimination, hatred, and fear of those labeled as "other." Through micro, mezzo, and macro social work interventions, we dedicate ourselves to honoring the diversity of human

experience, challenging injustice and oppression, supporting and strengthening the voice of those silenced in our communities, while diligently advocating for justice and healing.

Our professional code of ethics mandates that social workers challenge injustice. This commitment is expressed with genuine sincerity, and it is because of our authentic intention toward equality that it can be difficult to recognize our own participation in (social) systems that perpetuate inequity. In social work classrooms, we do a good foundational job of learning to identify our own biases and the way these biases affect social work practice, but this conversation can fall short when it does not extend to an acknowledgment of the inherent privileges that many social workers carry with us into our daily work. Privilege, therefore, and more specifically the means through which we name and account for our advantages in social work relationships, has a necessary place at the table in this discussion.

Though the spectrum of social work providers can (and should) be as diverse as the communities we serve, there is an inherent privilege afforded those who have had the benefit of higher education, who are employed in skilled positions knowing they can provide financially for their families, and who enter into treatment relationships with professional expertise. While I recognize this conversation is complex, and acknowledge straightforwardly that social workers

represent the spectrum of human/cultural communities, I encourage us simultaneously to recognize that the intention of this conversation is to place our privilege in the context of our work and to recognize how privilege affects social work relationships and outcomes. To add to this conversation, I'll offer several stories from my practice.

As a hospital social worker I recently had the opportunity to work with a 2nd year graduate student who was near the end of her clinical practicum and was about to graduate. I was not her field instructor but was the professional social worker assigned to work with her for the day.

As I entered the Emergency Room office, the student was accepting a phone referral to meet with a homeless gentleman in order to refer him to a homeless shelter and assist with the necessary transportation before he was discharged. An ER staff member, working in our shared office, advised the student she would need to work quickly so that the man would not lose his shelter bed for the day.

It was early evening, and already the sun was starting to set. The student responded, without having even seen the patient, "I'll go see him, but I'm not giving him a taxi voucher. He can take the bus."

The student left and returned. "Some people are so needy," she reported. "I just knew he was going to want a taxi voucher. I just can't give those away to everyone who wants one."

Wanting to offer guidance to the student, I responded that I felt it was sometimes appropriate to consider using a taxi voucher for referrals we received in the evening, as it was starting to get cold and dark outside, and we had received the referral fairly late in the day.

To this the staff member reported, "You're being too kind. People are homeless for a reason."

Apparently finding comfort in this, the student agreed, "I know. He wanted to get some dinner, but he missed dinner in the ER. He just wanted everything. You know, he's going to be absolutely fine if he has to skip a meal."

At this point, feeling uncomfortable with the discussion the two were having, I offered, "You could give him a sandwich from the ER fridge to take with him."

The student responded, "Well, his nurse said she was going to try to find him one, but she wasn't sure if she could."

"We could just get it out of the fridge ourselves," I redirected, as was common practice in the Emergency Room. The student shook her head. "We're not supposed to get food out of that fridge anymore."

"Why not?" I inquired. "I usually just grab it and give it to people who need it. That's what the meals are there for."

"Well, it's such a big deal now. The fridge used to be right next to our old office, but since we moved offices, it's such a hassle to get to the sandwiches now."

It ended up that the student did provide the patient with a sandwich before sending him onto the shelter. However, she declined to send him in a taxi and I believe her experience with him confirmed her belief that he was, in fact, "needy." The ER staff member who encouraged this conversation validated this belief when she said that people were homeless for a reason. The staff member, the student, and I each entered into this conversation with a certain amount of privilege.

The student, who was about to graduate and remained quite confident in her assessment of the gentleman's motive, clearly expressed her own social class privilege, never having dealt with the complexities of nearly avoiding hunger with minimally available resources. Her actions and statements were a clear indication of her bias both against homeless people and also about what the role of an Emergency Room Social Worker should be. She minimized several fundamental social work lessons in this moment, including our responsibility to honor the integrity of each human person, as well as our commitment to support people in their healing process through a non-judgmental lens. While she might have viewed the act of providing a sandwich as a "hassle," her statements of resistance indicated that she clearly valued her own time and effort over the needs of the homeless gentleman, who in

fact was asking appropriately for assistance to make sure he was able to eat and get to his bed for the evening.

The staff member's broad statement of "people are homeless for a reason" was probably an indication of many previous encounters with homeless folks throughout her years of service. But this statement too shows a justification of pathologizing this man because of his homelessness. In fact, she knew nothing of this gentleman nor his story or struggle. It is a privilege to be able to apply judgment to people and their needs, and holds the potential for great harm when that judgment is the resulting alternative to a justice-centered, humanistic understanding of the complexities of inequity. It is also a clear example of the unique voice that social workers can offer in interdisciplinary settings, as our assessment and framework can balance those provided by the more traditional, medical model perspectives.

For myself, I've often thought back on this conversation and felt that I missed an opportunity to express my discomfort with the student. While I attempted to re-direct her, I chose to honor the fact that she was near completion of her practicum and that she had made her own assessment of the gentleman's needs. I was also mindful of the fact that I was not her supervisor. Here too, I chose my own comfort (non-confrontation) over the needs of the gentleman being served, despite the fact that I clinically disagreed with her assessment, and had more positional power and privilege. It remains its own example of the complexities of doing social work in an institutionalized setting such as a hospital, and is a clear reminder about the importance of our mandate to provide human service work through the lens of social justice.

On a separate day in the Emergency Room, I received a referral from a doctor in order to talk with a patient about outpatient medication assistance. I was told that the patient was "medication seeking" and that she frequently presented to the ER for pain management and medication. Balancing the referral against the other numerous tasks on my to-do list, I quickly printed off instructions to the outpatient pharmacy and approached

the woman's ER room. I knocked briskly at her room and identified myself as I entered. I was surprised to find the woman in the process of changing from her ED patient gown into her own clothes. Similarly surprised by my entrance, she held her gown to cover her bare chest and greeted me with questioning eyes.

Rather than offering her the opportunity to finish changing, I apologized for the intrusion and launched into my referral, providing the details of how and where to access the outpatient pharmacy. I also prepared her for the barriers she could expect at the pharmacy and how to address them if she did experience any difficulties. "Please call me if you have any questions," I told her, handing her the referral sheet. My conversation with her lasted less than 5 minutes.

As I exited her room I took in a breath and immediately realized my own mis-step in not offering the woman the opportunity to finish dressing in privacy before having to concentrate on my instruction. My careless ignorance of my own privilege in that moment meant that the woman was forced to listen uncomfortably to my instructions while remaining partially clothed and vulnerable as a result. My interaction with her silently but clearly communicated that my time was more valuable than hers. While I did communicate information to her, I did nothing to support her holistic and psychological needs, something hospital social workers should always strive to achieve in our interactions with people, no matter how brief. Though I am grateful for the lesson I received upon reflection, I am mindful that this gain benefited only myself and not the woman, whose needs were primary. There was little I could do in that moment to negate my mistreatment of her. The damage was already done. The woman dressed, left the Emergency Room, and picked up her medications without further event.

Several weeks later, I received a similar referral and recognized the name of the same woman I had previously neglected. I entered the room and greeted her, careful this time to approach in a mindful and respectful manner, though she showed no sign of recognizing me. With careful attention to her on-going pain needs, we engaged in a conversation that I

hope validated the daily difficulties she encounters as a person who lives with chronic pain and is often experienced, as I myself had treated her, as a medication-seeking patient rather than a person with complex medical needs and a difficult life experience.

Upon reflection of my second interaction with her, I left grateful for the opportunity to have offered amends, but also with the belief that our conversation meant more to me than to her. Despite my own commitment to a justice- and client-centered work ethic, this experience reminded me that my aspirations to acknowledge and account for the privilege and power dynamic in social work interactions require an ongoing dedication, and is a part of my continuing professional journey.

While only two examples of the shape that privilege can take in our practice, these stories serve as accurate descriptions of how we struggle to integrate our values and our actions, particularly where there is incongruence between the two. Despite having a mature understanding of oppression, social workers remain at risk of defaulting to socially constructed perceptions of marginalized communities. Rather than viewing this solely as a critique of our limitations, it should be viewed as an opportunity to develop our skills as critical, reflective social work practitioners. This examination raises the question: What does it truly mean to be an advocate for justice? How do we inspire change and how can we, through the lens of social work practice, co-create meaningful healing with vulnerable communities while working in oppressive systems?

Social workers come from a long line of respectable and thoughtful change-agents, social critics whose shared vision for equality and justice has meant dreaming into reality new solutions to age-old social problems. This is our heritage, and we must continue to find ways to celebrate our resiliencies while still holding ourselves accountable to the professional mandates that guide our work as advocates for equality. As human service workers with intention to respectfully and skillfully support people in their healing process, we are on a journey to become practitioners of justice. As our skill-level and self-awareness

develops, we must give ourselves permission to learn from our mistakes, identify missed opportunities for learning and growth, and must continue practicing from a place of best intentions. As we increase awareness of ourselves, and therefore understand more clearly the ways in which our interventions holistically affect social work systems and service recipients, we must respond by rededicating ourselves to strengthening an awareness of the privileges that benefit us in life and practice.

Heather Greene, MSW, is a Licensed Clinical Social Worker who has worked in the areas of anti-poverty law, medical social work, clinical mental health treatment, and child welfare. Her practice interests include non-oppressive social work practice and language, justice- and community-centered healing, and utilizing social work interventions as a means to challenge injustice. She is a strong advocate for the continued development of social workers' expert voice in conversations around justice and equality. Comments regarding this article can be sent to: bosque.de.heather@gmail.com

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